
Principles and Tenets of Social Welfare

SOW201



University of Ibadan Distance Learning Centre
Open and Distance Learning Course Series Development

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Vice-Chancellor's Message

The Distance Learning Centre is building on a solid tradition of over two decades of service in the provision of External Studies Programme and now Distance Learning Education in Nigeria and beyond. The Distance Learning mode to which we are committed is providing access to many deserving Nigerians in having access to higher education especially those who by the nature of their engagement do not have the luxury of full time education. Recently, it is contributing in no small measure to providing places for teeming Nigerian youths who for one reason or the other could not get admission into the conventional universities.

These course materials have been written by writers specially trained in ODL course delivery. The writers have made great efforts to provide up to date information, knowledge and skills in the different disciplines and ensure that the materials are user-friendly.

In addition to provision of course materials in print and e-format, a lot of Information Technology input has also gone into the deployment of course materials. Most of them can be downloaded from the DLC website and are available in audio format which you can also download into your mobile phones, IPod, MP3 among other devices to allow you listen to the audio study sessions. Some of the study session materials have been scripted and are being broadcast on the university's Diamond Radio FM 101.1, while others have been delivered and captured in audio-visual format in a classroom environment for use by our students. Detailed information on availability and access is available on the website. We will continue in our efforts to provide and review course materials for our courses.

However, for you to take advantage of these formats, you will need to improve on your I.T. skills and develop requisite distance learning Culture. It is well known that, for efficient and effective provision of Distance learning education, availability of appropriate and relevant course materials is a *sine qua non*. So also, is the availability of multiple plat form for the convenience of our students. It is in fulfilment of this, that series of course materials are being written to enable our students study at their own pace and convenience.

It is our hope that you will put these course materials to the best use.



Prof. Abel Idowu Olayinka

Vice-Chancellor

Foreword

As part of its vision of providing education for “Liberty and Development” for Nigerians and the International Community, the University of Ibadan, Distance Learning Centre has recently embarked on a vigorous repositioning agenda which aimed at embracing a holistic and all encompassing approach to the delivery of its Open Distance Learning (ODL) programmes. Thus we are committed to global best practices in distance learning provision. Apart from providing an efficient administrative and academic support for our students, we are committed to providing educational resource materials for the use of our students. We are convinced that, without an up-to-date, learner-friendly and distance learning compliant course materials, there cannot be any basis to lay claim to being a provider of distance learning education. Indeed, availability of appropriate course materials in multiple formats is the hub of any distance learning provision worldwide.

In view of the above, we are vigorously pursuing as a matter of priority, the provision of credible, learner-friendly and interactive course materials for all our courses. We commissioned the authoring of, and review of course materials to teams of experts and their outputs were subjected to rigorous peer review to ensure standard. The approach not only emphasizes cognitive knowledge, but also skills and humane values which are at the core of education, even in an ICT age.

The development of the materials which is on-going also had input from experienced editors and illustrators who have ensured that they are accurate, current and learner-friendly. They are specially written with distance learners in mind. This is very important because, distance learning involves non-residential students who can often feel isolated from the community of learners.

It is important to note that, for a distance learner to excel there is the need to source and read relevant materials apart from this course material. Therefore, adequate supplementary reading materials as well as other information sources are suggested in the course materials.

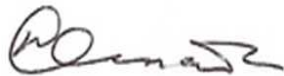
Apart from the responsibility for you to read this course material with others, you are also advised to seek assistance from your course facilitators especially academic advisors during your study even before the interactive session which is by design for revision. Your academic advisors will assist you using convenient technology including Google Hang Out, You Tube, Talk Fusion, etc. but you have to take advantage of these. It is also going to be of immense advantage if you complete assignments as at when due so as to have necessary feedbacks as a guide.

The implication of the above is that, a distance learner has a responsibility to develop requisite distance learning culture which includes diligent and disciplined self-study, seeking available administrative and academic support and acquisition of basic information technology skills. This is why you are encouraged to develop your computer skills by availing yourself the opportunity of training that the Centre’s provide and put these into use.

In conclusion, it is envisaged that the course materials would also be useful for the regular students of tertiary institutions in Nigeria who are faced with a dearth of high quality textbooks. We are therefore, delighted to present these titles to both our distance learning students and the university's regular students. We are confident that the materials will be an invaluable resource to all.

We would like to thank all our authors, reviewers and production staff for the high quality of work.

Best wishes.

A handwritten signature in black ink, appearing to read 'Bayo Okunade', with a stylized flourish at the end.

Professor Bayo Okunade

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About this course manual

Principles and Tenets of Social Welfare SOW201 has been produced by University of Ibadan Distance Learning Centre. All course manuals produced by University of Ibadan Distance Learning Centre are structured in the same way, as outlined below.

How this course manual is structured

The course overview

The course overview gives you a general introduction to the course. Information contained in the course overview will help you determine:

- If the course is suitable for you.
- What you will already need to know.
- What you can expect from the course.
- How much time you will need to invest to complete the course.

The overview also provides guidance on:

- Study skills.
- Where to get help.
- Course assignments and assessments.
- Margin icons.

We strongly recommend that you read the overview *carefully* before starting your study.

The course content

The course is broken down into Study Sessions. Each Study Session comprises:

- An introduction to the Study Session content.
- Study Session outcomes.
- Core content of the Study Session with a variety of learning activities.
- A Study Session summary.
- Assignments and/or assessments, as applicable.
- Bibliography

Your comments

After completing Principles and Tenets of Social Welfare we would appreciate it if you would take a few moments to give us your feedback on any aspect of this course. Your feedback might include comments on:

- Course content and structure.
- Course reading materials and resources.
- Course assignments.
- Course assessments.
- Course duration.
- Course support (assigned tutors, technical help, etc.)

Your constructive feedback will help us to improve and enhance this course.

Course Overview

Welcome to Principles and Tenets of Social Welfare SOW201

This course is designed to introduce you to the Principles and Tenets of Social Welfare and its importance to the training of professional social workers. It gives the approach needed for effective social work practice among individuals, families, groups and communities.

Course outcomes



Outcomes

Upon completion of Principles and Tenets of Social Welfare SOW201 you will be able to:

- *implement* the principles of social welfare.
- *explain* the tenets of social welfare.
- *discuss* importance of the principles and tenets in social work practice.

Timeframe



How long?

This is a 15 week course. It requires a formal study time of 45 hours. The formal study times are scheduled around online discussions / chats with your course facilitator / academic advisor to facilitate your learning. Kindly see course calendar on your course website for scheduled dates. You will still require independent/personal study time particularly in studying your course materials.

How to be successful in this course



As an open and distance learner your approach to learning will be different to that from your school days, where you had onsite education. You will now choose what you want to study, you will have professional and/or personal motivation for doing so and you will most likely be fitting your study activities around other professional or domestic responsibilities.

Essentially you will be taking control of your learning environment. As a consequence, you will need to consider performance issues related to time management, goal setting, stress management, etc. Perhaps you will also need to reacquaint yourself in areas such as essay planning, coping with exams and using the web as a learning resource.

We recommend that you take time now—before starting your self-study—to familiarize yourself with these issues. There are a number of excellent resources on the web. A few suggested links are:

- <http://www.dlc.ui.edu.ng/resources/studyskill.pdf>

This is a resource of the UIDLC pilot course module. You will find sections on building study skills, time scheduling, basic concentration techniques, control of the study environment, note taking, how to read essays for analysis and memory skills (“remembering”).

- http://www.ivywise.com/newsletter_march13_how_to_self_study.html

This site provides how to master self-studying, with bias to emerging technologies.

- <http://www.howtostudy.org/resources.php>

Another “How to study” web site with useful links to time management, efficient reading, questioning/listening/observing skills, getting the most out of doing (“hands-on” learning), memory building, tips for staying motivated, developing a learning plan.

The above links are our suggestions to start you on your way. At the time of writing these web links were active. If you want to look for more, go to www.google.com and type “self-study basics”, “self-study tips”, “self-study skills” or similar phrases.

Need help?



As earlier noted, this course manual complements and supplements SOW201at UI Mobile Class as an online course.

You may contact any of the following units for information, learning resources and library services.

Distance Learning Centre (DLC)

University of Ibadan, Nigeria

Tel: (+234) 08077593551 – 55

(Student Support Officers)

Email: ssu@dlc.ui.edu.ng

Head Office

Morohundiya Complex, Ibadan-
Ilorin Expressway, Idi-Ose,
Ibadan.

Information Centre

20 Awolowo Road, Bodija,
Ibadan.

For technical issues (computer problems, web access, and etcetera), please send mail to webmaster@dlc.ui.edu.ng

Academic Support



A course facilitator is commissioned for this course. You have also been assigned an academic advisor to provide learning support. The contacts of your course facilitator and academic advisor for this course are available at onlineacademicsupport@dlc.ui.edu.ng

Activities



This manual features “Activities,” which may present material that is NOT extensively covered in the Study Sessions. When completing these activities, you will demonstrate your understanding of basic material (by answering questions) before you learn more advanced concepts. You will be provided with answers to every activity question. Therefore, your emphasis when working the activities should be on understanding your answers. It is more important that you understand why every answer is correct.

Assessments



Assessments

There are three basic forms of assessment in this course: in-text questions (ITQs) and self assessment questions (SAQs), and tutor marked assessment (TMAs). This manual is essentially filled with ITQs and SAQs. Feedbacks to the ITQs are placed immediately after the questions, while the feedbacks to SAQs are at the back of manual. You will receive your TMAs as part of online class activities at the UI Mobile Class. Feedbacks to TMAs will be provided by your tutor in not more than 2 weeks expected duration. Schedule dates for submitting assignments and engaging in course / class activities is available on the course website. Kindly visit your course website often for updates.

Bibliography



Readings

For those interested in learning more on this subject, we provide you with a list of additional resources at the end of this course manual; these may be books, articles or websites.

Getting around this course manual

Margin icons

While working through this course manual you will notice the frequent use of margin icons. These icons serve to “signpost” a particular piece of text, a new task or change in activity; they have been included to help you to find your way around this course manual.

A complete icon set is shown below. We suggest that you familiarize yourself with the icons and their meaning before starting your study.

| | | | |
|---|---|---|---|
|  |  |  |  |
| <i>Activity</i> | <i>Assessment</i> | <i>Assignment</i> | <i>Case study</i> |
|  |  |  |  |
| <i>Discussion</i> | <i>Group Activity</i> | <i>Help</i> | <i>Outcomes</i> |
|  |  |  |  |
| <i>Note</i> | <i>Reflection</i> | <i>Reading</i> | <i>Study skills</i> |
|  |  |  |  |
| <i>Summary</i> | <i>Terminology</i> | <i>Time</i> | <i>Tip</i> |

Study Session 1

Professional Competence and Development of Skills in Social Work

Introduction

Professional competence in social work practice is simply having the necessary skills and abilities to work effectively with clients. Professional competence accords the social worker the knowledge and skills needed to be able to focus on and emphasize what the clients can do instead of what they cannot do. This Study Session will therefore introduce you to the concept of professional competence and steps to follow when rendering quality practice to the people.

Learning Outcomes



When you have studied this session, you should be able to:

- 1.1 *define* professional competence in social work.
- 1.2 *highlight* the levels in portfolio of competence.

1.1 Concept of Professional Competence in Social Work

Professional competence demands that social workers remain current in their knowledge of practice through adequate reading of professional books, journals and participating in continuing education such as attendance of seminars, workshops, round tables and conferences. Professional competence are features that characterize a profession including lengthy training in relation to some clearly demarcated area of knowledge and skill, the idea of public service or even altruistic practice, impartial service regardless of client and with a code of ethics or conduct (Pierson and Thomas, 2002) For quality service, social workers should base all practice decisions on social work knowledge, research and ethics. Professional competence in social work practice has a number of issues. These are:

1. The Social worker must honestly declare his or her credentials to the employers. The employers should not be misled about the social worker's qualifications. The Social workers' qualifications forms a first step in professional competence. This, also, has to do with the principle of professional honesty.

Therefore, social workers should be competent because competence involves having qualifications, abilities and skills to

conduct social work effectively with the clients and their problems (Kirst-Ashman and Hull, 2002).

2. The Social worker must strive to acquire knowledge and skill required for a particular job to remain competent. For example, a family social worker may require knowledge and skills necessary for medical social work to be able to function adequately in any health setting. This may be achieved through enrolling in an educational programme to enhance and extend your credentials in such field of practice. Ibadan School of Social Work is aware of these requirements and trains generalist social workers who can work in many social work settings.

Again, a social worker in this category may also attend continuing education seminars, in-service training, or professional conferences to develop needed skills. In this regard, the social worker should continually improve in knowledge and skills in order to be current and relevant in his practice and in line with global demand.

In any case, the social worker should not practice outside of his/her competence to avoid being challenged on ethical grounds. For instance, a medical social worker must restrict his/her practice to the health setting.

1.1.1 Development of Skills in Implementing Social Work

Counselling skills used to communicate and build relationships are central to social services. Social work entails working with children, young people and adults, and with colleagues in multidisciplinary teams (Medical doctors of various specialties, nurses, administrators, lawyers, police, teachers, farmers, etc) including partnerships across agencies. Activities for continuing professional development all require attention to the detail of speaking and relating.

The core business of social work is still “people” and “talk”. Communicating, face to face, on the telephone, by letter and lately by e-mail, and in written reports remains a key skill. Social work is principally involved in finding solution to crises or emergencies such as surgery, accidents, terminal diseases and conditions, marital disputes, delinquencies and even bereavements to mention a few. This is underpinned by the values of conveying respect and combating discrimination and disadvantage, using a knowledge base which has been developed from other disciplines and redefined as society changes.

These are key points to be recognized in the development of skills in social work practice:

1. Good communication and relationship remains at the heart of effective social work practice. Active listening is one of the core competencies of intentional interviewing and counselling in social work practice.
2. Social work takes place in a managerial and legal framework within which good interpersonal skills are essential.
3. Work with crisis, change and life events involves social workers in counselling roles.

4. Practitioners have evidenced the usefulness of counselling skills, and would like training opportunities to develop them.
5. Practical counselling skills are relevant to all social work whatever the practice context.

Adequate knowledge of these points is a beginning of skill acquisition necessary for social work practice. In social work practice, there are steps to follow in rendering quality practice to the people. This may be called **portfolio of competence**.

1.2 Portfolio of Competence

The levels in portfolio of competence are:

Level 1: Identification and Classification

- a. Ability to discuss issues in diversity that occur in relation to these skills.
- b. Ability to write encouragers, paraphrases, and summaries that might predict what a client will say next.

Level 2: Basic Competence

- a. Ability to encourage clients to keep talking through use of nonverbal cues including the use of silence, minimal encouragers (“uh-huh”), and the repetition of key words.
- b. Ability to discuss cultural differences with the client early in the interview, as appropriate to the individual.

Level 3: Intentional Competence

- a. Ability to use encouragers, paraphrases, and summaries accurately to facilitate client conversation.
- b. Ability to use encouragers, paraphrases, and summaries accurately to keep clients from repeating their stories unnecessarily.
- c. Ability to summarise accurately longer periods of client utterances.
- d. Ability to communicate with bilingual clients using some of the key words and phrases in their primary language.

Level 4: Teaching Competence

- a. Teaching competence in these skills is best planned for a later time, but a client who has particular difficulty in listening to others may indeed benefit by careful training in paraphrasing. There are some individuals who often fail to hear accurately and distort what others have said to them (Ivey and Ivey, 2003).

Study Session Summary



Summary

In this Study Session, we discussed the concepts of Professional competence in social work. We noted that the practice is having necessary skills and abilities to work effectively and efficiently with clients. Professional competences are features thought to characterize a profession, the idea of public service, impartial service to clients and with a code of ethics or conduct. Professional competence requires that social workers should remain current in their knowledge of practice through continuous reading of books and journals of the profession, and others; attendance of seminars, workshops and conferences.

Assessment



Assignment

1. What is professional competence in social work?
2. Discuss the portfolio of competence.

Study Session 2

Social Worker

Introduction

It is necessary to spell out clearly who truly is a social worker. It is necessary to recognize who social workers are and what is expected of them. This Study Session will discuss who a social worker is. The Social worker is recognized by his/her ethical duties and obligations, and ethical responsibility.

Learning Outcomes



When you have studied this session, you should be able to:

2.1 *explain* who a social worker is

2.1 Meaning of a Social Worker

The Social Worker International organizations such as International Federation of Social Work (IFSW) Geneva, National Association of Social Workers (NASW) USA, Canadian Association of Social Workers and General Social Care Council (GSCC) UK, have all agreed to this fact that:

1. A social worker is one who maintains the best interest of the client as the primary professional obligation.
2. A social worker is one who carries out his/her professional duties and obligations with integrity and objectivity.
3. A social worker is one who has and maintains competence in the provision of a social work service i.e. medical or family social service to a client.
4. A social worker is one who does not exploit the relationship with a client for personal benefit, gains, or gratification.
5. A social worker is one who protects the confidentiality of all information acquired from the client or others regarding the client and client's family during the professional relationship unless:
 - a. The client authorizes in writing the release of specified information;
 - b. The information is released under the authority of a statute or an order of a court of competent jurisdiction;
6. A social worker is one who does not allow other interests of his to affect the social relationship with the client.

7. A social worker is one who promotes excellence in the social work profession.
8. A social worker is one who advocates change in the best interest of the client, and for the overall benefit of society, the environment and the global community (Kirst-Ashman & Hull, 2002).

It is required that a social worker must observe a dress code that is culturally acceptable which makes a positive impression to the client, colleagues, supervisor and society. Usually, a social worker dresses “nicely” and “relatively conservatively”. What this means is left to individual interpretation but it must be taken into cognizance how other social workers in agency dress because each agency has its own personality.

Some agencies are formal, while others are informal. In any case, a social worker is a *counsellor* providing guidance to clients and assisting them in a planned change or problem-solving process; an *educator* giving information and teaching clients/patients skills in managing problems; a *broker* who links client with resources.

A social worker is also a **case manager** who coordinates needed services provided by the agencies to help clients; a **mobilizer** who identifies and convenes community people to source for and utilize resources for their well-being; a **mediator** who resolves arguments and disagreements.

Finally, a social worker is a **facilitator** who guides a group experience and an **advocate** who steps forward and speaks out on the behalf of clients.

Study Session Summary



Summary

In this Study Session, you learnt that a social worker is someone who maintains the best interest of the client as the primary professional obligation, carries out his/her duties with integrity and objectivity; does not exploit relationship with client for personal benefit or gains. He/she protects the confidentiality of all information acquired from client; protects and promotes excellence in the profession and advocates change in the best interest of the client.

Assessment



Assignment

1. Who is a social worker?
2. What are the functions of a social worker?

Study Session 3

Professional Competence and Skills

Introduction

Social workers must attain a minimum qualification to be able to remain relevant in the profession. Competence and skills must go together. In other words, knowledge and skills acquired during a specified training programme may certify one to be competent in the profession. In this Study Session we will explain and states the necessary steps for gaining competence skills.

Learning Outcomes



When you have studied this session, you should be able to:

- 3.1 *demonstrate* professional competence of a social worker.
- 3.2 *explain* social worker's causes of lack of professional competence.

3.1 Overview for Gaining Professional Competence and Skills

In social work profession, which is just emerging in Nigeria, a practitioner is expected to possess a minimum qualification of a University or Polytechnic degree in Social Work/Welfare or related discipline and a Master of Social Work degree. This is in line with global requirements. They are also expected to be involved in continuing social work education both formally and informally. The field of social work is vast and dynamic, and demands constant staff development through accessing recent publications in social work.

Therefore, social workers, should represent themselves as competent only within the boundaries of their education, training, license, certification, consultation received, supervised experience, or other relevant professional experience. When providing services in substantive areas or using intervention techniques or approaches that are *new* to them, social workers should engage in *appropriate study, training, consultation, and supervision from institutions and people who are competent in those interventions and techniques*.

Gaining Competence/and Skills Require some Forethought

1. Have a plan on how to expand your professional competence. Learning should never stop, but it should be pursued in a methodical manner. Research and use available education, training, consultation, and supervision opportunities to expand your competence.
2. Have a plan on what to do if you find a client challenging the limits of your competence. Maintain a list of resources and colleagues who could help you.
 - a) Keep up with the state of the profession. Join the national association and your state chapter and read their professional publication (Bogie, 2000).
 - b) Adhere strictly to agency Functions and work only within limits the laws allow.
 - c) Separate personal problems/issues from practice in order to engage successfully in your professional responsibilities to clients, the agency and the community.

3.2 Lack of Professional Competence

Lack of Professional Competence may be exhibited as

- a. Lack of commitment to professional growth and development.
- b. Tardiness or absenteeism at work.
- c. Failure to adhere to agency policies, standards, and guidelines.
- d. Failure to enact appropriate behaviours with clients.
- e. Lack of appropriate professional dress and appearance.
- f. Failure to meet project/task/assignment deadlines.
- g. Inability to accept constructive feedback from the supervisor.
- h. Failure to exhibit maturity or learning readiness.
- i. Failure to maintain professional boundaries.
- j. Failure to exhibit ethical behaviour.

Professional competence is a product of good training in recognized places or institutions under supervision of those who, themselves, are professionally competent in that business.

Good communication and relationships remain at the heart of effective practice with individuals, families, careers, groups, communities and colleagues. Medical social work takes place in a managerial and legal framework within which good interpersonal skills are essential. The social workers are always working with crises (persons with problems are in crises), and should realize that change and life events involve professional social workers in counselling role. Finally, social workers, including medical social workers, are *NOT* epitome of perfection in competence and skill. Like all other professionals, they should continue to strive for quality knowledge, competence and skills in social work practice.

Study Session Summary



Summary

In this Study Session, we discussed that Competence and skills go together. We noted that Knowledge and skills acquired during a specified training programme may certify one to be competent in a profession. We also explained that to gain competence and skills, the social worker must have a plan to expand his/her professional competence, must have a plan of what to do, should a client challenge has limits in his competence; and adhere strictly to agency functions and work only within limits the law allows.

Assessment



Assignment

1. What are the steps needed to gain competence and skills?
2. List causes of lack of professional competence.

Study Session 4

Development of Skills in Implementing Medical Social Science

Introduction

Nigeria now has medical social workers in most teaching and specialist hospitals. In this Study Session, we will examine the importance and the functions of medical social workers.



Learning Outcomes

When you have studied this session, you should be able to:

- 4.1 *explain* the importance of medical social services.
- 4.2 *highlight* the functions of medical social workers.

4.1 Definition of Medical Social Work

Medicine and social work joined hands in 1905 with the establishment of medical social work at the Massachusetts General Hospital in Boston under the enthusiastic, able encouragement of Dr. Richard Cabot. He and others recognized the need to understand more about social factors related to illness and its treatment and to utilize social and community resources in comprehensive patient care.

Medical social work is the application of social work knowledge, skills, attitudes and values to health care. Medical social work addresses itself to illness brought about by or related to social and environmental stresses that result in failure in social functioning and social relationships (Skidmore, Thackeray & Farley, 1997). It intervenes with medicine and related professions in the study, diagnosis, and treatment of illness at the point where social, psychological, and environmental forces impinge on role effectiveness.

Social medical service accepts the World Health Organisation's (WHO) definition of health as "a state of complete physical, mental, and social well-being and not merely the absence of disease or illness". Workers use problem-solving methods in assisting individuals, groups, and communities in solving personal and family health problems.

They are involved in different levels of prevention:

- a. **Primary:** health education, encouraging immunizations, good mental health practices in families, prenatal and postnatal care.

- b. **Secondary:** early screening programmes for detection of disease, check/ups, encouraging treatment and social support.
- c. **Tertiary or rehabilitation:** preventing further deterioration of a disease or problem through psychosocial approach of the professionally trained medical social workers.

4.1.1 The Distinguishing Knowledge and Skills of Medical Social Work Practice

Skidmore, Thackeray and Farley (1997) said that medical social work is practiced in responsible relation to medicine. Its concern is with the welfare of patients and the casual, contributing interrelationship of illness, family failures and breakdown, social stresses, environmental pressures, and influences.

Medical social work is shaped and guided by the attitudes, beliefs, knowledge, and acceptable ways of doing things by professionals serving in health care institutions and by the philosophy and practice of modern medicine.

- a. It requires a knowledge of illness and the psychological and social impact of diseases on the individual, the family, and the family interrelationships.
- b. It calls for the application and adaptation of social work concepts, principles and ideas to the special needs of hospital and clinic clientele.
- c. The medical social worker explains the highly technical and specialized medical personnel and services to patients. For example, the medical social worker is always in contact with the patients at every medical units the patient may find him/herself.
- d. Medical social work has a coordinate, rather than subordinate or ancillary role to medicine and is responsible to the institution and the supporting public. The doctor is the clinical and medical authority and is held responsible under the law for medical practice. The Medical social worker works on the psychosocial aspect of the practice.

4.2 Functions of Medical Social Workers in Hospitals

- 1. Assess the patient's psychological and environmental strengths and weaknesses.
- 2. Collaborate with the team in the delivery of services to ensure the maximum utilization of the skill and knowledge of each team member.
- 3. Assist the family to cooperate with treatment and to support the patient's utilization of medical services.
- 4. Identify with a cadre of other professionals to improve the services of the hospital by an interdisciplinary sharing of knowledge.
- 5. Serve as a broker of community services, thus providing linkage of patient need with appropriate resources.

6. Participate in the policy-making process.
7. Engage in research to assure a broadening of the knowledge base for successful practice.

Study Session Summary



Summary

In this Study Session, we discussed that Medical social service is gradually being introduced into our health system. All teaching hospitals and most specialist hospitals now have social workers as staff of the institutions. Medical social work is the application of social work knowledge, skills, attitudes and values to health care. Medical social work addresses itself to illness brought about by or related to social and environmental stresses that result in failures in social functioning and social relationships.

Assessment



Assignment

1. State the importance of medical social services in health care.
2. What are the functions of medical social workers?

Study Session 5

Effective Social Casework Skills in Social Work Practice

Introduction

Effective casework skills may be said to be a conglomerate of organizing and coordinating services at the level of the individual client or based on the minute of interactions between the social worker and client, that is, between the helper and the helped. Relationship is at the heart of all social work practice in health and social care settings. This Study Session will therefore expose you to the effective social casework skills.



Learning Outcomes

When you have studied this session, you should be able to:

- 5.1 *demonstrate* social casework skills.
- 5.2 *explain* supportive theories in social casework.

5.1 Defining Social Casework

Social casework skills are used every day to build such relationships in order for the work to progress. Therefore, all social work processes such as interviewing, assessment, planning, intervention, evaluation take place in the context of meeting people, their worries and their life crisis. The quality of what happens relies heavily on conversations between people. Poor services are often marked by conflict and hostile relations between clients (service users) their families and the social workers. Quality services rely on the ability to build a cooperative partnership where social workers and clients participate together

Social casework is a field overlapping other fields, such as counseling and focus on problem-solving and providing help to individuals, families or groups. Often, it involves additional education and expertise. While basic social casework generally focuses on providing some kind of psychotherapy, social casework emphasizes the importance of the social environment concerning human behaviour and advocacy to improve people's quality of life (Kirst-Ashman, 2007).

Social workers should realize that relationship-building skills remain the bedrock of quality of practice, especially when people who need a service are anxious, angry, distressed or upset because of their situation.

5.2 Social Casework Skills

Social casework is an intensive, personal process concerned with helping people cope with normal problems and opportunities. Casework focuses on deep-seated personality or behavioural difficulties.

The terms casework and interviewing are often used interchangeably. However, interviewing may be considered the most basic process used for information gathering, problem-solving and advice-giving.

Casework is most often associated with the professional fields of social work, guidance, psychology, pastoral counselling, law and to a limited extent psychiatry.

Skill can be defined simply as the ability to do something well. This definition works well enough for some practical tasks. However, what is done 'well' in a social work context is more complicated to judge. In other words, whether a communication is 'good' depends on how it is received in the situation and what is conveyed to the other person. A skillful communication enhances the other persons' experience and their ability to respond and participate. What is skillful creates a sense of working together. Social workers must be very skillful in social casework for positive results to be achieved in any social work intervention. The task is to give the client an opportunity to explore, discover and clarify ways of living more resourcefully and with a greater sense of well-being.

What to know in Casework Skills

The first important thing to know is that unlike other types of social casework, it is primarily based on solving of existing problems. The client comes to the social workers because he/she has a problem, a crisis. Therefore, the expectation of the client is high. The social worker must apply his professional skills on making a difference, a change in the client. The foundation skills are those of listening, observing, influencing and structuring interview.

Social workers become involved with people needing support in a crisis, change, transition or loss, protection from self or others, help to deal with disadvantage or injustice, in fact any combination of life-changing events depending on the particular circumstances (Seden and Katz, 2003).

Casework skills used to communicate and build relationships are central to care. The relationship between casework and social work has always been complex and interactive. As two distinct activities, they share some theoretical origins and ways of thinking.

Hint

Here are just few relevant theories in their simplest forms for easy understanding.

5.2.1 Client Centred (Rogerian)

The social worker provides the growth-promoting climate, and the client is then free and able to discover and grow as she/he wants and needs to. The prevailing characteristics of the session are listening, empathy, acceptance (unconditional positive regard) and genuineness.

5.2.2 Holistic Health (Biopsychosocial)

This theory asserts that we have physical, intellectual, social, emotional, vocational and spiritual needs, the neglect of which reduces the ability of one to withstand the effects of stress. We also live in socio-economic conditions that can enhance or demean our long term well-being.

5.2.3 Strength-Based Casework

Strength-based casework focuses on what is going right in a person's life. The social worker and client work together to find past and present successes and use these to address current and future challenges. This action may be called positive or learned optimism which simply focuses on what can go right or what can be put right.

5.2.4 Cognitive Behavioural Therapy (ABC Method)

This could be described as “as I think, so I feel (and do)”. However, in any given situation you have:

- a. **Activating Event:** the actual event and the client's immediate interpretations of the event.
- b. **Beliefs about the event:** this evaluation can be rational or irrational.
- c. **Consequences:** how you feel and what you do or other thoughts. In this respect, the role of will and counter-will on the part of the client must be taken very seriously by the social workers as this may be the source of final result or position of the client.

5.2.5 Solution Focused Therapy

Where do I want to be? The social workers focuses on what clients want to achieve through intervention rather than on the problem(s) that made them seek help. The approach does not focus on the past, but instead, focuses on the present and future. The client is asked to envision how the future will be different when the problem is no longer present.

5.2.5 Existential Approach

Why Am I Here? This is also known as “Meaning Therapy”. It is believed that “the who knows the “why” for his existence, will be able to bear almost any “how”. This approach is concerned with creating one's identity and establishing meaningful relationships with others.

Basically, a logical categorization of the social casework dimensions of social work would therefore be as follows:

- a) Social casework skills underpinning the whole range of social work.
- b) Social casework as a significant component of the work, carried out in conjunction with other approaches.
- c) Social casework as a major explicit part of the job description.
- d) These points expose the values of social casework in social work.

Study Session Summary



Summary

In this Study Session, we discussed that Social casework is a problem-solving process providing help to individuals, and families. Relationship-building skills remain the bedrock of quality practice. Social casework is an intensive, personal process concerned with helping people cope with normal problems and opportunities. Casework focuses on deep-seated personality or behavioural difficulties.

Assessment



Assignment

1. What are the social casework skills in practice?
2. Discuss theories in social casework.

Study Session 6

Basic Social Casework Skills in Family/Child Welfare and Medical Health Settings

Introduction

It is absolutely clear that social workers need to have at least basic social casework skills for effective practice. Exactly what is required depends upon the setting where the social worker is employed. For example, social workers in health settings need some skills different from social workers in group work or community work setting. This Study Session will focus on the basic social casework skills.



Learning Outcomes

When you have studied this session, you should be able to:

- 6.1 state the basic social casework skills

6.1 The Basic Social Casework Skills needed in Family/Child Welfare and Medical Health Services

The basic social casework skills in family/child welfare and health settings. These basic skills are:

1. Attention giving, active listening, non-critical acceptance: A listener to attend to the speaker – that is, the position of the listener (social worker) indicates to the speaker that the speaker (client) is the centre of the listener's (social worker's) attention. These skills have to do with those behaviours that include eye contact, body position, giving the client your ear, so to speak, encouraging comments from the listener (social worker), mirroring body positions. (You will be amazed at how much mirroring behaviour happens in a session when you get it right).

Since most communication occurs non-verbally, the listener's (social worker's) non-verbal behaviours are critical in the establishment of trust and safety for the speaker (client), who may be revealing

personal secrets never before revealed. The social worker, as the listener needs to set in his or her mind an intervention to create and sustain attention.

Sometimes, the social worker's attention may drift. He or she needs to reset intentions and come back to the session. The client may be watching so intently and notice the social worker's attention shift. The Social worker may cover himself by saying that something struck him or her in the client's comment and asks the client to repeat statement. They must capture the verbal and non-verbal communication of the client. They must pay attention to the use of words. This can point to a pattern of thinking.

2. Listening skill will involve paraphrasing, reflecting, summarizing and checking; paraphrasing as a feedback, to the client the essence of what has just been said. The social worker shortens and clarifies the client's comments. Paraphrasing includes four steps:
 - a. Listen and recall: Repeat the clients words in your head, and this does take attention and intention, and is so important.
 - b. Get clear on the content of the messages. Get the details down.
 - c. Rephrase or repeat to the client an essential summary of details and feelings.
 - d. Ask if you have heard the message accurately, this is done by using some of your own words plus the important main words of the client. Summarizations are similar to paraphrases, but are used to clarify and distil what the client has said over a longer time span. Summarizations may be used to begin or to end an interview, as a transition to a new topic, or to clarify complex issues. Most importantly summarization helps both the client and social worker organize thinking about what is happening in the interview.
3. Empathic understanding, linking, immediacy: Empathy in this sense simply means the ability of the social worker to the emotions he/she has observed in the client and to ask if such perceptions are right. When the social worker does this, the clients he creates a feeling in the client that he/she is being heard respectfully. Often times, the clients just need to be heard respectfully. In other words, they may not need the social worker to solve the problem, but just to listen to and recognize their feelings. Discrete skills associated with empathy include listening, and reflecting client feelings i.e. "O.K, here is what it sounds like so far, you are angry about your husband (or wife), did I hear you accurately".

The Social worker should know that all he/she is doing here is listening like a tape recorder, no interpretation, judgement, or problem solving yet. He/she is hearing in a supportive and accepting way only.

 - a. Challenging, confronting, working with defences: Although, all social casework skills are concerned with facilitating change, it is the confrontation of discrepancies that acts as a lever for the activation of human potential. Most clients come to an interview seeking some sort of movement or change in their lives. Yet, at times, they may resist the social worker's efforts to

help bring about the very transformation they seek. The Social worker's task is to help clients move beyond their issues and problems to realize their full potential as human beings. An understanding of confrontation is basic to helping clients "re-story" their lives. Therefore, knowledge and skills in confrontation result in the following:

- Increased ability to identify incongruity, discrepancies, or mixed messages in behaviour, thought, feelings, or meanings.
 - Ability to identify client change processes occurring during the interview and throughout the treatment period, using confrontation or other skills.
 - Ability to increase client talk with a view towards explanation and/or resolution of conflict and discrepancies.
 - Ability to utilize confrontation skills for conflict resolution. Confrontation is not "going against" the client, it is "going with" the client.
- b. Goal setting, problem solving, focusing techniques: This may also be called decisional counselling. The goal is to facilitate decision making. The simplest problem-solving model is defining the problem, generating or brainstorming alternatives, and then deciding among the alternatives.
- c. Knowledge about own and other's use of body language: The social worker must be skilled in the act of attending behaviour to bring about communication to the client that he/she is interested in what the client is saying. This will increase the social worker's awareness of the client's pattern of attending. It will bring about some recourse when social worker is lost or confused in the interview. Even the most advanced professional doesn't always know what is happening. When one doesn't know what to do, attend! Again, the social worker must be skilled in visual/eye contact, vocal qualities, verbal tracking and attentive and authentic body language. Particularly important are discrepancies in non-verbal behaviour and patterns of movement. Desynchronization should be observed-Lack of harmony in movement is common among those who disagree markedly or even among those who have subtle conflicts that they may be aware of. There are also facial expressions: the borrowing furrow, lips may tighten or loosen, the client may smile at an inappropriate time.
- d. Avoidance of judging and moralistic response: The Social worker needs skills in counselling which includes an internal acknowledgement that the client is acceptable, and this acceptance is conveyed through non judgmental verbal and non verbal behaviours. A skill of non judgmental attitude in counselling is very important. The social worker listens to the clients without evaluating them and what the clients say as "good" or "bad". The social worker simply tunes to hear and accept what clients are saying in their stories. However, as with all qualities and skills, there are times when your judgment may

facilitate client exploration. There are no absolutes in counselling and interviewing.

The Social worker must cultivate skills to enable him/her stop and think of a client, for a moment, whose behaviour troubles him/her personally. It may be someone's (Client who may be regarded as dishonest or a perpetrator of violence). These are challenging moments for the non judgmental attitude. The social worker must regard the total person as non judgmental, as change most often comes from a basis of trust and honesty.

- e. Boundary awareness, structuring techniques, the ability to say different things constructively: Social workers must acquire skills that will enable them to be aware of what is happening with their clients as well as learning what occurs in their relationships with other and in their families and communities. There is a need to balance internal and external responsibility for issues. Social workers requires a skill (which is improved upon steadily with the passage of time) to say difficult things constructively – without sublimating. This skill does not come magically. It is built and matured slowly and steadily.
- f. The ability to offer feedback techniques for defusing, avoiding the creation of and managing hostility: The social worker needs skills to recognize and isolate internal conflicts in the clients as well as external conflicts. Discrepancies internal to the client include mixed messages in non verbal behaviour, incongruities in verbal statements, and what he or she does.

Whereas external conflicts are discrepancies between client and the external world. This is highlighting the situation in which the clients find themselves. Resistance can be an important dimension of incongruity between the social worker and the client. This happens quite often. The clients would generally want to "defend" themselves. The Social worker must see client resistance as an opportunity, not as a problem.

The Social worker must also develop counselling skills of encouragement to communicate to clients that change is very available and possible, but not predictable.

6.1.1 Social Work Counselling Techniques

Every social worker uses techniques that are favourable to his or her personality. Generally, all social workers are trained in a few key skills. These are primarily relational skills, vital for helping clients achieve the goals they set with the social worker. Techniques vary, depending on their application. A social worker may use different methods with an individual client or group than in the process of community organizing.

Study Session Summary



Summary

In this Study Session, we discussed that every social worker needs to have at least basic social casework skills for effective practice. Even then, these basic social casework skills must be relevant to practice setting. The basic skills needed generally for practice include active listening skills, paraphrasing/reflecting back skill, emphatic understanding skill, challenging/confronting skill, goal-setting/problem-solving skill and knowledge about body language skill. Other basic skills include non-judgemental skill, boundary awareness skill and feedback techniques skill.

Assessment



Assignment

1. Discuss basic social casework skills.

Study Session 7

Stages in Social Casework

Introduction

Stages exist in social casework which social workers must be familiar with during practice. There are three stages in casework prosecution: the beginning, the middle and the ending. Every case a client brings to social worker must have the beginning, the middle and the termination stages. In view of the foregoing, this Study Session will expose you to the three stages in social casework.



Learning Outcomes

When you have studied this session, you should be able to:

7.1 *implement* the stages in social casework

7.1 Stages in Social Casework

There are three stages in casework prosecution, they are: the beginning, the middle and the ending.

7.1.1 Starting at the Beginning

When a social worker first meets a client, there is an initial period of establishing the working relationship. The social worker builds trust by actively listening, asking responsive questions and following up with comments the client makes. The social worker and client agree to work together in the interest of the client. This is a beginning phase.

7.1.2 Working through the Middle

As trust is established, the real 'work' gets done. Skills needed at this point will employ methods of psychotherapy which involves the client talking through questions, concerns or circumstances in which the social worker gives feedback, continues asking responsive questions, and helps the client "hear his or her own thoughts" by reframing back to the client what he or she shared. The Social worker uses skills that help clients learn to manage their feelings and modeling by the social worker sharing his or her feelings. Techniques such as partializing concerns, to help break down a complex problem into more manageable pieces.

7.1.3 Transitioning to the End

Special skills are needed to end or terminate a case in social work practice. The Social worker uses skills to help transit the client to new

experiences such as closing the relationship, celebratory activities and looking back over the process through talking, memory books to help the client remember past events very clearly.

It is expected that whatever the school of thought or model (approach) of social casework that is followed, generally, social workers need to be able to:

1. Listen
2. Observe and
3. Respond

These are basic skills in social casework to be acquired in attending, specifying, confronting, questioning, and reflecting feelings and content, personalizing, problem-solving and action-planning. The best of professionally trained social worker knows that to become skilled in practice, takes more than being caring and understanding. One has to show this through technical expertise as well. Once required, constant use of the skills is necessary to prevent them becoming “rusty”. You must be in constant touch with practice journals, such as social worker’s and others in print or on the internet.

For a social worker to be effectively skilled in active listening and generate appropriate responses, he or she must possess the following seven qualities.

1. ***Empathy or understanding***: the effort to see the world through the other person’s eyes.
2. ***Respect***: responding in a way which conveys a belief in the other’s ability to tackle the problem.
3. ***Concreteness or being specific*** so that the client can be enabled to reduce confusion about what he/she means.
4. ***Self-knowledge and self acceptance***: the social worker should be ready to help clients.
5. ***Genuineness***: being real in a relationship.
6. ***Congruence***: that the words we use match our body language.
7. ***Immediacy***: dealing with what is going on in the present moment using casework as a sample of what is going on in someone’s everyday life.

Tip Box

All social workers must be trained in the use of micro skills (which are communication skill units of the interview that will help interact more intentionally with client) and strategies. They often follow a sequence of stages from the beginning to the end. The stages are:

1. **Initiating the session: Rapport and structuring**: In these circumstances you may use the formula tagged “GATHER” which simply means – Greet, Ask, (about the client’s conditions and family). Tell (tell the client about your agency and what the agency stands for). Explore investigation or interview to know the problem; Help (handling of the case, this is the intervention level); and Refers (refer the client to appropriate agency or arrange an appointment for further exploration of the problem, or return visit).

2. **Gathering Data:** This is drawing out stories, concerns, problems or issues, listening to the client's story.
3. **Mutual Goal Setting:** You may ask questions like "what do you want us to do?" "What is your expectation of this case". It is necessary for you and your client to have a goal so as not to end up somewhere else.
4. **Working:** This is exploring alternatives, confronting client's incongruities and conflicts. The focus here is to explore possibilities and to assist the client in finding new ways to act more intentionally in the world.
5. **Terminating:** Generalizing and acting on new stories. The information conveyed by the social worker, the concepts learned in the interview, the new behaviours suggested may all be for nothing if systematic thought is not given to the transfer and generalization of the interview to daily life. A simple question may be put to the client "will you do it?" Positive response from the client is usually encouraging. But change does not come easily, and maintaining any change in thought, feelings, or behaviour is even more difficult.
6. **Warning:** Always be prepared for a difficult time with every client.

Study Session Summary



Summary

In this Study Session, we discussed that Social casework has three stages that are strictly followed by professional social workers. They are: the beginning, the middle and the ending. When a social worker first meets a client, there is an initial period of establishing the work relationship. This is the beginning stage. When the social worker has successfully established a working relationship, the real "work" starts and continues until termination which is the ending stage. A social worker must apply the three key points which are: listen, observe and respond. The Social worker must be emphatic, respectful, specific, accepting, genuine and congruent to succeed in casework.

Assessment



Assignment

1. List the stages in social casework.
2. What are the importance of each of these stages?

Study Session 8

Reports and Record in Social Work Practice

Introduction

Reports in social work practice are evidence of activities carried out by social workers and others involved in the agency function. The type of the report could be oral, writing, by telephone or radio in emergency cases, such as death, disaster, abandoned babies etc. This Study Session will give the meaning of Report and its policies to the study of social work.



Learning Outcomes

When you have studied this session, you should be able to:

- 8.1 *discuss* the effects of written policies on social work reports
- 8.2 *explain* the importance of report-writing and documentation in social work practice.
- 8.3 *present* reports in social casework

8.1 Report and Policies

Policies dictate the nature of reports emanating from any agency. Social service, as an agency, has policies guiding its operations, and for example, medical social services is a component of this totality of service. The reports from social service must conform with what the policy dictates. Written policies, procedures and memoranda are important guidelines in reporting. It is not acceptable to have a report that is at variance with the agency policies.

Therefore, written policies provide the following reports:

1. **A clear picture of agency objectives**, that is, medical social worker can only work within the scope and objectives of the agency i.e. Hospitals Management Board, or Family Social Worker within the Family Welfare Agency regulations.
2. **System of delegating authority**: the hierarchical order in the agency must be understood and followed strictly. You report directly to your supervisor unless it is stated otherwise, usually, in writing.

3. **Overall guidance and definition of individual role or expectation:** the Social worker must understand his/her role and keep within such agency-set limits.
4. **Stability and system:** No social worker is expected to “rock the boat” of the agency under any circumstance. Social work is a helping profession, profession of solutions and must not cause problems or crises.
5. **Consistency and continuity:** the policy sets standards on those to be employed i.e. qualifications, experience, etc. This allows for consistency and continuity.

8.1.1 Reports and Record

Sometimes reports are taken as records. They serve the same purpose more or less. Reports from records while records also may serve as reports. Records are the information kept in the social services unit about the work of the unit, on the social service conditions of the community on individual clients, as well as information on administrative matters: staff, equipment, funds, supplies, etc.

Usually, records are written information kept in notebooks or in folders; they may also be kept on tapes or be computerized. Records are the administration’s memory. They are important tools in controlling and assessing work and they are kept to help the supervisor to:

- a. learn what is taking (or has taken) place,
- b. make effective decisions and
- c. assess progress towards goals.

With these, reports must have some attributes to make it qualified as records. They must be accurate, accessible and useful; accessible to the right officer(s) in line with the ethical principles guiding accessibility of records in social services within the confines of agency setting. Report only what is true and can be defined by you.

8.1.2 Conditions for Making a Report

All social workers making a report must ask himself/herself the following questions:

- a. Is the information to be reported authentic?
- b. Will the information be used?
- c. Precisely what useful part will it play in decision-making and evaluation?
- d. Can the information be collected accurately enough to serve its purpose?
- e. Will the information be accessible?
- f. Will it be available at the place and time it is to be used?

Reports from social workers must contain the following:

1. The date of your interaction with the client: You must state clearly the date of contact and tag it either first contact or what number the contact may be. This is legally necessary.

2. Basic information about the client. This is socio-demographic data which include:
 - ☐ Name of the client.
 - ☐ Address
 - ☐ Telephone number
 - ☐ Sex (male/female)
 - ☐ Occupation
 - ☐ Next of kin and address
 - ☐ Marital status (address of spouse)
 - ☐ Number of children
 - ☐ Ethnic group/language spoken
 - ☐ Religion
 - ☐ Educational background.
3. Reason for client's contact
4. More detailed information about the client's problem and situation.
5. Aspect of the implementation process
6. Follow-up information; and
7. Comments and questions to be discussed with supervisor (or another social worker). This is where a case is reviewed and critically discussed. Process evaluation of the case takes place. What is it that has been done rightly and those done wrongly? The supervisor and colleagues offer suggestions on the case. Reports must enjoy the benefits of privacy principles, especially the confidentiality principle.\

8.2 Importance of Report-Writing and Documentation

Olowa (1987) puts it quite rightly that report becomes a record and serves as memory. A busy social worker cannot remember exact details of each case handled.

- a. A social worker who starts a case may not be available to finish it but the record stands.
- b. Clients may change statements, but records as reported will put things right.
- c. A case may be closed but may be reopened after a period of several years e.g. in cases of child claiming. The records usually put things right.
- d. A case may be referred to court or to another agency. You can never know which case will prove complicated.

8.3 Report-Writing Skills and Documentation

A social worker who is deficient in writing ability will find it impossible to communicate the fact that, he/she is doing effective social work. Situations will arise in which it really won't matter whether his/her skills are any good or not. Thus, if the supervisor, professional colleagues and

others see only poor, unclear written communication as a reflection of his/her skills, it will be difficult to convince them that the individual is actually a highly skilled professional.

In other words, no matter how highly knowledgeable and skilled you may be, if your writing skill is poor, you still remain incompetent. Writing skills usually improve with practice. Social workers tend to become accustomed to writing memos and selecting certain types of words to use. Using colleagues and supervisors as models is also helpful.

Social workers should identify whoever is in the agency with reputation for clear communication and exceptional reports. You can identify what formats and phrases these people use, and incorporate them into your own writing style.

These are some basic good writing suggestions:

1. Choose your words carefully. Write exactly what you mean. Every word should be there for good reason.
2. Use the language of the profession and of the agency in your report.
3. Avoid slang. It is unprofessional to use slang. Use “young men” or “boys” instead of “guys”. Use “mother” instead of “mom”.
4. Avoid words such as “always”, “average”, “perfect” or “all”. These words can be unclear and misleading.
5. Avoid sexist language. Use correct term i.e. do not call adult women “girls”.
6. Avoid labeling people with terms like “strange”, “low class”.
7. Do not abbreviate: some people may not understand abbreviations. This may lead to confusion (Kirst-Ashman and Hull, 2002).
8. Be concise. Determine if a sentence could use fewer words.
9. Distinguish between verified facts and your impression of the facts.
10. Proof-read your written products before they go out. Failure to do so can ruin the impact of your message.

Social workers write letters to clients and patients and their relatives. Your letter must contribute positively to the intervention on-going or being planned. The letter-writing strategies in social work should take this form for it to be effective. Letters should:

1. Be carefully planned, revised, polished, and proof-read.
2. Include letter-head (with address), date, salutation (remember, you are in helping profession) i.e. Dear sir/ma, body, complementary close i.e. sincerely, and both typed and written signatures.
3. Be business-like and pleasant.
4. Be brief (preferably one page) and discuss only one topic.
5. Open with a positive comment.
6. Be factual and simple in your writing.
7. Request a response.

The selection and reporting of relevant information about patients and services are central tasks for social workers and the agencies. Reporting

may be understood as an expression of accountability for practitioners to their agency, but it is also crucially a means by which there can be accountability to the clients or patients, and beyond, to the general public and the profession.

Reporting can also constitute evidence in a court of law. It is generally agreed that the overriding principle for ethical and effective reporting is the clients best interest, good practice to the client requires clear and purposeful reporting. Competent reporting facilitates an accurate account of what has actually happened. This process will enhance an evaluation or a review of progress in the work. It will also help colleagues if they have to take the work on, in the absence of the responsible social worker.

Additionally, reporting is often used by agencies such as hospitals, government and social welfare agencies to gather critical information about their own activities for research or monitoring purposes.

In reporting, statistical data such as number of clients i.e. home visits. Cost of treatment, medical diagnoses as expressed by doctors, and social diagnosis as expressed by medical social workers, are all important to practice, agency and government. Statistical data in social work articulates the strengths and weaknesses in services; allows practitioners and authority to make a reasoned judgment.

The continued growth and acceptance of social work knowledge depends not only on social workers' appreciation and support of research but also on their competence to engage in research and use research findings. Statistics from research is used to fight for the cause of the poor and, for the improvement of services.

8.3.1 Report and Statistics

Statistics in social services is used to improve services and to evaluate the social workers themselves. Qualitative and quantitative research content provides understanding of a scientific, analytic, and ethical approach to building knowledge for practice, the content prepares social workers to develop, use, and effectively communicate empirically-based interventions. Research knowledge is used by social workers to provide high-quality services, to initiate change, to improve practice, policy, and social service delivery, and to evaluate their own practice (CSWE, 2004).

The report and statistics in social work go together as indicated above. The practice embraced what is now known as evidence-based practice. Evidence-based practices are interventions that appear to be related to preferred clients outcomes based on scientific evidence. For example, scientific studies have shown behavioural and cognitive-behavioural treatment to be effective in treating anxiety disorders.

8.3.2 Conclusion in Reports

Report-writing, documentation and statistics in social work require professional competence. Therefore, social workers require some level of post secondary education. Research has shown that a master's degree in social work is preferred. However, in the present circumstances, a bachelor's degree is needed.

To be relevant, social workers should attend conferences, workshops and seminars to improve knowledge of practice and, read professional journals as may be prescribed by their supervisors. They should continue their formal education by taking courses at the university as part time or full time.

Social workers especially medical social workers are employed in areas where difficult and life-changing decisions are made on a daily basis. Many of the problems medical social workers deal with are multi-dimensional and complex; some are chronic and relapsing. Some problems such as HIV/AIDS, are major public health issues that affect millions of people and place an enormous social and financial burden on society. Proper reporting and documentation backed up with statistics is expected from all social workers and they must do it right to remain relevant and appreciated by the public, i.e. the tax-payers, whose fund has been committed to the problems. Social workers cannot fail the public!

Study Session Summary



Summary

In this Study Session, we noticed that Reports in social work practice are evidence of activities carried out by social workers and others involved in agency function. Reports are important management tool which whenever used would influence future actions. Reports may be in oral or written form. Also, report content could be statistical or narrative. Social workers need training in report-writing.

Assessment



Assignment

1. State the effects of written policies on social work reports.
2. How important to social work practice is report-writing and documentation?

Study Session 9

Ethical Principles

Introduction

Ethical issues have implications for cultures. Cultural diversity is surely a factor in discussing ethical issues. In this Study Session, we will explain the concept of ethics principle in social work.



Learning Outcomes

When you have studied this session, you should be able to:

- 9.1 *provide* rationale for ethics in professional social work.
- 9.2 *express* respects in social work.

9.1 Rationale for Ethics

The core of social work's philosophy is a profound belief in the innate worth and dignity of every human being. This conviction emphasizes our code of ethics, and if we want to help people effectively it must permeate all our practical decisions and activities (Hancock, 1997). Therefore, every human being has intrinsic value that is not affected by personal success or failure in physical, economic, social or issues etc.

Our culture in Nigeria has inculcated in us the concept of respect for elders especially and for human life generally. However, this conviction goes a little further by demanding from all social workers that all persons be accorded respect without any conditions attached, and when we are faced with people whose antisocial or self-defeating behaviour has brought them to our service, we, the social workers, must not take refuge in such statements as "there is some good in everyone" or "no one is all bad". These statements are counterfeit in terms of this principle because they show that we are still looking for what we determine are "respect-worthy" attributes. This is not a valid path to the living expression of the principle.

By means of this conceptual separation of the person (client) from his or her behaviour, we can then ask what is this "innate human dignity" of the individual that this principle requires us to respect? Every person can be respected as a one-of-a-kind human being, a unique event in the whole history of the human family, one that family resemblances notwithstanding – has never happened before and will never happen again.

A humanistic philosophy enjoins that we must respect every human being simply because of his or her uniqueness and because he or she shares

with us the human condition. The conviction that this innate dignity and worth of the individual human being cannot in any way be diminished or lost through any deficiency, attribute, or failure in or of the person, makes it possible to respect each and every individual we meet, regardless of the circumstances in which we meet them (Hancock, 1997).

Ethical principles separate the self worth of every client from his or her attributes, actions or behaviour and this separation is used by social workers in helping so that the clients themselves will use the concept as a means of building, restoring, or enhancing their damaged self-esteem. Over time, within the relationships, this respect can act as a corrective, helping to erase the self-destructive messages from their past (Middleton-Moz, 1994).

The concept of behaviour as being separate from the person is constructively helpful to us in another way. Respect for the dignity of every person does not mean that we accept and condone their behaviours; whether they are breach of the law, of ways of relating, or are styles of living that are inimical to the well-being of others, of society, or of the person. We need to hold on to the distinction in our thinking and feeling, and to make it clear to the client. Social workers must understand that if they are to be truly helpful, their commitment to the respect principle does not give implicit approval to the clients' actions or way of social functioning.

Therefore, people are entitled to respect for their worth and dignity simply by right of their being, which is totally separate from – indeed unrelated to – their pattern of thinking or acting (Hancock, 1997)

9.2 Expression of Principles in Practice

The persons who come to us (social workers) for help with a problem almost always arrive with damaged self-esteem. Furthermore, in certain instances, this feeling of low self-worth may be itself a part of the cause of the problem. It is also likely that many clients may not be unaware of this. The social workers, using ethical principles, would first work on the clients to make them feel that it is safe to be themselves. Even without the pressure of needing help from a social agency, there may be a deep-seated conviction that the self is unworthy. When trouble strikes, the very existence of the problem may seem to confirm that unworthiness. The clients see themselves as being unable to resolve the difficulty by their own efforts and this adds more weight of evidence to the anticipated verdict of “not good enough”. Therefore, the old feelings painfully replay in their heads.

This conviction may be masked in some instances by resentment and/or anger about having been “ordered to get help”, as in child neglect cases; or being placed on probation with the requirement that they change their antisocial behaviour, perhaps required to attend a specific re-education group. The social workers are expected to know that clients anger may be a cover-up for very real fear of possible consequences.

It is not unusual for clients who have had unhappy experiences with previous authority figures to be very much on guard against being treated

as if they were “inferior” in such situations. For some, the experience of being treated with respect as persons may be totally unexpected; they may struggle to accept that it is not “phoney” and they may express this openly. Social workers need not be disturbed by this reaction as long as they are sure of their genuineness. They should know that people are not easily fooled by “phoney” civilities. The ethical principles can be seen clearly as a specific expression of the cardinal principle of respect for the worth and dignity of every human being (Powell, 1969).

Study Session Summary



Summary

In this Study Session, we noted that the innate dignity and worth of every human being is the primary ethical principle of professional social work. Respect for the person can be achieved by conceptually separating the self from the behaviours and/or needs that bring them to social work service. Therefore, respect can begin to have constructive effects as it addresses – implicitly and/or explicitly – the damaged self-esteem of the troubled persons; the troubled person’s primary need is to be allowed to be him or herself. Social workers respect for an acknowledgement of the worth of this self is the basis from which constructive change can begin.

Assessment



Assignment

1. Why is innate dignity and worth of every human being a primary ethical principle of professional social work?
2. Why is respect needed to be expressed in everything we say and do throughout the helping process?

Study Session 10

Principles of Method

Introduction

According to Hancock (1997), this principle is one of the most direct expressions in practice terms of the ethical principle of respect for the innate worth and dignity of each human being. It is based upon the right of human beings to be individuals and to be treated not just as a human being, but as this human being. This Study Session will discuss the concept of individualization in social work



Learning Outcomes

When you have studied this session, you should be able to:

- 10.1 *explain* individualization in social work practice.
- 10.2 *state* specific capacities a social worker requires for implementing individualization principle.

Terminologies

| | |
|-----------------------------|---|
| Principles of method | Qualified approaches of every social worker to client's problem. |
| Method | What is expected from social worker to the client, and how this expectation is performed. |

10.1 Individualization

This is a direct principle of expression in method, based upon the right of human beings to be individuals and to be so treated. The social worker should ensure that he/she is accurately in touch with these people (clients) and their problems. This, therefore, requires a firm sense of the social worker's concerned attention to understanding that the character of the client's struggles to reflect that person's unique individuality.

Individualization, as a method of principle in social work practice is defined as the recognition and understanding that the client's difficulty and pain, while they may be similar to – even shared with – others in the same overall situation, is uniquely different to each individual (Hancock, 1997).

In furtherance of this method of principle of individualization, social workers must be free from bias and prejudice; must have adequate knowledge of human behaviour and knowledge of various ethnic and religious cultures in the community where they work; and the ability to listen and observe. Also, social workers must have the ability to move at the client's pace; the ability to enter into the feelings of people – involving empathy, self-awareness, controlled emotional involvement and a non-judgemental attitude.

Finally, social workers must possess the ability to keep perspectives, to see the clients in a systemic relationship to their social environment and flexibility which involves the ability to change objectives and/or methods intervention in keeping with the clients' developing needs (Biestek, 1957; Schlesinger and Devore, 1979; and Hancock, 1997).

10.1.1 Freedom from Bias and Prejudice

The social worker may face such prejudices as race, skin, colour, ethnic, political or religious affiliation of the clients. Also, prejudice could stem from a particular trade, profession, economic status, sexual preference or a specific personal deficit such as alcoholism, physical violence or the inability to hold a steady job. Most of these prejudices are rooted in ignorance. Social workers biases may be carryovers from childhood. For example, a social worker whose parents were alcohol addicts may, on seeing the effects of his/her alcoholic clients' behaviour on their children cause to be triggered the troubled child still within him/her. Thus, the social worker needs to constantly remind himself/herself that the clients are who they are, and he/she is who he/she is. The social worker must not let the old fears, anger and pain get in the way of meeting the responsibility to help his/her clients with the difficulty that has brought them to him/her.

10.2 Capacities for Implementing Individualization: Knowledge of Human Behaviour

This is an integral part of the professional social workers intellectual equipment. The Social workers' essential learning for the understanding of troubled people – whether they meet the clients as individuals, families, groups, organizations or communities – is drawn from the disciplines of psychology, psychiatry, sociology, medicine, and philosophy. The Social workers task – and unique contribution is that of putting together, selectively, knowledge from these fields, appropriate in each instance, in order to understand the whole bio-psycho-social reality of the clients and to help clients make effective use of the agency's service.

Social workers sometimes hear people assert that common sense, life experience, and compassion are more significant than “theory” in helping people in trouble. “Common sense” in this context can be seriously overrated. It is almost by definition a generalization that has no place in the individualization of each and every person who comes to the social worker in trouble. The Clients' view of what is practical and workable for

them may have nothing in common with the social worker, and the social worker's view of what is sensible for the clients may make no sense to them at all.

A social worker's life experience may be valuable but one should not assume it is an automatic key to understanding another's feelings.

It can be useful as a way of entering into clients' feelings about their situation, but only if social workers have recognized and accepted it as social workers. It is not a 'recipe' for solving a similar problem for another unique individual.

Compassion is an indispensable quality in our approach to helping people. It is also a major component in our motivation to become social workers. There is the need to learn to care deeply about the struggles and the pain of everyone in need of our help. While caring is necessary, it is by no means a sufficient quality for effective helping professional. It has to be coupled with knowledge of human behaviour and theories of study, assessment, and intervention. The concept of individual difference applies equally to groups of persons. Each family, despite similarities in age, family composition, economic status, ethnic background, etc. will have its own unique patterns of relating, of defining difficulties, dealing with conflict, identifying causes, and solving problems. The same will apply to formed groups, whether their purpose is personal growth or task accomplishment. (Hancock, 1997).

Likewise, each community or organization will have its own particular characteristics, its way of interrelating, its power structure, its way of dealing with conflict, its own perception of the root causes of the difficulty, and its own approach to problem-solving (Hancock, 1997). Social workers therefore, need to select different models, skills, and methods in their practice, tailoring these to the specific needs of each, as they are presented.

Social workers should demonstrate the capacity to move with each client at a pace and direction determined by the client's perception of the problem. Insensitivity to the client's pace can stall the helping process because the client may feel that the caseworker is "taking over". Pacing is the guide and test of individualization. However, "taking over" and imposing our own rate of movement upon the client by social workers can sometimes be simply a function of the social worker's need to be immediately helpful.

The issue of pacing is equally important in working with families. Social workers must be sensitive to the feelings of each member of the family as they begin to explore with the social workers and with each other how it feels to be present together to talk about what is troubling them. For some families, this may be their first experience of coming together for such a purpose. While it is important to observe and identify significant interaction between family members, social workers need to be careful that they are not hasty in labelling and/or dealing openly with the disclosure of feelings whose expression has quite possibly been a taboo in this family's "rules" (Hancock, 1997).

In conclusion, as social workers learn and understand more about their clients, they need to be ready to modify the objectives, as well as the

methods, of their interventions. This is a specific way of individualizing the event.

Study Session Summary



Summary

In this Study Session, we discussed that Individualization is based on the right of human beings to be treated as “this” human being not just “a” human being. We noted again that individualization requires some specific capacities in the worker for its implementation. Individualization is one of the cardinal principles of professional social work. Its implementation in practice can make the crucial difference between a truly professional, personalized kind of help and a technically competent but uninvolved “processing” of troubled persons.

Assessment



Assignment

1. What is individualization in social work practice?
2. State specific capacities a social worker requires for implementing the individualization principle.

Study Session 11

Five Principles Generic for Social Work Practice

Introduction

There are five principles which are generic for social work practice derived from the psychological, social and process bases. In this Study Session, we will examine the five principles of generic practice in social work



Learning Outcomes

When you have studied this session, you should be able to:

11.1 *discuss* the five principles generic for social work practice.

11.1 Uses of the Five Principles Generic for Social Work Practice

The use of the five principles that constitutes the core method which leads to the particular social work process in which the social worker is engaged. The use of the principles is appropriate for the practice of social work in all its processes, both primary and secondary, and in any field within the general purview of social work. It is, therefore, suggested that the understanding, use of, and further development of these principles can form a unifying theoretical framework for method in social work. The five principles generic for social work practice are:

11.1.1 Principle One: Diagnosis

Diagnosis is the understanding of the phenomenon served. This is very important in all social work processes and it is related to the use of service. Engagement and participation of the clientele served is of paramount importance to the practice. Diagnosis succumbs to continuous modification as the phenomenon changes. The phenomenon served must be understood by the social worker.

To work on diagnosis, the social worker must bring his knowledge and understanding to bear. Important here is his understanding of an individual, especially his knowledge of the growth process, the characteristics and needs of any and all individuals at various points in the life process, the varied ways of dealing with stress both external and

internal, the nature of the more common illnesses, physical, psychological and psychosocial, and their more usual meanings to the individual affected and to others in his environment. Again, the worker brings to his work a rich understanding of the particular phenomenon he seeks to serve. The Social worker derives some of this from records and reports of various kinds, available or “securable” within his own and other agencies and institutions. Diagnosis in social work practice recognizes that people, groups, and communities do not stay put in categories and that any attempt to place and keep them there and to plan service or help on the basis of a “firm diagnosis” made, denies them potential for growth and change, and can actually be stultifying and inhibiting of growth, through too arbitrary an expectation of what can be expected from “this kind” of individual, group, or community (Smalley, 1967).

However, the fact remains that the social worker brings an understanding of the phenomenon served, the kind of phenomenon served, and the particular phenomenon which helps him to be realistic at the same time that he is open-minded. Diagnosis is used within the context of an understanding of method in social work not as involving a “way of study of an object”, formulation of a plan and carrying out of a plan through enlisting the cooperation of the other, but rather as involving a way of engaging in a human relationship process which frees the other to define his own goals for himself. In other words, method in social work as implied here is viewed essentially as a method not for studying or diagnosing phenomena served but as method for affecting phenomena served.

11.1.2 Principle Two: Timing (Beginnings, Middles and Endings)

The effectiveness of any social work process, primary or secondary, is furthered by the social worker’s conscious, knowing use of time phases in the process (beginnings, middles, and endings) in order that the particular potential in each time phase may be fully exploited for the client’s use.

The Beginning:

It is a known fact that the beginning of any venture in which there are bound to be elements of the unknown, particularly a venture involving human relationship and within which the one served by the social worker is expected to do something or become something, leads inevitably to feelings of hope, excitement, and the mobilization of energy. At the same time it evokes fear, uncertainty and even a “setting of the self against”, perhaps to protect a hardly won balance and sense of integrity.

The social worker must douse the “tension” in the client through such “techniques” as making the unknown known by, for example, being clear about his agency’s service, the conditions under which it is available, what can be expected of it and of him as social worker, and what the requirements and expectation of the client are. The known is less feared and more manageable than the unknown. At the same time, the social worker encourages immediate engagement of the other by-expressing hopes, intentions, fears in respect to what is being offered in the way of

service. Additional ways of furthering fruitful beginnings include the partialization or breaking up and breaking down of what can be felt as total problem or global purpose into something that is small enough to be encompassed, and get started on, as one piece of that problem or purpose. The social worker's responsibility according to Smalley (1967) is to help the client find a place to take hold, to begin with some aspect or part of his problem, need, or intent.

Experience in staying with and using the partialized, focused service leads to the development of confidence and competence to cope with client and related problems and needs. Nothing is so conducive to frustration and scatter as trying to do everything at once. Perhaps most essential of all are the social worker's sensitivity to what the client is experiencing in the beginning and his response to that feeling, in a way appropriate to the situation, so that the client is freed to move through and beyond feelings which may be impeding his getting started (Smalley, 1967).

Therefore, the social worker should exploit all possibilities to make the client stay with the beginning and let it be a beginning in all its inevitable awkwardness and tentativeness, rather than to rush to try to solve all problems in the first interview, group meeting, or conference, that embodies skill in this aspect of social work process. The goal in any beginning is to facilitate finding a common base for the worker and clientele to work together toward a common purpose, with rules of the game known and its elements broken down into what can be encompassed for immediate engagement.

The Middle:

"Middles" are generally conceived as more difficult to understand and utilize. Some authorities believe that there is no middle because the moment a client is "in" his next stage is "out" which is the exit of service. Some other authorities believe that middles do, indeed, exist. The middles are the very act of working together and what the social worker puts in of professional concern, respect for the integrity of the client, and skillful help conducive to a deepening of worker-clientele-relationship which is then available for the clientele's use (Smalley, 1967).

The Middle deepens the engagement and relationship established at the beginning. The social worker must, therefore, take responsibility for knowing how his/her patients particular potential can be fully utilized for deepening of engagement and movement toward capacity for more independent functioning.

Ending:

Endings have their own feeling and quality. Just as beginnings are psychologically imbued with the feeling of birth, so endings are imbued on varying proportion and degree with the feeling of death, and separation. As such they are resisted and feared, when one has had an experience of significance, it is hard to end. However, every ending carries within it the potential for a feeling of accomplishment, a sense of something lived through and taken into the self, and there is the wish to

be free, to try it on one's own, to use the new power and the new self in new situations.

The issue remains that social workers, intuitively and knowingly, have done more with beginnings than with endings. Endings are usually allowed to happen when the client is worn out, "wearied out" and the relationship has lost its meaning. Exploitation of any ending involves recognizing either that it is going to occur or should occur in the interest of effective service, and helping the client to recognize it, look at it, and capture his own accomplishment within it. To "end" is to experience the new self, with its fresh courage and power and, perhaps, capacity for relationship, through what has been done, in relationship with the social worker, and clients involved in the undertaking being completed.

11.1.3 Principle III: Agency Function

The use of agency function in professional role gives focus, content, and direction to social work processes, assures accountability to society and to agency, and provides the partialization, the concreteness, the "difference", the "given" which furthers productive engagement (Smalley, 1967). Use of agency function in the social work processes, both primary and secondary, request for what the social worker does, his part in the social work process in which he is engaged, be not related to but also embody and constitute an implementation of, the purpose of the social agency or institution within which he is functioning. The "content" of what goes on between the social worker and those he serves is determined both by the purpose of the agency of his employment and the purpose of his role within it. The Social worker's goal should always be to realize those purposes, to make them come true to the fullest possible extent in the interest of the supporting society and agency, and of the clientele served. For instance, a social caseworker in an agency whose purpose is child placement, should ensure that seeks to carry out that purpose.

The use of agency function as an integral part of social work skill offers a "difference" to the client or group who may come to an agency full of his/her own problem, need or intent, and full of projection that the agency will or will not be well disposed and helpful to them. Agency function requires the worker's use of all the resources of the community, medical, psychiatric, educational, recreational, economic, religious.

Use of agency function is also an integral aspect of skill in the primary processes of social casework, social group work and community organization. Use of agency function is effective as well for the secondary processes. Supervision and administration are inevitably used to accomplish a purpose, and that purpose is some agency's production of service. The social work educator, whether teacher or administrator, is gearing his effort to the accomplishment of an educational purpose, the purpose of a school of social work. The multiple-service agency can make a full use of this principle as the single-function agency so long as it is responsible for the several services it is making available and establishes a structure for their administration which makes them most usable.

11.1.4 Principle IV: Form or Use of Structure

A conscious, knowing use of structure as it evolves from and is related to function and process introduces “form”, which furthers the effectiveness of all the social work processes both primary and secondary. Structure of form may be said to be a combination of related parts: the arrangement and organized union of parts in a body or object, specific mode or way in which anything is made or put together in such a way as to bind all members into some compact whole. Structure or form in each of the social work processes should arise from the process itself, and serve to channel, contain, and make that process effective toward the realization of some agency function or purpose.

Time itself may be used to give form or rather call for the development of form and structure in order that its potential may be realized. In fact, sometimes we ask about the “form” the interview or meeting will take in social work practice.

A myriad of forms conduce to beginnings: application forms, intake forms, registration forms for each of the processes. For every process, it is necessary to establish a pattern, to continue, to sustain the process through a form, a series of meetings or interviews or sessions in such configuration, frequency, and overall duration as seem most likely to conduce to the realization of a particular purpose through a particular process.

Place constitutes a kind of form and gives form to the several processes as well. Although, a caseworker knows that an interview can be held “anywhere” – in a car, on a street corner, in the client’s home, as well as in an office – and that circumstances will suggest the most effective place in the individual instance, he knows too that holding a series of interviews in the same office can itself conduce to a stability, a form, a structure, which makes the interviews more usable by the client. Indeed when the place of an interview is changed, backward movement in the casework process may result. Place, as structure, needs not only to hold steady but also to be suited to the undertaking of the function to be discharged.

Policy also serves as structure and gives form to an undertaking. Once policy is established through an orderly process, and with the intent of making more effective the carrying out of some agency purpose, it gives form to the particular undertaking and avoids the inequality and chaos which could result from lack of policy. Policy is designed to assure an operation that always works the same in like situations and that carries the intent of the programme in its design. It embodies the comfort and accountability of a form, a structure on which the community, the social worker, and the client can rely.

11.1.5 Principle V: Use of Relationship

All social work processes, to be effective as processes in social work, require the use of relationship to engage the other in making and acting on choices or decisions as the core of working toward the accomplishment of a purpose, within the purpose of the service offered.

Engagement of the client in using client's own powers to work on his own problem or intent, through making and acting on choices or decisions, can be identified as central in all the processes of social work. A whole array of techniques is useful to further true engagement of the client in working on his problem or intent in relation to a mutually affirmed purpose. Indeed, the use of all the principles previously developed is necessary for furthering productive engagement of the clientele, served towards the accomplishment of own purpose, through the use of own effort and power, with the social worker's help, made available through a relationship process.

Engagement is the initial period when practitioners orient themselves to the problem at hand and begin to establish communication and a relationship with others also addressing the problem. Regardless of whether social workers pursue micro (casework), mezzo (group work), or macro (community work) change, they must establish rapport with clients and target systems in order to communicate and get things done. Engagement is based on the acquisition of a range of micro skills. Both the words social workers speak (verbal communication) and their coinciding actions and expressions (non-verbal communication) can engage others in the helping process (Kirst-Ashman, 2007).

Study Session Summary



Summary

In this Study Session, we discussed the five principles generic for social work practice that has been developed to further the practice and professionalism. Diagnosis or understanding of the phenomenon served is most effective for all the social work processes which is related to the use of the service; developed, in part, in the course of giving the service, with the engagement and participation of the clientele served, which is recognized as being subject to continuous modification as the phenomenon changes.

Assessment



Assignment

1. List the five principles generic for social work practice.
2. Discuss the five principles generic for social work practice.

Study Session 12

Development of Social Welfare

Introduction

Social welfare in its modern type, started in the 1800's during the time of industrial revolution. The rapid industrial development paved way for improvements in other areas. There was an improvement in the life span of the people due to improvement in medical science. There was also a tremendous increase in population. However, this economic gain was not enjoyed by the majority of the population. This Study Session will discuss the evolution of social work.



Learning Outcomes

When you have studied this session, you should be able to:

12.1 *explain* the evolution of social work in the 1800's.

12.2 *identify* the problems that came up as a result of industrial revolution.

12.3 *explain* the effect of Elizabethan Poor Laws on the colony of America

12.4 *discuss* the objectives of C.O.S in America

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12.1 Evolution of Social Work in the 1800s

The roots of social work can be traced to the latter part of the 1800's when England was undergoing the so called industrial revolution. The industrial revolution paved the way and created pressure for improvements in other areas. One invention led to the innovation or invention of another machine. Increased production created greater demand for raw materials e.g. coal, cotton and the creation of new industrial centers, established new markets for the agricultural products. Improvements in these areas created pressure for improvements in transportation. More roads and canals were constructed and the iron horse replaced the horse drawn cart. These changes were accompanied by a tremendous population boom. From 1815-1914, the population of England more than doubled. This was due to improvements in medicine, sanitation, absence of major wars which provided the necessary labour force that the consumers needed for an industrial economy.

Unfortunately the economic gains of this period were not enjoyed by the majority of the population. It was initially benefited only by the middle

class gentleman farmers, bankers, financiers merchants and tradesmen, while the proletariat worked and lived under inhuman condition. The new industrial centers did not have services or facilities required by the people they attracted. Inadequate housing facilities meant that several adults were forced to live in one room apartment which lacked proper sanitation facilities, and proper ventilation. Communities degenerated into slums that were breeding places for diseases, promiscuity and crime. Working hours were very long, a labourer could work from 6a.m to 8p.m. There was no insurance against accident, no protection against sickness or old age, and because workers were poorly trained, accidents were frequent. The continual invention of labour saving machines and the abundance of labour made available by the population meant low wages and frequent unemployment without compensation. Consequently women and children worked to supplement the head of the family's income.

Unfortunately those who were in a position to improve the plight of the poor man maintained an air of indifference largely because they made wrong assumptions about the extent of poverty. Many felt that poverty affected only a minority. They were indifferent because they made wrong assumptions about the cause of poverty. They believed poverty was a self-inflicted malady caused by indolence, a failure to be thrifty, a deficient moral character.

Charles Booths was one of the first to link poverty with a faulty socio-economic order. In his book "Life and Labour of the People of London" he made a distinction between the very poor who remained in a perpetual state of want, and the poor who continuously struggled for the bare necessities of life. Contrary to the prevailing notion held by many, he maintained that poverty was a natural consequence of the order of things, that existing means of attacking the problem of poverty had been largely ineffective and that the states should intervene to improve the life chances of the poor.

Boothe's idea of state intervention was not compatible with the prevailing ideas of the Victorian age. There prevailed a great ideal of suspicion about government intervention. It was believed by many that the least government was the best government. State intervention would make man less self-sufficient. It would undermine the highly valued individualistic error. While those in power advocated democracy, it was limited democracy structured to protect the economic power of the wealthy. This suspicion was reinforced by a growing fear of the size of the working classes.

The prevailing ideas of this day was reflected in the Darwinian and Spencerian Darwin (The Descent of Man 1871) which theorized that life is a struggle for existence. And in this struggle only the fittest survive. His ideas were closely aligned to those later advanced by Herbert Spencer who contended that intervention by the state would rob man of his ability to adapt to the vicissitudes of life. It would distort the natural course of evolution and prevent man from advancing towards a higher level of existence. We saw evolution as a process through which the inferior elements (those who were mentally and physically handicapped) would be eliminated.

However, the ever increasing problem of poverty forced the state to gradually increase its role. Parliament's reaction to the poor had always been one of repression, work houses and public relief was geared more towards protecting society and punishing the poor. In 1536, inundated by beggars and believing that alms giving encouraged begging, Parliament passed a law arrogating the responsibility of almsgiving to Churches only. Those who gave individual alms were fined and the beggar was likely to lose an ear or his life.

In 1601, the Elizabethan Poor Law was passed. It established poor into their classes – the able-bodied poor, the impotent poor (unemployables) and the dependent children. The able-bodied poor were forced to work, the impotent poor were placed in alms houses and the dependents children were given out as apprentices.

The law was amended through the years. The Settlement Act of 1662 made each parish responsible for its poor. Various amendments were made between 1662 and 1875 when Charity Organisation Society (COS) evolved. By 1722, the work house test was adopted. Able-bodied poor were provided a place to live and work and were given relief in return for their toil. They were allowed to farm out the poor (a practice that was later discontinued).

Later a system of allowance was set-up in which guardians of the poor collected wages and provided whatever additional funds were needed to support the family. This made matters more difficult for the poor because it encouraged employers to pay minimal wages.

So the Poor Law Revision of 1834 was a continuation of an already existing pattern. The Poor Law Revision of 1834 activated a doctrine of least eligibility, re-established the work house test and established centralization of control. The doctrine of least eligibility meant that the conditions of those receiving assistance should in no case be so eligible as the condition of persons of the lowest class subsisting on the fruits of their own industry. In other words, no individual receiving relief should be better off than those supporting themselves. The able bodied poor who, refused to live and work in the poor house were not eligible for any aid. It established three poor law commissioners who had power to coordinate poor law services throughout the country.

Fortunately, the narrow repressive role was alleviated by that various private charities. While these various charity workers were motivated by a genuine desire to help others, they had very little impact on the problem of poverty. They had very little information about the kind and amounts of helps required. They knew very little about the other services available and often duplicated each other services.

12.2 Charity Organisation Society (COS) in England

It is against this background that the Charity Organisation from which the oldest method of social work evolved, was organized to coordinate the activities of different charity groups. It aimed to improve services to the poor through improved supervision and better coordination. It attempted to make a distinction between the deserving and underserving poor, to cut

off the demoralizing effect of indiscriminate giving, to restore within the recipient a sense of independence. It mirrored the general society's tendency to attribute poverty to a weak character, an inner deficiency.

Charles Steward Loch, the most vociferous proponent of the COS principle was appointed secretary of COS in 1875. Charles was a deeply religious, strongly idealistic man who discontinued his law studies so that he could work with the C.O.S. It is believed that he shared the sense of guilt which burdened other Christians of that day.

The C.O.S operated upon the assumption that:

- a. true charity involved restoring the recipient to a level of independence
- b. all coercive measures should be used to force the individual to become self-dependent again
- c. the family should be considered as whole
- d. the family should bear the responsibility of caring for its young, its aged and its sick
- e. thorough knowledge was required so that needs could be assessed and eligibility determined
- f. relief should be of adequate kind and quantity.

The effectiveness of the C.O.S was reduced by its tendency to place too much emphasis upon thriftiness, by its preoccupation with detecting fraud and by its means of obtaining funds. Instead of setting up a general fund from which money could be drawn when needed, the committee requested money after each case was assessed. This was a most ineffective method because the potential contributors frequently failed to respond.

Qualifications for recipients:

1. The applicant must show that he has been doing all that is necessary to help himself.
2. He must be willing to report accurate information.
3. He must be capable of repaying loan.
4. If employed, the applicant must not have been responsible for his unemployment.
5. The applicant must not be guilty of drunkenness or immoral behaviour.

The C.O.S. laid the foundation for the development of case work in that it recognized the importance of basing decisions about the client on information that was gathered through investigation done by the case worker. It recognized the need to keep written records although these were rather crude.

The early social workers formed an important arm of the C.O.S. They gathered facts used to determine eligibility, dispensed financial and material assistance and influenced the poor to overcome their habits. They were dedicated workers blinded by their prejudices and much too eager to render sermons about how one should live. The social workers recognized the serious threat posed by the sharp division between classes. The sick completely out off from the poor remained ignorant of the poor

and were therefore unable to see them as fellow human beings, as mothers, as fathers struggling through the waves of deprivation.

The role of the social worker has been described as that of a social services sedative and regenerator. As social sedatives, they tried to repress discontentment by making the privileged aware of their responsibilities as citizens to alleviate poverty.

As regenerators they tried to rekindle the will power of the poor. They felt that the poor must be raised to a higher level of existence. They tried to replace apathy, hopelessness with will power and self-help.

The roots of group work extend outside the C.O.S. to the numerous groups that flourished during the 19th century –Y.M.C.A. and the Boy's Brigade. Many of these groups were formed to protect the virtue of young girls and to provide recreational facilities. There were also the friendly societies that were set up to help the individuals save for times of sickness or death.

12.3 Social Group Work

The institutions that laid the foundation for social group work was the settlement house. The first settlement house, Toynbee Hall was established by Canon Barrett in 1884. The settlement house contained rooms for lectures, discussion, recreation and lodging. Its main purpose was to provide a setting where the rich and the poor could mingle and learn from each other. The residents from the upper class could gain a better understanding of their poorer neighbours and the poor could be exposed to the ideas, attitudes and habits that could help them advance. Canon Barrett was more interested in preserving harmony than in establishing economic equality. He again was more concerned with reforming the individual than with reforming society. Barrett borrowed the idea set forth by the C.O.S. in that he treated each case as an individual one and recognized the need to base decision about needs and services on information obtained through investigation. He went a step further in that he allowed the individual to participate in finding solutions to their problems. He felt that as the individuals read, played together and as they discussed issues, relationships would develop that might motivate the poor to emulate their wealthier neighbours.

12.4 Effects of Elizabeth Poor Law on the American Colony

America has often been called the land of plenty and the land of opportunity. Perhaps these descriptive terms are true. For America with its vast areas of fertile unclaimed land (although the Indians had lived there for centuries because the Europeans who had the superior weapons did not claim the land) rivers, climate that allowed large array of plant to be grown, offered many who had been squeezed out of the competitive economic arena a chance to start a new beginning. One had a chance to own property and to gain dignity and prestige regardless of one's family background.

Yet, while it offered many opportunities, America was far from being a Garden of Eden. Many of those who migrated to America were ex-convicts, tax dodgers; orphans who had been subjected to harsh treatments during the voyage such that they arrived physically weak and unable to bear the harsh life required of new settlers. While there were many benefits to be gained, these benefits could only be gained through the persistent struggle against disease, climate, food, and fuel shortages.

So the colonies from the start had to deal with problems of the poor. At first, because most were subsistence farmers who had frequently encountered periods of scarcity, they accepted the dependents aspects and often formed mutual aid societies that would allow them to pool their resources and draw from such resources when periods of hardship occurred. But as the population grew, more impersonal methods were instituted.

The settlers of the new world transplanted many of the ideas/attitudes and institutions that prevailed in the old world.

The colonial poor laws, like the Elizabethan Poor Laws, divided the poor into three groups the able-bodied poor, the impotent (the lame, the blind) and the dependent children, and placed the responsibility of caring for the poor on the parishes and established financing through taxation. While they readily accepted the responsibility of aiding the poor, their generosity was not extended to strangers. New arrivals who were looked upon as potential liabilities were returned to the ship. Outsiders or non-dwellers had to get permission to visit a town from the town council. They, like their European fore fathers, made the same assumptions about the cause of poverty. They still regarded poverty as an unnecessary evil caused by indolence, and lack of initiative.

The colonies eventually set up almshouses for the impotent poor. That soon deteriorated into a cess pool for all – the criminal, the handicapped, the children, the aged, etc.

While America began as a colony of mainly – subsistent farmers, She soon emerged as a great industrial giant, and she inevitably became burdened by the usual consequences that accompany industrialization – concentration of wealth in the hands of a few, migration of poor unskilled labourers to industrial centres, concentration of poor in standard housing, deterioration of neighbourhoods into slums, exploitation of labour force.

12.5 Charity Organisation Society (COS) in America

The C.O.S. in American was an attempt to deal more effectively with the problems caused by rapid change. The first C.O.S. was established in 1877 in Buffalo, New York by Reverend Samuel Gurlean who had visited London and had come to appreciate the different ideas expanded by that body. The C.O.S. in America was an attempt to apply the scientific method to charity work. Exponents of the C.O.S. believed that sentiments should be removed from the business of giving charity and that the underlying laws discernible through a study of the past experiences should govern the work of charity organizations.

The leaders of the C.O.S. believed that the ineffectiveness of existing charities was due to ignorance about one another's methods, suspicion about each other's work, an avoidance of criticisms, competition for funds and an indifference to the right principles. The organizers believed that charities should form a community in which each could benefit from the experiences of other societies.

The C.O.S. did not offer direct relief to the poor rather it proceeded to collect information and feed such information to the cooperating societies. For example, the first project undertaken by the C.O.S was the compilation of a list of all persons receiving relief. This was an attempt to prevent duplication of service and to detect fraud. The C.O.S. suggested guidelines that should govern the work of the friendly visitor. They felt that the friendly visitor should always be respectful and avoid visiting home at inconvenient hours, should relate to applicants as equals and avoid any appearance of condescension, should handle no more than five cases at all time, and should be a woman. The leaders of the C.O.S. felt that women made the best visitors because they were more observant than men, could enter places that were closed to men and were more adaptable.

Social work emerged as the principal profession associated with the C.O.S. The early S.C.W. (social case worker) also accepted the view of the poor as morally inferior individuals who had failed to exploit the various opportunities available in society. In fact this view of the individual was even more acceptable in America given the historical background of most Americans who could look back on much leaner years when their fathers were dirt farmers struggling against nature and who had managed to reach a period of comfortable existence.

Consequently, the early American S.C.W. focused their attention upon changing the individual. They focused upon identifying, understanding and removing the lack within, while completely ignoring the pressure caused by the nature of the socio-economic order without. They believed that the solution to the problem of poverty rested upon rehabilitating the individual and rekindling their sense of self respect.

Fortunately there were many who departed from this point of view. Many friendly visitors concluded that the poor were burdened by problems such as unemployment, underemployment, poor training, inadequate housing, lack of protection against accident, that made poverty an inevitability, that were beyond their control. They concluded that many more were victims of, rather than causes of poverty. Many contended that the amount of sickness, premature mortality among low income groups far exceeded that which existed in less densely populated areas. The advocate of these ideas were called environmentalists. They felt that many physical evils nourished moral evils and became more concerned with solving practical problems rather than with uplifting the moral character of their clients. They pushed for legislation that would set standards for housing and wages, that would provide public education and public health, recreation parks.

And so between the 1890 and World War I, social work went through a period called the period of environmental determination. It was during

this period that social workers began to question an economic order that placed profit making above the welfare of the individual. There were frequent disagreements between those who fought for social reform and those who continued to focus upon the one – to one approach.

After World War II, social work entered a new era called the psychological era. During this period, the social case worker began working with a different type of client. One who was not poor or burdened by material need, one who did not need advice on how to be thrifty or on how to find a job.

The soldiers and their families were middle class clients who were burdened by psychological problems. During this period, social workers worked closely with medical doctors, psychiatrists, psychologists and began to gain insight about the inner dynamics that influenced behaviour. Also during this period, Freud's ideas began to dominate the intellectual scene. Freud contended that early childhood experiences influenced the development of the personality. Social case workers were very receptive to the Freudian ideas because they answered many questions that arose during their work with the poor. They were aware of the fact that many individuals remained resistant and indifferent in the face of any attempt to help, but they lacked the knowledge that could help them understand the problem which they felt were rooted in the personality. This body of knowledge gave the social case workers greater confidence, greater trust in their ability to render a worthwhile service and changed that image of themselves. Social workers no longer saw themselves as just a dispenser of relief. They saw themselves more as therapists capable of helping, to better understand the underlying emotion connected to the problem. The Freudian school of thought provided them with a body of knowledge based upon the scientific method that could help them obtain professional status so they readily assimilated into their vocabulary such words as the id, ego, superego, transference, defense mechanism.

Miss Mary Richmond began her work with the C.O.S. as an assistant treasurer for the Baltimore C.O.S. She performed so well in this capacity that she was later given the job as general secretary, a position she held until 1899. In 1899, she took a job as a general secretary of the Philadelphia society for organizing charities. Here she proceeded to reorganize what had become a defunct organization. She introduced new case record forms, established a training scheme and a new system of requesting contributions. She also became a social reformer and succeeded in getting the legislature to pass reform bills concerned with child labour, housing, desertion, non-support. It was probably because of these experiences that she was able to appreciate the importance of a social reform movement and the social case work method. She contended that while social reform was important, social problems were problems of individuals and the individuals had to be helped on a one to one basis so that they could be motivated to take advantage of the improvements brought about by reformers.

Her most important contribution to social work was made as the director of the charity organization department of the Russell Sage Foundation – an organization concerned with studying, teaching, publishing in the charity organization field.

While there, she organized an institute for social workers. These institutes lasted for 4 weeks and gave the social workers the opportunity to adopt new skills and refine old. It gave them the opportunity to pose new questions and re-examine old certainties.

It was also during this period that she began to systematically study the work done by social workers. This culminated into a book called *Social Diagnosis*. *Social Diagnosis* was the first attempt to conceptualize social work as a continuous process which could be analyzed, ordered, described and transmitted to others. She divided the process into four parts – investigation, diagnosis, and cooperation with all possible sources of assistance and treatment. *Social Diagnosis* was an attempt to formulate or define those factors that were characteristics of all work done by S.C.W. regardless of the setting.

While it was published during the psychological era, it was largely sociological because it was an attempt to formulate a conceptual framework of what harm had already been done rather than assimilate those new psychoanalytic ideas borrowed from Freud. This work was enthusiastically received because it was the first scholarly work that described the unique technique used by Social case workers. It helped to define the unique role that Social case workers were played. During this time the Social case workers trying to defend their claim that they were professionals. In 1915 Dr. Flexner a leading authority of graduate work contended that S.C. were performed a function that could be done by any warm hearted person. He contended that the Social case worker does not use any technical skill of their own. They simply helped the client gain access to resources. *Social Diagnosis* provided a vivid description of the special skill used by Social case workers, the specific skills that justified their claim to be professional.

1. Combination Law of 1799 and 1800 – prohibited workers from forming trade unions.
2. Health and Moral Act of 1802 – children or working hours.
3. The repeal of Combination Law in 1824.
4. Factory Act of 1833 – Prohibited employment of children under 5 years from working in textile industries and 9 hours. for children up to 13 years of age.
5. Centralization control 1934
6. The collapse of Chartist – 1848.

Study Session Summary



Summary

In this Study Session, we focused on the roots of social work practice and we noted that it can be traced to the latter part of 1800's in Europe and America, especially when England was undergoing industrial revolution. There were rapid inventions leading to innovations. There were pressures on infrastructures such as housing, roads, water ways; and more raw materials were needed for the rapidly growing industries.

Workers were also needed.

Assessment



Assignment

1. Discuss the evolution of modern social work.
2. Explain the social problems that accompanied industrial revolution.
3. State the effect of Elizabethan Poor Laws on the colony of America.
4. Define Charity Organisation Society (COS).
5. State the objectives of COS.

Study Session 13

Fields of Social Welfare Practice

Introduction

In this Study Session, we will explore / highlight the various fields in social welfare practice. The various practice contexts address certain types of populations and needs and require a special knowledge and skill base for effective work. According to Kirst-Ashman (2007), each field of practice involves a labyrinth of typical human problems and the services attempting to address them. Current fields of practice include children and families, ageing, disabilities, health, mental health, schools, and corrections.



Learning Outcomes

When you have studied this session, you should be able to:

13.1 *discuss* the meaning of social work service.

13.2 *explain* fully the relevance of each field of social work to the society.

13.1 Social Work Services

Social workers require information about people who need help in each of various fields of practice. They must be knowledgeable about the services available to meet needs and the major issues related to each area. A social worker may be called upon to work with a problem that clearly falls within one field of practice or a problem that involves several of these fields (Kirst-Ashman, 2007). Other contexts for practice are occupational social work (focusing on work in employee assistance programmes or directed toward organization change), rural social work (addressing the unique problems of people living in rural areas), police social work (emphasizing work within police, court house, and jail settings to provide services to crime victims), and forensic social work (dealing with the law, educating lawyers, and serving as expert witnesses) (Barker, 2003).

Social workers have been in mental health services since 1906. The first social worker in mental health services in the United States was in the Manhattan State Hospital in New York in 1906 and another in 1910 at Boston Psychopathic Hospital. In 1919, the US Surgeon-General asked the American Red Cross (ARC) to establish social work in federal hospitals (Skidmore, Thackeray and Farley, 1997). This underscores the importance and relevance of social work practice in mental health.

Social workers work with patients who have been admitted to the hospital (mental) for the first time and invariably possess attitudes regarding the institution and the programme of care that they consider are inimical to their best interest. Also, members of the family bring with them preconceived and distorted notions that seriously interfere with their efforts to assist in treatment plans. To many, the mental hospital is still the “end of the line”. The idea persists that to hospitalize is to “put away” and that “once insane, always insane”. For some, hospitalization means a loss of freedom.

Sometimes, families mistakenly use hospitalization as a solution to their family problems. They have been living with the problem, frequently for long periods of time, and their tolerance may have broken down particularly when mental illness is accompanied by death, loss of employment, economic reversals, or other serious stress. The social worker can help with these family-centred problems.

The ill individual is able to respond to treatment best when he or she has the assurance that the family continues to be involved. As the family is helped to mobilize its strengths, it can look ahead to reunion and the return to health of the ill member.

The social worker is concerned with all aspects of the patient’s relationships within the hospital, as well as to his or her family and community. Patients respond to treatments best when they understand and cooperate with it, and can trust the staff responsible for its administration. Likewise, rehabilitation can be achieved best when the patient’s interest in family, employment, and the community is sustained while he or she is undergoing treatment. The social worker is often the key person to assist the patient in maintaining sound interpersonal relationships; the social worker also assists the patient in using the family and community resources for protection and restoration to normal activities.

13.2 Relevance of Fields in Social Work Service

The relevance of social work service can be categorized into six ways, they are:

13.2.1 Social Work in Health Care

Social work in health care is the application of social work knowledge, skills, attitudes, and values to health care. It addresses itself to illness brought about by or related to social and environmental stresses that results in failures in social functioning and social relationships. It intervenes with medicine and related professions in the study, diagnosis, and treatment of illness at the point where social, psychological, and environmental forces impinge on role effectiveness. Social work in health care settings is practiced in collaboration with medicine and also with public health programmes.

The functions of social work in all health settings include, but not restricted or limited to, the following:

1. Assess the patient's psychological and environmental strengths and weaknesses.
2. Collaborate with the team in the delivery of services to assure the maximum utilization of the skill and knowledge of each team member.
3. Assist the family to cooperate with treatment and to support the patient's utilization of medical services.
4. Identify with other professionals to improve the services of health settings through an interdisciplinary sharing of knowledge.
5. Serve as a broker of community services, thus providing linkage of patient need with appropriate resources.
6. Participate in the policy-making process.
7. Engage in research to assure a broadening of the knowledge base for successful practice.

13.2.2 Social Work in the Schools

Social work services have been a part of the public schools curriculum since 1906 when Boston, Hartford and New York incorporated the service in their districts. It was initially one of child advocacy based on individual considerations but, it has now moved away from a "child problem" approach to one that recognizes that children learn in a milieu that supports learning. The Improving America's Schools Act of 1994 ensures a greater role for school social workers in improving educational opportunities for students. The goal of the Act is to help all children succeed at school, by making provision for help in specific areas for people in vulnerable groups, such as those with disabilities, and the economically disadvantaged.

Social workers with parents, help to bring about better lines of communication, helping both child and parent gain understanding and acceptance of each other.

13.2.3 Family and Child Welfare Services

The family is recognized as humanity's basic institution. The Family is fundamental to society. It is the cradle for children, not only physically but psychologically.

The Social worker engages in premarital counselling which is the assistance of a person or couple in regard to courtship and marital plans and problems.

Marriage counselling is concerned with husband-wife relationships, plans, and problems. Furthermore, family counselling includes the husband-wife-children constellation. Problems relating to child discipline, money, education, communication, and so on may require assistance to a family by a trained social worker.

Social workers use a variety of helping methods and approaches that include: role theory, exchange theory, transactional analysis, Gestalt theory, systems theory, family therapy, behaviour modification, psychoanalytical approach, reality theory, and bioenergetics.

13.2.4 Social Work in Correctional Services

The specific functions of a social worker in relation to juvenile delinquency and crime are:

1. Helping to strengthen motivation a primary function of the social worker.
2. Allowing for ventilation of feelings.
3. The giving of information.
4. Helping offenders to make decisions.
5. Helping the client to define the situation.
6. Assisting in modification of the environment.
7. Helping offenders reorganize behaviour patterns.
8. Facilitating referral.

13.2.5 Occupational Social Work

This is a provision of professional human services in the work place through such employer-funded programmes as employee resistance programmes. The goal is to help employees meet their human and social work needs by providing services and dealing with emotional problems, social relationship conflicts, and other personal problems. Occupational or industrial social work can be involved in Macro Practice such as organizational interventions on behalf of employee groups as well as individual clinical activities.

The basic philosophy for industrial social work practice is that if a person is upset individually or family wise, he or she may not be an effective employee.

13.2.6 Social Work Services for the Aged

It has been said that no one ever dies of “old age”, there is no such disease, according to the American Medical Association. Yet, almost invariably, ageing results in physical changes in the individual (Skidmore, et al, 1997).

The most common ailments of the elderly are cardiac disease, hypertension, asthma, diabetes, arthritis, as well as the disabilities usually associated with old age namely loss of hearing, impaired eye sight, mental disorders including senility, and disabilities resulting from accidents i.e. falling.

Social workers in geriatric units serve in the following areas of concern to the old people and society:

1. Income
2. Physical and mental health.
3. Housing
4. Restorative services for those in institutions.
5. Employment
6. Retirement
7. Community services.
8. Research to improve health and happiness.

9. Freedom to plan own life and manage it.

Other areas of services are:

1. Drug abuse
2. Rural areas
3. Minorities, vulnerable, and so on.

Study Session Summary



Summary

In this Study Session, we discussed that Child welfare is the traditional term for the network of policies and programmes designed to empower families, promote a healthy environment, protect children and meet basic needs of children. Social workers are concerned with the unmet emotional, behavioural and health needs of the children. Finally, we explained the relevance of social workers service.

Assessment



Assignment

1. List various fields of social welfare practice.
2. Explain fully relevance of each field to the society.

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