

CHAPTER 7

Practice Perspectives

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This chapter highlights how different practice perspectives reflect the way we think about and interpret events, and the actions that we take in social work. It begins with a brief account of why a focus on *practice perspectives* is important and illustrates this importance through the lens of a *Knowledge and Skills Framework*, designed to integrate theory and practice. In this work, I emphasize that three perspectives can be identified in any practice encounter, namely the perspective of the practitioner, that of the services user and that of the agency – all of which are influenced, in different ways, by the legislative and policy agenda of the government of the day. The chapter focuses on key developments in recent years in child protection in England and draws on a case example to indicate how these different practice perspectives shape the assessment process, decision-making and action in social work.

The importance of practice perspectives in social work

In their broadest use, *perspectives* can cover whole areas of human experience. They are shaped by the assumptions and interpretations that we make about the world and what it means to be human – how we come to be who we are and the factors that influenced our development.

A perspective is a way of *seeing* the world that is influenced by one's angle or particular point of view. Often our perspectives are shaped by a variety of theories . . . which come to colour the way we think about the people, situations, events and problems we deal with in social work. (Gray 2010, p. 97).

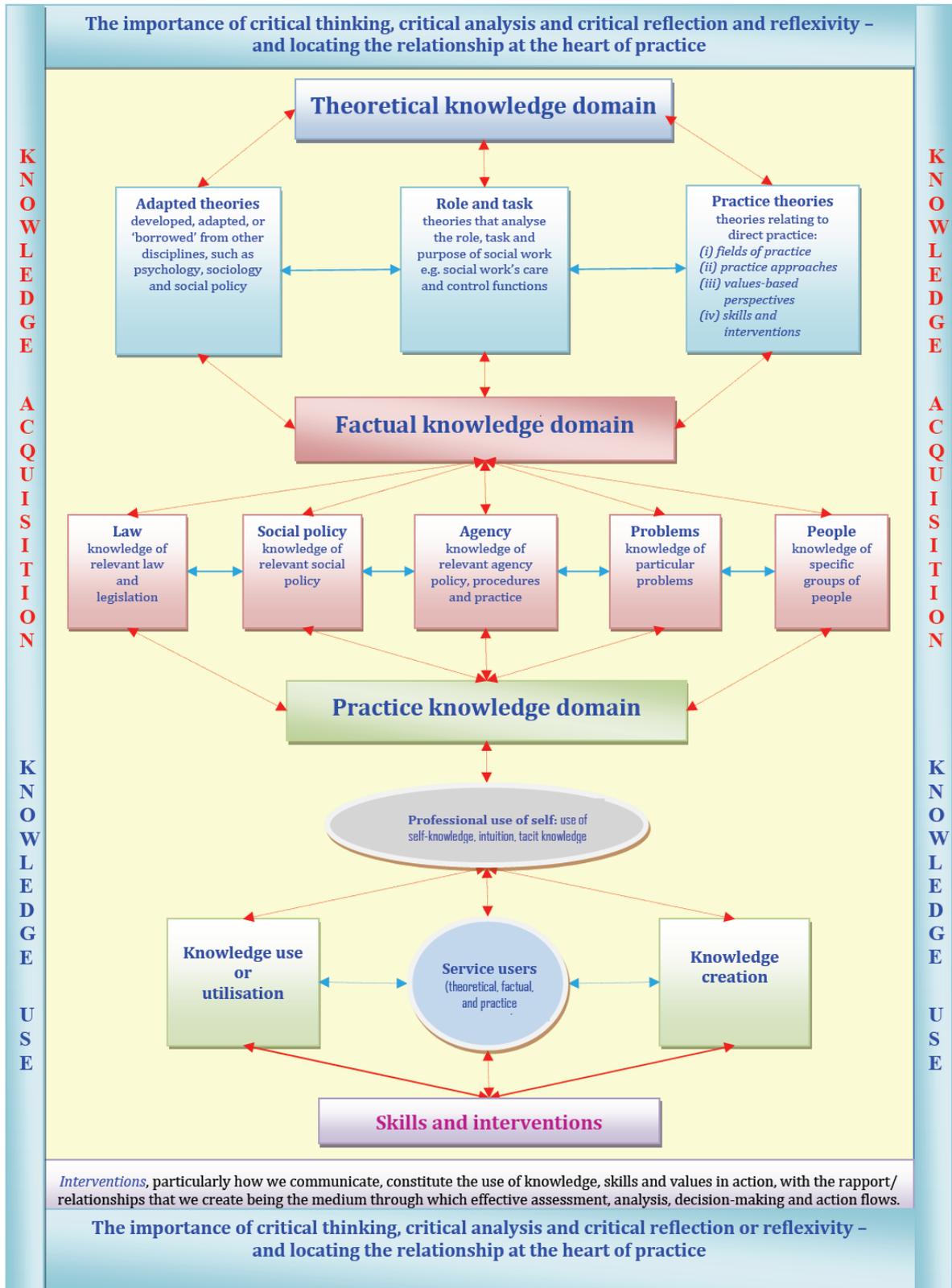
As human beings, we all make assumptions in order to classify phenomena and to find meaning. However, an important influence on how we think, feel and act is ideology, which describes a set of ideas, beliefs or assumptions that 'purport to form a comprehensive vision of the truth' (Gray and Webb 2009, p. 85) or to assert what is 'real' or 'true' in a given situation. It is a concept that 'has a close connection with power, since ideological systems serve to legitimate the differential power held by groups' (Giddens 2001, p. 691).

In relation to practice perspectives, these too are underpinned by a number of assumptions that influence what we observe and believe about people and how to act in response to the situations we encounter in social work. All approaches that relate to working with people are based on a number of assumptions and perspectives about human beings and human behaviour, although these may not always be explicit. These perspectives inform the different way that personal and social problems are perceived, the interpretation we place on those factors that consistently give rise to certain dilemmas and how we might work effectively with others to bring about the kind of change that is needed or desired. It is an approach and perspective that 'should include both evidence about the nature of effective working relationships, and of methods to use within these relationships to promote change' (Munro 2011, p. 12). However, the task of making assumptions explicit can be a difficult undertaking because some assumptions may lie beyond our immediate awareness - unnamed and, therefore, not owned. It is for this reason that considerable importance is given to critical thinking, critical reflection and reflexivity as a way to recognize the assumptions we make and their impact on the perspectives we adopt.

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**A generalist knowledge and skills framework:
integrating theory and practice in social work**



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Figure 1

the following text.

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A knowledge and skills framework integrating theory and practice

The following account describes how the knowledge and skills framework presented can be used to order the growing number of theories and perspectives abounding in social work - and to link these in ways that integrate theory and practice. The categorization described in figure 1 builds on important publications on this subject (Connolly, 2007; Drury Hudson, 1997; Osmond, 2005; Pawson et al., 2003) but categorises similar themes differently, namely in terms of three domains - *theoretical*, *factual*, and *practice knowledge*. In order to illustrate the relevance of this framework in practice, the case example of Eric, aged three, and his mother Lucy, aged nineteen, is used. This example illustrates how different perspectives in the area of knowledge and skills can be used to inform analysis, decision making, and action (for further coverage, see Trevithick, 2008, 2011). A perspective that underpins this account is the lack of clarity that exists about what constitutes the knowledge and skills base of social work – a situation where ‘there is no universally accepted idea of valid knowledge, skills or expertise for social workers’ (Asquith et al., 2005, p. 2).

The framework in Figure 1 depicts the integration of knowledge and skills and provides a users’ map of the knowledge base for professional social work practice. It emphasizes the importance of thinking, sometimes referred to as critical thinking (Gibbs & Gambrill 1996), and critical reflection or reflexivity (Sheppard, 1998). The first two domains of the framework on *theoretical* and *factual knowledge* focus on *knowing that* (Ryle, 1949) and concerns knowledge acquisition. The *practice knowledge* domain comprises skills and interventions used by practitioners in translating knowledge into practice. Historically, the main skills or interventions used in social work have been grouped under the heading *communication skills* (Koprowska, 2010; Lishman, 2009). However, this has tended to blur the range of interventions that fall within this heading – interventions that may be verbal or non-verbal in character, or involve a different range of activities that fall within the realm of action skills, including those involving the written word.

A central feature of the *framework* is an awareness of how practitioners present themselves as ‘professional social workers’, including how they use self-knowledge and intuition (Munro 2011) or tacit knowledge Polanyi (1967) to inform their communication with clients. From this perspective, the skills learnt - and *interventions* used - constitute knowledge, skills, and values in action. The ability to draw on different areas of knowledge to inform the use of particular interventions can be creative in character, particularly when *theoretical*, *factual*, and *practical knowledge* are adapted and integrated to the work context and the situation presented. This can lead to the development of new areas of knowledge and new skills and interventions being perfected. An important feature of this framework recognises the knowledge that services users, carers and other interested parties bring to the encounter – and how these areas of knowledge can also be conceptualised in terms of the *theoretical*, *factual*, and *practice knowledge* that these individuals have acquired. As such, it represents ‘a model in which interpersonal skills, grounded in theory and knowledge, are at the heart of the enterprise’ (Stevenson 2005, p. 581). Included in this framework is an emphasis on skills development

The case of Eric and Lucy

Lucy, aged 19, and Eric, her three-year old son, were first referred to social services two years ago by a health visitor concerned that Eric’s development may be slower than expected, and about the family’s housing circumstances. At the time, Lucy and Eric were living in bed and breakfast accommodation which they had to vacate from nine in the morning to four in the afternoon. Lucy had no friends or family and she and Eric were forced to spend long periods walking the streets or sitting in cafes, with Eric having very little contact with other children.

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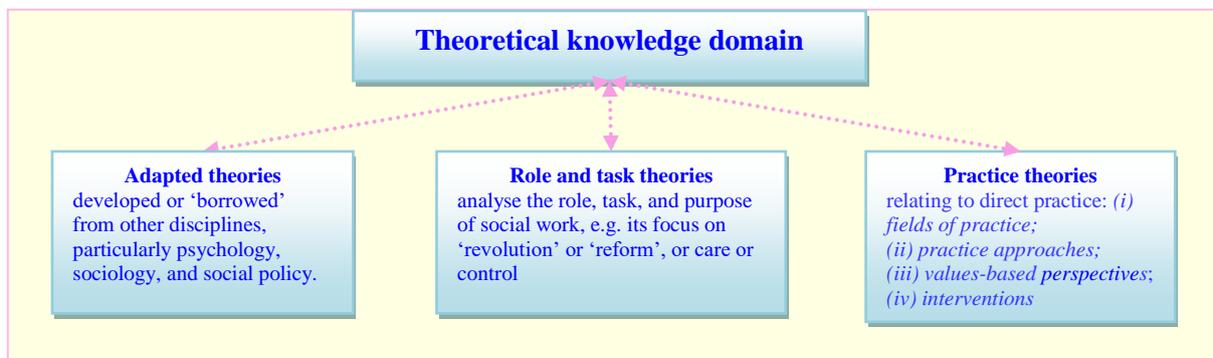
Re-housing and a children’s day centre (nursery) place were recommended and allocated later in the year, whereupon the case was closed.

The case resumed following a phone referral from the Manager of the children’s centre. Earlier that week staff had noticed two large bruises on Eric’s forehead and two days later both Eric’s arms were bruised, consistent with finger marks from being ‘forcefully held’. On both occasions, Lucy voluntarily explained the bruises on arrival at the centre, stating that Eric had caught one side of his head on the corner of the kitchen table and, as he tumbled, had hit his head again on the fireplace. She noticed the bruising to his arms when he returned home from playing outside with older children. Eric’s explanation was he had been ‘wrestling with big boys’ but Lucy was too scared to question the boys involved in case this ‘caused trouble’ with her neighbours. In response to the referral from the children’s centre Manager, and given Eric’s age and these two incidents, it was agreed to undertake an initial assessment. This was completed within the stipulated timescale with the recommendation Eric should not be made the subject of a Child Protection Plan but that a core assessment should be undertaken to gain a clearer picture of Lucy’s situation and care of Eric.

Theoretical knowledge domain

The theoretical knowledge domain (see Figure 2) comprises three categories, p. theories ‘borrowed’, adapted, and developed from other disciplines; theories analysing the task and purpose of social work; and theories relating to direct practice. The following account summarises the features of these three categories, using the case example of Eric to relate these knowledge domains to practice. Particular focus is placed on the importance of theories adapted or ‘borrowed’ from other disciplines.

Figure 2: Theoretical knowledge domain



Theories ‘borrowed’, adapted and developed from other disciplines

Theories originating in disciplines like psychology, sociology, law, social policy, organisational theory, medicine, politics, economics, history, philosophy, and social anthropology have been embraced by social work. Of these, psychology has been most influential, especially in Western contexts, like the USA (see Chapter 15), where social work is embedded in mental health contexts. In other Western contexts, like the UK, Canada, and Australia (see Chapter 12), sociological perspectives have been important to critical understanding of the socio-structural factors affecting people’s day-to-day experiences, and the wider context or system within which social work is located (Cunningham & Cunningham, 2008).

Social work’s particular interest in this vast body of knowledge was its application to direct practice situations. This focus has led to the development of new theories and sources

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of knowledge, in particular practice approaches integrating sociological and psychological perspectives combining a focus on the individual within the wider socio-cultural milieu. This whole-person approach is found in most social work perspectives, including ecological (Chapter 8), behavioural (Chapter 9), family (Chapter 10), strengths (Chapter 11) and critical (Chapter 12). The *person-in-situation* focus has a long history in *social casework* (Hollis 1964; Gitterman & Germaine, 2008) and is embedded in newer *constructive* social work (Parton & Byrne, 2000), *structural* social work (Mulally, 2007), and *radical* social work approaches (see Chapter 47). Each perspective places emphasis on different dimensions of social work practice (Ruch et al., 2010; Trevithick, 2003).

In the case example of Eric, psychology is the most ‘borrowed’ discipline offering insights into biological, behavioural, cognitive, humanistic, psychodynamic, and cross-cultural dimensions (Hockenbury & Hockenbury 2006). From a biological perspective, one might examine Lucy and Eric’s physical health, particularly whether Eric’s physical and emotional development is age appropriate. A cognitive perspective could help in understanding Lucy’s reasoning processes, thoughts, feelings, and beliefs, particularly her perception of the events leading to Eric’s injuries. A behavioural perspective might focus on Eric’s learned behaviour and how aspects are positively reinforced by Lucy; a humanist perspective could throw light on how Lucy makes sense of the world and the meaning she gives to experiences; a psychodynamic perspective could focus attention on Lucy’s defenses when she feels threatened, and how these affect her interactions with others. Within this perspective, attachment theory could be useful in providing understanding of the quality of the relationship between Eric and Lucy. A cross-cultural or historical perspective could enhance understanding of the cultural norms Lucy has learnt from her own upbringing, particularly her experiences of being parented and how these might influence her current behaviour and relationship with Eric.

Other theoretical perspectives, such as a sociological perspective, could help illuminate the factors shaping Lucy and Eric’s everyday experiences and their outlook on life (Cunningham & Cunningham, 2008). For example, social class, family background, education, health, and empirical evidence on single parents and ‘teenage’ mothers are likely to be important. Contemporary social policy relating to Lucy’s entitlement to child and housing benefits, income support, daycare provision, are highly relevant. These policy decisions could be viewed from a political perspective, which, in turn, could be linked to economic or organizational theory or economics in relation to the impact of New Public Management (NPM) - or managerialism - on service provision. A medical policy perspective would focus on Lucy and Eric’s access to medical care and the extent to which health inequalities impacted on their everyday lives.

Clearly, then, numerous perspectives contribute to the understanding the social worker in this case would develop about Lucy and Eric’s situation and a holistic social perspective emphasises their importance in understanding the *person-in-situation*. The idea is that a broad perspective, taking these different dimensions into account, leads to a better understanding and the possibility to arrive at more relevant and creative solutions. This is why it was important to sketch the broader macro policy of child protection at the outset. Clearly, however, there are organisational and policy constraints governing what the social worker in this situation can do regardless of professional stipulations of the role, task, or purpose of social work to which the discussion now turns.

Theories analysing the role, task, and purpose of social work

Theories analysing the role, task, and purpose of social work in society broadly question whether the profession should transform or reform the structures impinging on clients, that is, whether social workers should pursue social *causes* or carry out essential *functions* (Howe, 2009). Social workers engage in a range of tasks, *maintenance*, *controlling*, *caring*,

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therapeutic helping, or *emancipatory* functions with tension arising between those who disagree on social work's core functions (Dominelli, 2009; Howe, 1994). This has been variously expressed as the conflict between whether social work is essentially a rational-technical activity associated with new managerialism enforcing rules and regulations and conforming to organisational and policy standards or whether it is a value based practical-moral activity with an emancipatory mission (Parton, 2000)

It could be argued the role and task of social work in the UK has not moved on significantly since this subject was covered in the Seebohm Report (1968) and Barclay Report (1982). Interestingly, both focused on the extent to which the burden of bureaucracy hindered the provision of quality services and whether social work should be providing generalist or specialist services. The role of social workers once again came under the spotlight following in relation public inquiries into the non-accidental death of children (Blewett et al., 2007; GSCC, 2008; Laming, 2003; Laming, 2009).

How social workers interpret their role is largely dependent on agency policy and the context within which the work is located. It can also be influenced by the perspective adopted and the extent to which professional discretion is encouraged or inhibited (Munro, 2010). For example, a social worker in child protection might consider that Eric's bruises and Lucy's care warrants further investigation (control), whereas a social worker employed in a voluntary agency might consider it appropriate to focus on Lucy's living situation and support network (care) (see Chapter 39). Both would be concerned about Lucy's ability to care for Eric given incidents arising from his unsupervised play and her capacity to confront people to protect Eric from harm.

Theories relating to direct practice

A complex range of theories relating directly to practice forms an 'eclectic but significant knowledge base' (Gould, 2006, p. 121) or 'knowledge pile' to which new theories are constantly being added with few ever being deducted. In the UK, there has been little attempt to order or categorise the vast range of theories informing social work, hence Trevithick's 'knowledge framework' herein presented. It is not surprising then that social workers find it hard to articulate and specify 'which theories, if any, they are using' (Munro, 1998, 102). This difficulty is compounded by the absence of a consistent use of practice terms despite more recent texts including glossaries of key terms (Chenoweth & McAuliffe, 2008; Gray & Webb, 2009; Wilson et al., 2008). A different, ongoing difficulty arises because social work skills and interventions have not yet become the focus of research, although there is evidence of a growing interest in this area (Fraser et al., 2009; Rothman, 2003) in light of the increasing push towards evidence-based practice (see Chapter 26). Trevithick distinguishes between direct practice theories as follows, p.

1. *Fields of practice* cover four main fields, p. work with individuals (including counselling); work with families (including family therapy); work with groups (groupwork); and work with communities (including community development).
2. *Practice approaches* draw on a coherent and identifiable body of theory that can be applied and adapted in a systematic way in response to the situation encountered and the context for the work. The approaches most often covered in social work publications include, p. person or client-centred; behavioural-cognitive or cognitive-behavioural; task-centred; psychodynamic or psychosocial; strengths-based; solution-focused; and ecological and systems – ecosystems - approaches (see Howe, 2009 and the chapters in this section).
3. *Values-based perspectives* often attempt to mediate the impact of disadvantage or discrimination in some way. The perspectives most commonly adopted in social work include

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anti-oppressive, anti-discrimination, and empowerment perspectives; feminist and radical or activist perspectives and those that focus on promoting or advocating for the rights of disabled people, children and young people, and black and minority groups (Gray & Webb, 2009).

4. *Skills and interventions* generally indicate a range of generalist and specialist skills and interventions. A *skill* is an action with a specific goal, p. It can be learnt, involves actions performed in sequence, and can be organised in ways involving economy of effort, evaluated in terms of its relevance and effectiveness. *Generalist skills* (sometimes referred to as *generic skill*) indicate a basic knowledge of a given area, situation or context, and the ability to apply knowledge in the form of an intervention. They have the advantage of being more transferable than many specialist skills, and are often the foundation on which specialist skills are developed. *Specialist skills* indicate superior knowledge leading to the ability to use advanced skills and specialist types of intervention when working with specific client groups, problem areas, settings, or contexts. These additional skills are normally acquired through further training in a particular theory or practice approach, for example, in cognitive-behavioural approaches and family therapy - and are consolidated through extensive practice experience and on-going supervision.

If skills are defined in terms of what can be learnt, then interventions describe how that learning is translated into practice, drawing on evidence to support their use in particular situations. *Interventions* constitute knowledge, skills, and values in action and are designed to influence - or to alter - a particular situation, course of events or the thoughts, feelings, and behaviour of the client (in direct practice) Knowledge and values are highlighted in this definition, together with the importance of taking into account practitioner expertise, client values and preferences, the context of practice and the importance of practitioners being open to change when intervening in the lives of other people.

Gathering a clearer picture of the situation and Lucy's care of Eric involves using a range of generalist, information-gathering skills, such as observation, listening, and questioning skills, and the ability draw on relevant theories and research in order to interpret, analyse, and make sense of the information gathered. Questions that could easily be interpreted as being judgemental or critical – such as those that touch on sensitive issues relating to Lucy's care of Eric – need to be communicated with skill, compassion and concern (Broadhurst et al., 2010). The ability to establish an honest and purposeful relationship with Lucy is more likely to lead to a more open and frank exchange and also lessen the likelihood of defenses being triggered and vital information being withheld.

This work calls for the use of intuitive reasoning, as well as a sound knowledge and skills base. The complex nature of the interaction between social workers and service users is indicated in the following important quote from Munro:

When social workers are talking to a child and family in their home, they are drawing on several sources of information and making swift decisions and changes as the interview progresses. Their conscious mind is paying attention to the purpose of their visit; at an intuitive level they are forming a picture of the child and family and sensing the dynamics in the room, noting evidence of anger, confusion, or anxiety. This feeds into their conscious awareness and helps shape the way the interview progresses. Their own emotional reaction is one source of information; the despair, for example, that some parents feel evokes an empathic response in others. It will be argued that previous reforms have concentrated too much on the explicit, logical aspects of reasoning and

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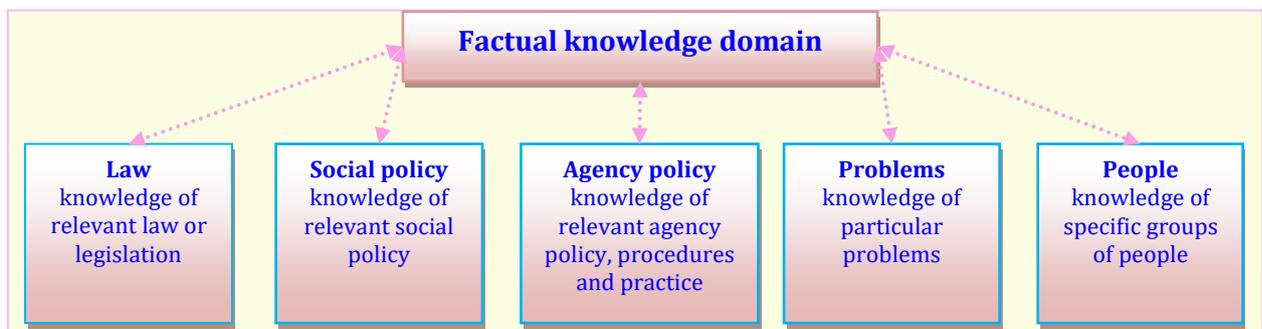
this has contributed to a skewed management framework that undervalues intuitive reasoning and emotions and thus fails to give appropriate support to those aspects. (Munro, 2011, p. 35)

This section has reviewed the theoretical knowledge domain in terms of three types of theories, p. those adapted from other disciplines; concerning the role, task, and purpose of social work; and relating to direct social work practice. The extent to which social workers' interventions are knowledge-based, or research or evidence-based, is controversial (see research section). In Trevithick's conceptualization, research is not considered to be a source of knowledge in its own right but a method by which knowledge can be acquired and updated (Trevithick, 2008). In the same way, theories need to be constantly updated - confirmed, revised, or refuted - in light of new sources of information, often drawing on research findings, but these findings are of limited value unless they are brought 'alive' through interpretation and analysis and related to contemporary practice concerns. It is this task that can lead to new theories, practice approaches, skills and interventions being developed.

Factual knowledge domain

As shown in Figure 3, common terms used to describe factual knowledge include research findings, data, statistics, figures, and records, all of which are likely to reflect a particular theoretical perspective. Factual knowledge is important in social work in five distinct but overlapping areas, p. (i) law and legislation; (ii) social policy; (iii) agency policy, procedures, and systems; (iv) information relating to specific groups of people; and (v) information relating to particular problems.

Figure 3: Factual knowledge domain



Law or legislation

It is essential for social workers to have a general awareness of relevant key legislation but the sheer volume of legislation passed in recent years has made it difficult to keep abreast of changes introduced. For example, 30 Acts were passed by the Labour Government directly impacting on social work practice (Brammer, 2007) between 1997 and 2007.

If, at some point, there was sufficient evidence to suggest that Eric has suffered – or would be likely to suffer – significant harm, then an investigation must be carried out under Section 47 of the Children Act 1989. Or, if Eric's development was later found to fall within the category of a 'child in need', that is, unlikely to progress in terms of health or development without the provision of services, then support services could be provided under section.17 of the Children Act 1989. Where neither 'risk' nor 'need' has been identified, the decision to provide a social

work service tends to be based on the discretion of the local authority – as in the case of Eric and Lucy.

Social policy

The policy frameworks and government priorities relating to resource provision and operational requirements in relation to housing, employment, social security, health care, education, and personal services are collectively referred to as social policy (Spicker, 1995). Alongside the weight of legislative changes, from 1997 the Labour Party introduced a ‘plethora of policy initiatives’, designed to reform and ‘modernize’ the welfare state (Piachaud & Sutherland, 2001).

In relation to Eric and Lucy, their housing needs were addressed earlier and Eric’s developmental needs are partly being monitored by the local children’s day centre. However, living on welfare benefits, that are set below the poverty-line, is likely to be stressful for Lucy as a single parent who is unsupported. One possible source of support that Lucy may request could involve looking at employment options. Also, strategies to address her social isolation could have a positive impact on Lucy’s and Eric’s well-being and quality of life.

Agency policy, procedures, and practices

In support of legislation and social policy requirements, the government devises codes, duties, guidance, regulations, and powers which outline the expectations placed on local authorities (Brammer, 2007; Brayne & Carr, 2008). These are translated into policies, procedures, and practice guidelines relating to service provision and include stipulations local authorities place on services ‘outsourced’ to the private, voluntary, and independent sector. This covers a vast number of agencies. For example, there are 150 local councils in England which Jones (2008) argues constitutes a ‘wasteful arrangement’, leading to serious inconsistencies in the way local authorities use their discretionary powers to ‘determine who gets help’. Similar variations are evident in the non-statutory sector where in 2006, there were roughly 500,000 non-profit organisations, including 190,000 charities in England and Wales alone (Miliband, 2006), making it difficult for social workers to keep up-to-date with locally applicable services. Given the different ways agencies organise services, it is important for social workers to be familiar with key legislation and social policy requirements underpinning agency policies and procedures mindful of the competing pressures leading local authorities to ‘dislodge practice from its lawful base’ (Braye et al., 2007, p. 323). For this reason, adhering to agency policies and procedures should not be seen to replace knowledge-based decision making, or practitioner autonomy based on lawful and ethical principles and social work’s Code of Practice.

The extent to which it is possible to work with Lucy and Eric from a particular perspective, such as relationship-based approach, will depend partly on the practice approach that is promoted within a particular agency and also the practice orientation, knowledge and skills that individual social workers bring to the work. Other variations can be found in the different ways that agencies respond to government requirements, particularly those tied to targets and indicators (Social Work Task Force [SWTF] 2009a; 2009b) and also the priority given to eliciting the views of service users and carers, including children and young people. The impact on agency’s priorities when faced with increasingly limited resources and funding should not be forgotten.

Specific social problems

Another area of factual knowledge focuses on social problems, such as alcohol and substance abuse (see Chapter 37); child abuse and neglect; family violence, mental illness (see Chapter 38). This draft read-only Microsoft word version should not be reproduced. A published version of this chapter can be found in the following text.

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33), juvenile and criminal justice (see Chapter 38), asylum seekers and refugees (see Chapter 36), and older people (see Chapter 34). There is a strong overlap between certain social problems and particular groups of people. Statistics indicate that working class people are more vulnerable than their middle-class counterparts to mental illness, highlighting social causes calling for intervention at a structural level (Rogers and Pilgrim 2010).

A line of enquiry that could be followed in relation to Lucy could focus on her social isolation and poverty. For example, putting Lucy in touch with other young mothers who are struggling to rear young children, or to live on state benefits could help to break down feelings of isolation and act as a source of social support that is strongly associated with ‘psychological well-being’ (Jack, 2000, p. 707). Similarly, finding employment could not only mean more income but ensure that Lucy is in contact with other people, which could enhance her self-esteem and self-confidence (Sheppard 1994). These suggestions could only be taken forward with Lucy’s full consent but her social isolation, low self-confidence and fear of retaliation could help to explain her reluctance to question the boys who were said to have bruised Eric’s arms.

Particular groups of people

This area of factual knowledge may be ordered in terms of people’s class, race, gender, age, disability, sexual orientation, culture, and religious beliefs. Statistics on people most likely to be in contact with social workers provide a stark reminder of income and health inequalities. For example, in 2009, an estimated 13.4 million people in the UK (22%) - almost a fifth of the population - were income poor (Joseph Rowntree Foundation, 2009). Yet in terms of income, the average wealth of the richest 10 per cent of the UK population was estimated to be over £853,000 – 100 times higher than the poorest 10 per cent, whose income was estimated to be £8,800 or less (Hills et al., 2010a). Roughly 80-90 per cent of service users are on state benefit, including means-tested benefits (Walker & Walker, 2009). Most benefits fall below the ‘poverty line’ (MacInnes, 2009; Palmer, 2010) but the impact of long-term poverty is compounded by other inequalities in the area of health, education, housing, employment, and life chances. This often leads to the social exclusion of people in poverty from decision-making processes - discrimination that tends to be more profound for women, people with disabilities, and people from ethnic minority groups (Marmot, 2010, p. 39).

As a young woman, Lucy could be subjected to discrimination because of her age and also because she is an unsupported single parent, living in poverty. It can lead to a situation where some health professionals might feel judgemental and unsympathetic to the difficulties she faces, perhaps unaware of their potentially discriminatory stance. Some North American studies have indicated a link between poverty and child neglect (McSherry 2004), whilst other authors stress the importance of social factors – or ‘social evils’ – that give rise to parental neglect (Stevenson 1998). From a different perspective, Sheppard notes a link between depression and working-class mothers and how this can lead to child-care problems which, when severe, could place a child at risk (1994, p. 288). These points are hypothetical and further evidence would be needed to assess their relevance to Lucy’s situation.

This section described five areas of factual knowledge, p. law or legislation; social policy; agency policy and procedures; knowledge of social problems, and particular groups of people emphasising sources of knowledge need to be constantly updated, revised, and refuted to take account of new sources of information and research findings before being related to practice concerns to ensure an ongoing dialogue between theory and practice. In this task, it is important to recognise the factual knowledge that service users bring to their work – their knowledge of how *legislation* operates, the *policy* decisions that impact on the services they receive, and how different *agencies* interpret policy requirements. Service users also have

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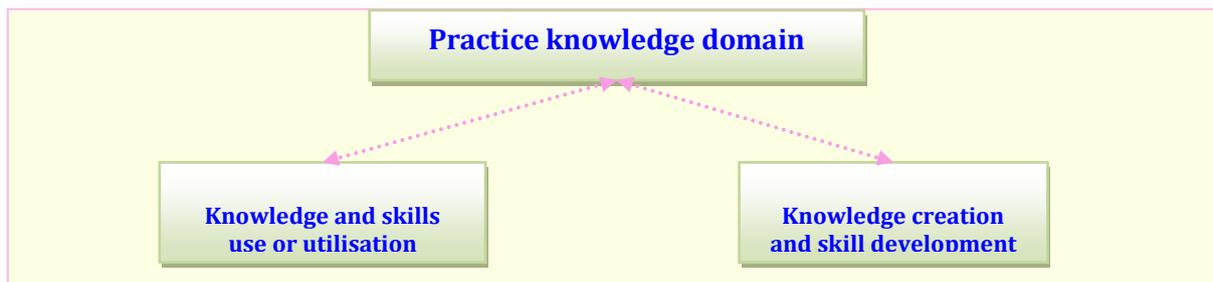
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their own understanding of their *problems*, and how certain problems are manifest in relation to certain *groups of people*.

Practice knowledge domain

The practice knowledge domain is focused on how knowledge and skills are applied in practice, particularly how different areas of theoretical and factual knowledge are used to inform the intervention chosen (see Figure 4).

Figure 4: Practice knowledge domain



As outlined earlier, theoretical and factual knowledge concern knowledge acquisition - or *knowing that* - whereas practice knowledge focuses on *knowing how* (Ryle, 1949), namely what social workers *actually do* in practice. The knowledge used in practice can derive from four key sources: (i) personal learning (life experience); (ii) formal teaching and learning; (iii) practice experience; and (iv) focused reading/research findings. These sources are important because the way in which knowledge is acquired influences how it is used. For example, rote or didactic instruction might lead to ‘surface’ learning with students having little comprehension of the meaning or significance of the knowledge gained (Howe 1996). Didactic, ‘talk-and-chalk’ learning needs to be complemented by forms of learning promoting reflexivity, critical thinking, and critical reflection (Lam, 2009; Sheppard & Ryan 2003; Taylor & White, 2006). Dreyfus and Dreyfus (1986) conceptualised skill acquisition in terms of five stages where the student moves from novice, to advanced beginner, competent practitioner, proficient practitioner, and finally expert or virtuoso.

Knowledge and skills use or utilisation

In social work knowledge is often judged in terms of its utility, ‘practice validity’ (Sheppard, 1998, p. 763), or ‘fit for use’ (Pawson et al., 2003, p. 39). Relevance and accessibility are highly valued. However, often there is a gap between the ‘producers’ - academics and researchers - and ‘users’ - practitioners - of knowledge. This division is discernible in the ‘specialised language’ (Eraut, 1994, p. 30) used in academic circles - declarative, procedural, and product knowledge - not part of the lexicon in everyday use by social workers. For some, this calls for a ‘radical reform of the way’ knowledge is produced (Marsh & Fisher, 2008, p. 975) by conducting research relating directly to practice concerns; involving practitioners in research; and ensuring that research is solution focused. It is unlikely this division will be bridged unless a clinical grade is introduced into social work, similar to that in medicine, where academics are paid at a higher grade for working in practice contexts.

This division between the ‘producers’ and ‘users’ of knowledge, have led some academics to suggest that social workers may not be drawing on knowledge to inform their practice whilst others have argued that theory and practice are being synthesized by practitioners but not in

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ways that are clearly evident in terms of producing ‘a good verbal description’ (Schön 1983, p. 31) of what they do. This view is indicated in a research study which suggested that ‘knowing’ can sometimes be communicated in less formal ways and ‘expressed via examples, stories, metaphor, as well as understandings that resembled existing *theoretical knowledge* or that which had been reformulated and synthesized in practice’ (Osmond and O’Connor 2004, p. 677). Similarly, Boggo writes in terms of practitioners’ knowledge being ‘incorporated to create an intricate, complex, multilayered knowledge framework and practice model’ (2006, p. 15). Given the wide variation in how agencies and practitioners interpret their role, this is an area where a major, comparative, in-depth research study is needed if we are to understand in greater detail the factors that inform practitioners’ analysis, reflection, decision making, action and the extent to which these actions could be considered beneficial and effective. A feature of this research needs to include coverage of the type and quality of interventions that are used. Most interventions will be generalist in character but the use of generalist skills and interventions can indicate that advanced skills have been developed.

When working with children where there are concerns about their well-being and safety, it is important to note that there are ‘competing ideas about risk to children and the best ways of addressing these’ (Parton 2010, p. 2). The concept of risk could involve a concern about ‘significant harm’ or about broader issues relating to Eric’s overall development, such as those embodied in Every Child Matters (Department for Education and Skills, 2003, p. 6). Of central importance is Lucy’s perspective and perception of events, particularly how she views her relationship and care of Eric and how she views the involvement of social workers in her life. An important aspect involves exploring the extent to which Lucy is able to ‘use social work help’ (Munro 1998, p. 93).

Knowledge creation and skills development

In social work the ‘interpretive use of an idea in a new context is in itself a minor act of knowledge creation’ (Eraut, 1994, p. 54). This creative activity involves adapting and synthesising knowledge about skills and interventions in innovative and imaginative ways, uniquely suited to the situation and individuals involved. Social workers generate new knowledge through practice by experimenting and problem-solving, especially relating to ways in which professional standards, government legislation, social policy, or agency protocols affect clients. Frontline social workers have vital information to influence policy and change agency practice. *Practitioner-generated* (Cha et al., 2006) or *craft knowledge* (Eraut, 1994) is more commonly described as *practice wisdom* (Sheppard, 1995).

This creative and ‘intuitive use of self’ (England 1986, p. 32) links to the concept of emotional intelligence (Goleman 1996) and the ability to fine-tune our body language, choice of words, and the tone, speed and timing of our interventions in ways that encourage – as much as possible - an open, honest and meaningful dialogue to be established. Some of understanding acquired may lie beyond social workers’ awareness, and may be described in terms of transference and counter-transference (Koprowska 2010; Lishman 2009) or as *tacit knowledge* – a term coined by Polanyi (1967) to states that it is possible for human beings to know - or to infer - more than they can sometimes say or identify. For Dreyfus and Dreyfus, tacit knowledge and intuition are features of ‘expert knowledge’ (1986, p. 124). However, it is important to view these intuitive hunches as hypotheses – as an awareness of physical, emotional and intellectual reactions that need to be clarified and rigorously tested and against other sources of information before being acted upon.

The ability to understand the relationship between the various factors that are impacting on Lucy and Eric, and the extent to which these need to be reinforced, influenced or changed call for all sources of knowledge to be used creatively. This includes drawing on the knowledge that Lucy brings to the encounter – for example, the explanations she uses to understand her life and to assess Eric’s needs and development (*theoretical knowledge*), her understanding of the financial support she is entitled to receive in relation to housing and welfare benefits (*factual knowledge*) and her understanding of the role played by social workers, health visitors and other health and welfare professionals (*practice knowledge*). In addition to these more tangible and explicit forms of knowledge, other less explicit forms of knowledge can be used to illuminate our understanding. These could be thought to dwell in the realm of the feelings or emotions that are communicated – the feelings that we sense when Lucy and Eric communicate, the quality of their rapport and relationship, the extent to which they see other people, including professionals, as a potential threat or as a resource, the moods we pick up and the feelings that we ourselves communicate, etc. Accessing these feelings involves self-knowledge and the ability to use our intuition and tacit knowledge thoughtfully and sensitively. It also involves adapting and transferring what we know – or assume to know - using our own self-knowledge or practice wisdom (Sheppard 1995) as a reference point.

One of the most important sites for skills development is direct practice (Eraut 2008). However, there is a dearth of research studies that analyse the range and quality of practitioners’ social work skills and interventions, and the kind of knowledge used to inform the intervention chosen. An example of the kind of research that could be undertaken in this area can be found in the work of Forrester et al. (2008) which looked at the communication skills employed by child care practitioners, using an actor to play the part of the parent. The findings of the 24 taped interviews undertaken suggest cause for concern, p.

There is a sense in which communication skills are often taken for granted within social work, p. like the air we breathe, they provide an invisible but essential context for everything that we do. Yet the findings suggest that often social workers are *not* communicating well with parents. The implications for training, professional supervision and research are profound.
(Forrester et al., 2008, p. 50)

The extent to which social workers have the opportunity to develop their practice skills in key areas has not been a central feature of continuing professional development and is a area of practice that warrants much greater emphasis. An interesting research study could link the conceptualisation of *novice*, *advanced beginner*, *competent*, *proficient* and *expert* (Dreyfus and Dreyfus 1986) to the skills acquired on social work training courses and also the skills used by social workers in the situations they meet in direct practice.

Conclusion

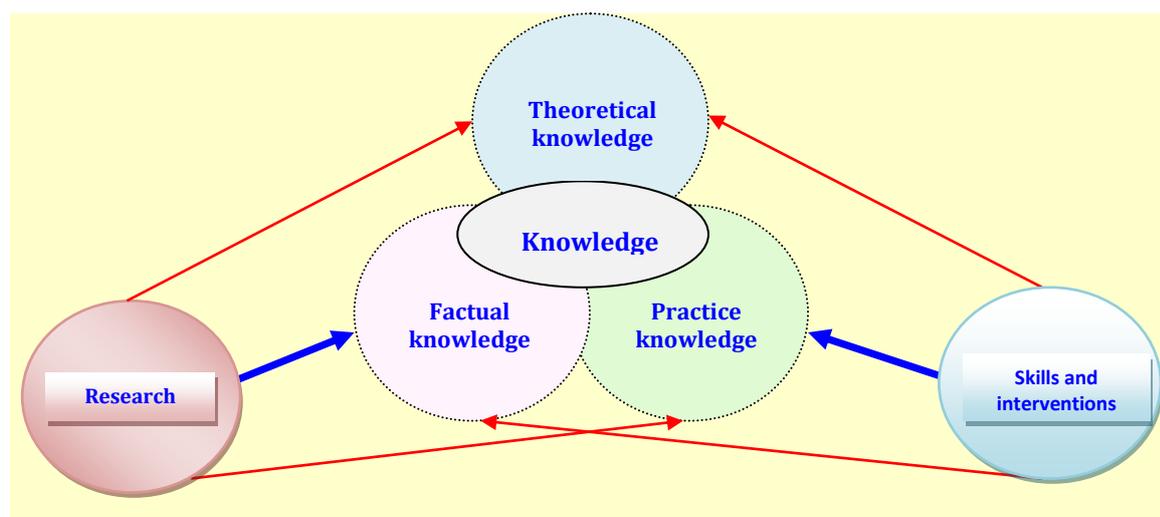
Social work is – and has to be – a knowledgeable and skilled activity. This chapter has drawn a ‘users’ map’ indicating the extensive knowledge and skills base of social work. A central feature of perspective presented is that the *theoretical*, *factual* and *practice* domains of this framework can be use to highlight the knowledge that all parties bring to the encounter, particularly social workers and service users - knowledge that is essential to inform the assessment process, analysis, decision-making and action. This states that social work practice is much more than the use of different forms of knowledge – the relationships we build and communicate, shaped by the values these embrace - are of central importance and

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can be creative in character. This chapter ends with a diagram that indicates the diverse and overlapping features of the framework presented (see Figure 5).

Figure 5: Diverse forms of knowledge for practice



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