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SOCIAL
WORKERS
STUDY
CONFERENCE

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E D I T O R I A L
C O M M E N T

At this first study conference of social workers, while we were aware of our present lack of a definitive framework in which social workers could operate as a profession, we were nevertheless surprised that such a medley of social workers, had such a uniformity of common ground. We apologise that this collection of papers given at the Conference is incomplete and much shortened.

The theme of the Conference was based on the following quotation -

"Social work is the process of helping people with the aid of appropriate social services, to resolve or mitigate a wide range of personal social problems which they are unable to meet successfully without such help. This process calls for both knowledge and skill."

In order to implement the "knowledge and skill" stress in all papers was laid on the need for a code of professional ethics, which as Ephra Garrett suggested "Could and should be a charter of client's rights, give the social worker a professional standing and bind social workers together "

June Kendrick, like other speakers, points out the need to develop a professional organisation, "a unified body of social workers/with mutually agreed standards of professional behaviour", though Dr. Robb comments that because social workers think of themselves as possessing "a kind of distinctive activity", it does not therefore necessarily mean that they do have "skills and functions not possessed by other professions." Not all of us would agree with Mr. Anderson, however that the setting up of social services on the New Zealand pattern, without suitable staff to integrate this service is a wise procedure. This may be like the egg which has not hen to hatch it.

Jean Robertson suggests that the combination of training and experience helps towards realising the "common denominator" which the Conference discussions strove so hard to formulate, and which differentiates the social work profession from other "helping professions." Other contributors, such as Joyce Burrell stressed, the "need for disciplined

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study leading to practical application", like June Kenarick and Mr. Anderson she is concerned to ease "administrative boundaries." The relationship between statutory and voluntary work, and the need for co-ordination was pointed out, and Mr Anderson reminds us of the difficulties of allegiance which a statutory conscience may provide, in the conflict between the good of the individual and the good of the majority.

A distinction is made between the "do-gooder" and the "natural" social worker, or those with an understanding of principle and method. On a client centred note Thelma Smith brings us back to our main concern "people with problems", and stresses the need for the social worker to know how to accept, how to encourage and "to make the way possible" to let the client "choose his own goals." Her suggestion of "diagnosis" may lead us at a later stage to a consideration of what is therapy and what is case work, while the confident tread of the psychiatrist into the social work sphere, acts as a reminder of the need to define the particular, and perhaps unique, skills of the trained social worker. Professor Ironside's contribution is a salutary reminder of the need in New Zealand for social workers to possess the interviewing skills, training and self-knowledge, which will enable the social work profession to stand on a par with other professions, and as Dr Robb says to "associate freely to the general benefit of all."

Margaret Wildman.

VOLUNTARY and STATUTORY SOCIAL WORK.

Mr. Anderson

The terms "voluntary" and "statutory" can be misleading. Many employees in the so called voluntary services are paid. The only social workers whose duties are designated by statute to my knowledge are Child Welfare Officers and Probation Officers. I therefore prefer the terms "private" and "government" (including local body) agencies.

Some people would express their preference for approaching a private agency with their problem, because they say social workers there are more human, more friendly and have a greater sense of mission than government social workers. The latter are often debited with having the cold hands of bureaucracy. In general social workers in private agencies work longer hours for less pay, or no pay at all, than government social workers. But a sense of mission, of disinterested motives, are not the monopoly of any one class of social worker. Some persons prefer to take their problems to a government agency because they consider they are availing themselves of a service to which they are entitled by payment of their taxes, rather than demeaning themselves by accepting "charity". Among social workers themselves some say there is more security in a government service than in a private agency where the worker is subjected to the vagaries of a small number of people. Others say there is more freedom to experiment in a private agency, that there is no scope for initiative or experimenting in a government service. People who work in both types of agencies are generally alike in their sincerity, sense of mission and efficiency. Loyalty to the basic principles of a service is required in all agencies and the goal is the same for all.

The social worker in a government agency must be a good public servant as well as a good social worker. Public service and treasury regulations represent not red tape, but the accumulated wisdom of the years, designed to preserve integrity and efficiency. The government social worker is more open to criticism than the worker in a private agency. He should try to ensure the service is constantly one step, but no more than one step, ahead of public opinion.

Adverse criticism of a service can have a bad affect on the people we serve. Occasionally in Child Welfare the interest of an individual child must

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be submerged, because an unpopular proposition for help would attract public criticism of the department. The prestige of the department should be maintained at as high a level as possible for the good of the great majority of children dealt with. It is essential that the rules be followed in the expenditure of public money. An individual officer may sometimes see opportunities of saving money by following an unorthodox procedure, but if government servants throughout the country were allowed individual preference in the expenditure of public moneys, the ultimate cost to the taxpayer would be greater. Tried and tested uniform rules give reasonable assurances of honest administration. Workers in private agencies may have to take into account these factors but in a less potent fashion.

A great deal has been said about the need for a social worker to establish a "warm supportive relationship" with his client, but this can be overdone. If a Child Welfare Officer is initiating action which may lead to a Court depriving parents of their guardianship rights, then the officer must tell the client what is likely to happen. It is good that there should be some social workers with, and some without statutory powers, and each should recognise the importance and handicaps of the other's work. Child Welfare Officers resent being labelled as "bogey men." For a minority of clients, the tougher larrikins, I believe there is value in having someone who is a "bogey man." There is somewhat glib talk about "non directive counselling" being the answer to social problems. While no social worker should underestimate its value, there is ample scope for authoritarian counselling to be used in appropriate cases.

While advocating a variety of agencies and techniques, I do not favour working in isolation. There is a pressing need for us to work together (not just to co-ordinate). As one who over the past ten years has served on nearly every government inter-departmental committee concerned with social services, I can appreciate the difficulties, as well as the disadvantages of close co-operation. It entails some sacrifice, as well as willingness to compromise. There should be more staff interchange between private and government agencies. I believe that social work can set an example of tolerance and co-operation. The social work cadet and trainee scheme has attracted attention overseas,

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and I would hope that some way will be found of arranging for private agencies to participate in the scheme.

The granting of government financial assistance to private agencies for the running of childrens' homes, and the use of government supervision, coupled with the employment of the agency's own staff, has brought about some liaison here. Large scale research could also be considered by government agencies.

I do not agree with Asian social work administrators that before you can establish a social service you must train the people to run it. I believe you should use what resources you have, and gradually improve the calibre of your staff and methods. This has been the New Zealand pattern. Both in the government and private agencies there should be room for the young recruit who has studied social science since leaving school, and for the older recruit whose experience and maturity more than compensate for the lack of specifically planned academic training for a social work career. Social workers in this country can use more specialist services than we have, but I hope we continue to develop the generalised social worker.

In recent years I can see a pattern emerging. It is good that there should be a spirit of adventure, a sense of things happening in the social work field, and a realisation that we are associated with a "going concern". Social workers will work happily together if they believe they are partners in developing an overall service which is really getting somewhere.

INTEGRATION OF APPROACH.

Joyce Burrell.

In considering "Integration of Approach" I have attempted to deal with the following aspects. Firstly, the nature of social work, secondly, the basic elements common to all fields of social work, and lastly, the need for collaboration and research to ease the process of integration.

What is meant by social work? Does the term have the same meaning for different people? Do members of the public interpret the term on the same lines as social workers, and are all social workers agreed on the definition of their function? The definition of social work given is "the process of helping people with the aid of appropriate social services, to resolve or mitigate a wide range of personal social problems which they are not able to meet successfully without such help. This requires knowledge and skill." The process of helping could be applied to a wide range of people with a variety of problems, and most of us find ourselves working with people within a group, most of whom present problems of a similar type. e.g. court offenders, unmarried mothers or the mentally ill. We are then working within a specific framework, where the scope and limitations of our work are set by the types of problems presented by the client, the particular brand of help we feel we can give, and the policy of the agency for which we work. It is doubtful if any one worker can deal with every type of problem, or even every area of any one problem. In New Zealand the field of social work is divided into areas of child care, family welfare and case work, social work within a medical or psychiatric setting and social work within the probation service. The administration of these services is heavily rated in the direction of statutory organisations. Operating within the framework of their particular setting, workers build up a body of knowledge and skill relevant to that setting. A somewhat loose type of in-service training is superimposed on any basic training the worker may have had, and it constitutes generally, though not exclusively, the level of specialisation in New Zealand in any one sphere. Sometimes the process is reversed, the worker having been attached to one or other specialising group for perhaps a period of years, before doing a training in social work.

Now what about the nature of social work in terms of knowledge and

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skill. We work with interesting and complex material, with people and special groups of people, those with difficulties in the field of social functioning. Understanding of growth, development and behaviour for ourselves as well as our client, and knowledge of the functioning of man as a social being, is essential. This knowledge is gained from many basic disciplines, from biology and preventive medicine, from dynamic psychology and psychiatry, from sociology, from history and from social work itself. The second type of knowledge which should be common to all social workers, is an extensive knowledge of community resources available to people in difficulties. Skills are concerned

1. with using interviews both to learn about the client, and as a means of making a warm, supportive relationship.
2. the viewing of the problem against the client's background
3. the focussing by the social worker for himself and the client, a specific area of the problem to be worked through
4. Sustaining a relationship
5. Helping the client to use other appropriate resources.
6. Terminating the relationship when the client is ready to get along by himself.
7. Working alongside other professions co-operatively.
8. Recording for clearer understanding.

Integration necessitates a programme of disciplined study, based on the common elements outlined above, leading to practical application. In addition the social worker develops certain knowledge and skills relevant to specific settings. Short term courses as set up in Auckland, will not solve our problem, but will help at the present time to provide some training for people unable to take advantage of the existing courses, by making use of our present resources. On such a course as the generic social science course in New Zealand, students who have previously worked in a particular field, bring with them their background of experience in their own particular setting, and in this way there is an interchange of ideas, and an appreciation of each other's functions and limitations. Lateral collaboration between different

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types of agencies in New Zealand is sometimes non-existent though shared training barriers between fields are weakened, and communication and integration eased. In Britain there is a gradual movement away from highly specialised courses into generic courses.

The Soundest approach to social work is a combined theoretical and practical training, which would provide a basis of mutual trust between skilled workers. Our anxieties and feelings of insecurity about sharing our work with others, often limit our efforts. Boundaries between fields must be eased, and those existing at present in this country are perhaps often more administratively than professionally determined.

THE NEED FOR PROFESSIONAL ETHICS

IN SOCIAL WORK

Ephra Garrett

Fairchild's Dictionary of Sociology defines ethics as "the study of values and of their relationship to actions patterns and programmes, "and professional ethics as "a systematic arrangement of principles, standards and rules, set up by and for a professional group, for the control and guidance of ... ethical conduct .. among its membership." Such a code of ethics could and should be a chart r of clients' rights and should ensure a proper discharge of duty to the public. It should demonstrate the ideals of the profession, so creating public confidence and giving the social worker a professional standing in the eyes of the public. It should also bind social workers together, and give them a feeling of mutual confidence and respect.

Why should a profession need a specific code of ethics? Why are are public ethics not sufficient? Why do doctors, lawyers, accountants and teachers feel the need for a specific code? There is in our society a general moral code governing the relationship between individuals, and one element of this enjoins the ordinary citizen to save life. But the particular onus on a doctor goes beyond that by virtue of his training and profession. The doctor, unlike the ordinary citizen, has a duty to spend a major part of his time protecting the health of the community. The teacher likewise has a specific duty to instruct.

The parable of the good Samaritan, of the injunction to "be thy brother's keeper" may be applied to all of us, but the social worker, by virtue of his occupation and special skill, has a duty to help people within the scope of his profession. Most of the time the public ignores, even if it is aware of, professional ethics. Unprofessional conduct, unless it is also a clear offence against the law or public morality, may be lightly regarded by the public. The public would be concerned if it learned that a client was being blackmailed by a professional person because this is against the law and public morality, but probably would not be concerned if the social worker exceeded his legitimate professional boundaries.

Many professional people have the responsibility of dealing with

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vital areas in the lives of individuals. A social worker also exercises great authority and influence over people's actions and personalities, and like these other professions needs the safeguard of a code of ethics. We may think that because many of us go into social work with high motives, we do not need safeguards, but the power we hold as social workers is a subtle one, and we can get swept away.

Up to the 19th century personal charity was largely the form that social work took. From the 19th century onwards both the State and the Community have accepted new moral responsibilities. But the social worker may still be viewed with suspicion as a hangover from the days of charity. He may still be regarded as a "do-gooder", or one of those people who "push you around," "the child welfare outfit which takes your kids away." Social work has only recently emerged as a profession, and if it is to be regarded as such, it must assume professional status and responsibilities. High professional status for doctors, lawyers and other closely allied professions, has emerged on two foundations; high and comprehensive standards of training and a clearly formulated ethical code. Think back to the picture that Dickens could draw of the 19th Century lawyer, and the lowly and often disreputable doctor. The fact that these professions have demonstrated their willingness to assume responsibility and work to high standards is what makes them so respected today.

The ethical code of other professions overlaps the code of the social worker. But even though they seem similar, the whole context and aims for each is different in particular. A good person in the eyes of society, a person of high moral code, would not necessarily be a good social worker. If such a person becomes emotionally involved, and wants to keep a client in a subordinate position, dominated by the worker's moral views, then he is not a good social worker, but the social worker's way to help is to help people to grow, to help them to be responsible for their own decisions. The community may see nothing wrong providing the apparent result is good, because of the improvement in a client's conduct, or because he is more law abiding.

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Professional ethics are the concern of a group, and can only operate if that group evolves and practises them. Professional standards for social workers cannot be achieved without a professional association. We have no one recognised training, because of the way social work has grown up, and it is the responsibility of those with wide experience and training to see that training is provided, and the professional level raised.

A code of ethics could only operate through a professional organisation of social workers, with the right to enforce ethical standards on its members. A code of ethics would not only protect the client but also the social worker in his relations with his employing authority. The social worker would have the backing of his professional organisation, in any issue where administrative directions asked the social worker to do something unprofessional. The social worker is not only in need of professional standing in the eyes of the public, but also in the eyes of other professions and here a code of ethics would help.

It would seem that there is a need for professional ethics in social work, but an explicit code depends on the formation of a professional organisation of social workers, a professional organisation charged not only with formulating an ethical code, but also with ensuring that training for social work is of a high and comprehensive standard.

SOCIAL WORK SKILLS.

Professor Ironside.

There are three points which I regard as germane to the nature and quality of social work skills. Firstly, client orientated social work skills in whatever setting, should share a common knowledge, common aims and a common minimum of confidence. Secondly, the future of social work and social work skills will be most effective in preventive rather than clinical areas. Thirdly, except in one field, the therapeutic application of social work skills is a transient phenomenon. The word skill I use as a complex of knowledge, goal directed, technical confidence and satisfaction with the work done.

The first interview by a social worker is a basis for what happens afterwards. Firstly, there is interviewing in a formal, routine fashion to obtain formal routine data. This data gives an understanding of the region and extent of the problem as regards social background, group attachments, employment, financial resources, general health etc. This skill is derived from a formalised knowledge, and it is acquired to a considerable extent through learning. Technical confidence is necessary to ensure that all the ground is covered, and the collection of accurate and relevant data can give great satisfaction. This type of interview may merely become a questionnaire and be imposed on the client. Can you imagine a machine, highly transistorised and concealed? The client enters a comfortable room with a telephone, a social worker sits him in an armchair; she tells the client that all he needs to do is to carry on a conversation with what he hears on the phone. The social worker goes to her office and sets the controls for instance to the "young" "adult" "male". After asking a few simple questions about name, address, age etc., the telephone goes on to ask about economic circumstances, health and so on. The field is covered absolutely, meticulously, accurately and with no human error. This verbal information is fed into the data processing machine, transcribed to magnetic tape and fed into a computer. At the end, up comes a card which gives a resumé of the client's social background, and highlights the areas where he is experiencing difficulty. The social worker is thus able to proceed with arranging things to help this client.

In this mechanical interview, several people's skills have been used. Firstly, the psychologist has designed the questionnaires to elicit certain kinds

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of responses within a certain range. Secondly, there is the electrical engineer who designed and made the machine, then the mathematician with special knowledge of behavioural statistics, and the specialist who maintains the machine, so there are specialists' skills involved, but they have nothing to do with social work.

Social workers should have in mind the development of skills that are uniquely their own. This brings me to the second type of interview. This is directed at obtaining information about non-verbal and unconscious processes, about attitudes and emotions present below the surface. What are the client's needs and motives? Why did he come? Did he want help in financial difficulty, or was he run down in health? Was he making a tentative effort to establish some sort of relationship with a person whom he thought might be able to help him? Perhaps the client is aggressive; we know that this often hides a yearning for love and affection and the interview could help to discover why this pattern of aggression has developed. Perhaps the client is apathetic and listless, such depression may be a cover for a good deal of hate bottled up inside.

Information about non-verbal and unconscious processes helps us to understand what the individual feels about himself. Such questions as "Who am I?" "What is my identity?" "What is my role in the world?" "Where am I going?" exists with us all. For those who are in jobs and activities where the goals are clear, and who have an established position and status, this question of identity is something we may not think about, but there are many people who really do not know who they are, or where they are going, they may be the delinquents or the psychotics.

When we interview a client, we create a unique situation, and the client will react in terms of what kind of person the interviewer really is, and also in terms of how the client quite unconsciously thinks of the interviewer. The client will bring to the interview certain preconceptions about you, but certain non-verbal things you put into the situation - the way you act and look, besides the phrases you use to elicit responses from him - will also influence his behaviour during the interview. You know that certain things the client says have more than one meaning. You can't get at these multiple, hidden meanings just by asking questions in a directive way. If you are to understand the factors which operate during an interview, then you must have a fairly extensive knowledge of psychodynamics and of the psychology of development.

How are you going to acquire the interviewing technique necessary to elicit information about unconscious factors? Working comfortably in an interviewing situation is dependent on skill, confidence and self-knowledge. If you are going to understand what effect you have on your client then you are going to have to have some knowledge of what is going on within yourself, of what goes on below the surface, and the conflicts and perhaps anxieties which are evoked in you by the data given by the client. I am sure all of you wonder why a few minutes ago you spoke and acted impulsively or irrationally, or why you forgot something important.

Why did you choose to be a social worker? The motive was not purely altruistic. We select our activity because of things that go on deep down within ourselves and of which we are not fully aware. A social worker may have problems which involve feelings of helplessness, and the want to be helped. By helping others (in the precarious round about way we human beings are adept at) she helps herself. Anyone involved in social work should have experience of herself as a client.

Therapy begins as you start to interview because interviewing is a form of personal relationship. The questionnaire type of interview can be successful within certain limits. It does not involve a great deal in the development of inter-personal ties, but it does involve a detailed knowledge of the functions and capabilities of social agencies, and it does involve highly developed skill in being able to use these social agencies on behalf of your client. The non-directive interview however, builds the foundation for a close relationship between worker and client. The goal here is to help the client to help himself; to put pressure on him to solve his own problems. You give him guidance, but you will also have to cope with the demands he makes on you for your direct intervention and help. Because of his loneliness he will make demands for personal relationships, and because of his hopelessness he has the idea that nothing he can do will be of any avail in dealing with his problems. And finally, because of his helplessness, he has reached the stage where even though there are people in his environment (and this includes the social worker) who are offering certain categories of help, he has passed beyond the stage when he could accept and utilise this help. Loneliness, hopelessness and helplessness create intense pressures on the social worker, and to manage these therapeutically requires considerable skill. Such skill is dependent on training and training

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is difficult to provide. When there are enough individuals in a community who have the training and experience, one finds that the social worker becomes less and less involved in social work activity. Where there are enough skilled people in the community, you either stop being a social worker and become something else, or you are a psychologist or a psychiatrist. Skill in social work interviewing is essential to a clear understanding of a client's needs. Nevertheless, I believe that it is not in therapy, but in preventive activity that the social worker's role is going to be most important.

Preventive work must be concentrated in the areas of infant and child health. Problem families with children can be dealt with in the sense that therapy of a certain nature can be applied, and for this the social worker is ideally suited.

The selection of adoptive and foster parents merits careful attention from social workers. They should also have the knowledge and skill to help teachers and parents with difficult children. The Plunket Society also has a tremendous potential in the preventive field. The role of plunket nurses as givers of advice about diet etc. is a thing of the past, and they should now be moving into social work, into mother and infant relationships, so that the mother can be provided with confidence and with knowledge of how to handle a child.

To sum up; I believe there are skills which are common to all forms of social work, and this applies particularly to skill in interviewing. I think that therapy by social workers in the sense of dealing with sick people is a transient phenomenon, and that social work skills have their greatest, and perhaps unique potential, in preventive activities.

STATUTORY and VOLUNTARY SOCIAL WORK.

June Kendrick.

With a few exceptions statutory social services have been of later development than those of voluntary bodies. Statutory social services have been provided, often ~~reluctantly~~, to meet pressing problems, whereas voluntary services have developed out of charity (in its best sense). So the emphasis with statutory bodies has been on a service to meet a general problem, e.g. welfare, education, health, while voluntary organisations have usually been more concerned with the person with a particular problem. One of the difficulties of the statutory services has been to "personalise" these services.

The general pattern has been that once a problem has been isolated a Government Department has been set up to deal with it, and public servants employed to carry out the duties of that department. Desk work in an office has had to give place to some extent to "field work", with greater flexibility of hours and methods of work. In turn the concept of "field officers" has gradually changed to one of social workers, for whom a special kind of training is necessary.

At present it is difficult to determine whether statutory social workers, e.g. Child Welfare Officers or Probation Officers are primarily public servants or social workers. In one capacity they act as public servants with certain duties, e.g. to bring someone before a Court or carry out the instructions of the Court. In another capacity as social workers they carry out the non-statutory and non-directive functions of easing family tensions, and helping family relationships.

Is it possible for the same case worker to exercise both the authoritarian and non-authoritarian functions. It might be simpler if the police like functions were taken away from the statutory case worker, but for the present, neither Child Welfare, Probation, Mental Hygiene, nor Social Security workers can be free of these compulsory powers. They have to learn to live with these limitations. Over the years compulsion has given way somewhat to casework, significantly in Child Welfare the relative number of commitments to care has decreased over the years, and much more intensive casework with families has been undertaken. In an authoritarian

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set-up the social worker must be clear in his own mind, and make it clear to his client, exactly where he does stand with regard to statutory duties. Perhaps in the future a code of ethics, and the membership of a Social Workers' Association will ensure that a social worker is not asked to carry out actions contrary to the basic principles of social work.

One often has complaints from statutory social workers that there is too much paper work involved, e.g. reports have to be presented to administrative officers who may not be social workers themselves, and case records have to be kept. Case records preserve continuity, and writing a report clarifies one's thinking. It is often salutary to have to explain or justify particular actions, to someone outside one's own field, otherwise one tends to think of oneself as "supreme", or that intuitive action is adequate. Routine clerical duties however, should be carried out by non-social work staff.

Voluntary organisations vary greatly in scope and size; many now accept Government subsidies. There is a great variation of experience and training among social workers in these organisations. It can be a disadvantage to have no-one with whom to discuss case notes, and a committee may be far less understanding than the principal officer in a statutory department. As regards the client, he does seem to be more relaxed with a worker from a voluntary organisation. He may be uneasy because of imagined "state interference", or because of the statutory authority behind the worker. This feeling can be broken down by the worker, but satisfactory rapport with a client can then be a lengthy process. Clients often approach a voluntary body in the initial stages of their misfortunes, when the statutory body is perforce approached, it is often too late for constructive case work.

What is the future relationship between statutory and voluntary services? In general the statutory service is a uniform national one with a certain degree of rigidity, whereas the voluntary one is frequently local. Many services pioneered by voluntary effort have been taken over by the State as they have grown. This may not be a bad thing, depending on the scope of the work, the money required and the trained people available. It is scarcely possible for any voluntary organisation in N.Z. to run anything so large and comprehensive for example as our Social Security scheme. A voluntary

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organisation needs to look at itself from time to time and assess whether its present services are still necessary. Perhaps it could then look ahead to the pioneering of new services, taking into account that it is in a position to experiment far more boldly than most government departments.

Finally, I should like to comment on some of the particular difficulties which can occur between statutory and voluntary bodies. One of these is the question of interchange of confidential information. Between government departments there is the safeguard of the oath of secrecy, but if social workers from various fields have a similar type of training and a mutual trust, this problem can be overcome. A code of ethics could safeguard the interchange of information. In all cases a client's permission should be obtained before any reference is made to another worker - and this is equally valid where only government departments are involved, although the client may have to be told that it has to be done, as when the Justice requires a history from the Child Welfare department. Of course, it must be generally accepted that only relevant information will be exchanged. Difficulties can occur when a client is known to several agencies without these agencies being aware of this - and it can even occur between officers of the same department. The most ethical way is to ask the client in the beginning about any previous approach to other agencies.

There seems little doubt that in N.Z. there is a place for both statutory and voluntary organisations, and that all people using these services will benefit from close co-operation between the two. The best, and perhaps the only way of achieving this co-operation seems to lie in the development of a unified body of social workers with similar, although not necessarily identical backgrounds of training, and mutually agreed standard of professional behaviour.

FIELDS and FUNCTIONS of
SOCIAL WORK

Dr. Robb.

If you study the history of medicine you find a situation comparable to that of social work today. There was much argument among apothecaries, physicians and surgeons, universities and teaching hospitals, as to the basic and proper training to be given to future doctors, and dispute as to the need for registration etc. Like the question, "Who is a doctor?" one hundred and fifty years ago, the question "Who is a social worker?" today, is not an easy one.

It might be said that only those who have had a two year training which includes a substantial amount of supervised field work should qualify. The other extreme is illustrated by a quotation from Cole and Postgate's book, "The Common People" Of the depression of the 1930's they say, "The effect of idleness, poverty and the dole alarmed every grade of social worker from the Archbishop downward." It is probable that the narrow definition is the one we should aim at eventually, but at present it would be unrealistic. On the other hand, the other definition excludes the possibility of a training course specifically for social workers, because one then becomes a social worker by training for the "helping professions", i.e. doctors, clergy, nurses etc.

Because a group of people who call themselves social workers like to think it has skills and functions not possessed by any other profession, does not mean that this is the case. In "Portrait of Social Work", Barbara Rodgers and Julia Dixon describe three types of social workers -

1. Natural social workers who have "interest in other people", who show tolerance, "sense of vocation" which gives "self assurance and self confidence", and who are without "recrimination and resentment" when things go wrong.
2. The authoritarian group (by far the largest) who pay lip service to principles without applying them in practice. This group becomes emotionally involved with clients and lacks understanding.
3. The few who can discuss social work theoretically, and who are aware of the problems of organisation and administration it creates, and who try consciously to act in accordance with its principles and methods.

Rogers and Dixon found, as I think we would find in New Zealand, a good deal of confusion about training, and about its relation to experience. Training is only a partial substitute for experience, and the newly trained,

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inexperienced social worker has a long way to go. Trained workers usually co-operate with colleagues better than the untrained, and the trained social worker can see her limitations, and remember that she is only part of a total social service. Training increases a worker's influence in his agency, because the trained worker is often more articulate. Many untrained workers intuitively subscribe to the basic tenets of social work, but they are not able to pass on their understanding.

Perhaps the greatest value of training, plus experience, is to give realistic self-confidence to the worker, and to give him a valued place among colleagues. A special problem is faced by the social worker who has been trained in some other profession, nursing, teaching, occupational therapy etc. Faced with difficulties of administration and personal relationship, such a worker tends to handle the situation in terms of his old professional position, thus weakening the use of social work skills at the point where they are most needed. It is a matter, not just of new skills, but of transfer of loyalties. A profession is not just a "bag of tricks of the trade" which can be picked up and put down at will, it is something one "professes", believes in and is loyal to, a way of life, a valued part of oneself. There is something distinctive and identifiable as social work, even though it may be closely related to other helping professions. Social work is not just a matter of helping, but of helping in a disciplined manner.

What is common to social workers is more important than the special emphasis that may be necessary in special setting. Purely inservice training tends to be "self-sufficient, over specialised and unrelated to other types of social work." Such inservice training tends to produce the non-cooperative social worker.

Many tasks are clearly associated with social work, but do not require the special social worker's skills; meals on wheels, and routine social security payments are examples. These welfare tasks make up another part of the total social service picture, but because social workers cannot get on without these services and must work in close association with them, does not convert these other people into social workers. The Young Husband Committee suggests that workers in social services should be of three grades,

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and that the welfare worker grade will undertake the work not requiring the development of special relationships with clients. Even at this level workers are to be given a basic training, not one restricted to their own agency.

As regards a National Organisation for social workers. Most of us here have two aims -

- I. To create a situation in which all those concerned with the social services, social workers, welfare workers and perhaps others, will be able to associate freely to the general benefit of all.
2. To improve and develop standards of work by social workers, leading to the development of a recognised profession with a code of ethics.

Doctors have achieved the second objective, but they have, I think, been notably unsuccessful in achieving the first, and it may be that both cannot be achieved in a single organisation. It may be that the organisation will need to be in layers with different grades of membership, or that it should be broadly based at the local level, and professionally organised at the national level.

If social workers want to be trusted by their clients and other professions, it must be clear that they have standards to which they adhere. Social work is a distinctive kind of activity, described in brief by the quotation on our programme. It is an activity having as its function the helping of people in certain ways by certain means. Such situations demand variations, but these are only variations, and those who emphasise the variations, at the expense of the theme, do social work some disservice.

INTEGRATION OF APPROACH.

Jean Robertson.

My job has been as a social worker to a 1000 bed mental hospital near Auckland. Previously I was a Child Care officer in the U.K. in an agency which employed thirty Social Workers. In the U.K. at present there are about six agencies offering Social Science Diplomas or Certificates, the standards varying considerably from one centre to another. Some of these centres, plus a number of other agencies, are also offering specialised courses for workers in various fields, such as Child Care, Almoners and Mental Health courses. In many jobs there has been a demand for workers with a Social Science, and one of these extra trainings.

I will give you an example of what can happen through lack of integration. In the agency in the U.K. where I worked, we were dealing with the child of a person who had been in and out of mental hospitals for many years. This child was being cared for by foster parents, and the case came under our supervision. At the same time the Psychiatric Social Worker was working with the child's mother. There was conflict between the mother and the foster parents, the child was visiting her mother and playing off one against the other. In all the time I was there, we had only one meeting between ourselves and the psychiatric service. I don't know whose fault this was, but I think it was due to the suspicion and uncertainty which the two social agencies had about each other.

We must have a common approach to our work and find a common demoninator, otherwise how can we label ourselves as a group of people doing the same kind of job. What is this common demoninator? If we cast our minds back to some of the reasons which attracted us to social work, we may find an answer. Many of us thought we would like to help people, and we all agree that helping people is one of the principal aims, or perhaps THE principal aim of social work. But bus drivers, shop assistants, doctors, nurses and teachers also help and work with people. We have to think of working with people in a particular way, in the way described by Captain Smith and Miss Burrell. Our work involves a particular person to person relationship with our clients, we try to get people to cope with their own problems, and avoid imposing our own solution on them, as might a writer in an

INTEGRATION OF APPROACH- Jean Roberts on.

advice column in a newspaper. We should work along with the individual. Pearlman describes it as a process of nurturing a sympathetic relationship, encouraging the individual to see and adapt to his own problems, creating in the environment suitable opportunities for his growth.

This growth through relationship seems to be the common factor in all our work, and I have listed four factors which govern this. Firstly, background experience and training. Secondly, the size of the case load. Thirdly, the attitude of our colleagues, and the demands of the agency in which we work; and lastly, the variety of tasks which we have.

Firstly, as to training. The main purpose of any training or education is to leave us with the feeling that we still have a lot to learn, not that we know everything. Training is desirable, but by no means a substitute for experience. The amount of experience and training we have had governs the relationship with our clients. We may feel that another professional worker may be able to carry the case better, and we should recognise this.

Secondly, the size of the case load. This varies from one agency to another and in many agencies the case load is determined by a senior worker, in others it comes from outside agencies, but there are a lot of referrals which we follow up for ourselves. The choice of how much we do, is, in some measure, up to us. It is for the social worker to decide how many cases to take on, whether to do a lot of intensive work with a few people, or whether to spread a sort of diluted service over a large number, or whether to combine both. In the latter case there will be numbers of people with whom one doesn't pretend to have a deep person to person relationship.

Now as to the attitude of our colleagues. The attitude of some professional workers and some colleagues to social work is possibly based on their insecurity about their own job, and the fear that the social worker may tread on their preserves. I think we have to recognise this. I don't know of a solution except discussion and personal meetings and some compromise about aims. One wonders sometimes if the trained social worker is unable to compromise, or has she a completely different conception of her job than the outsider has.

INTEGRATION OF APPROACH - Jean Robertson

Now the final point, how far is case work limited by the number of other functions assigned to the social worker. Other professional people usually expect a social worker to perform functions within the welfare category, finding jobs or accommodation, arranging finance or clothing. If you do these jobs the work often grows into case work, and one can have respect for the dignity of a person and his needs, even when simply helping him to obtain proper clothing. Then one's colleagues may learn to accept the deeper implications of one's work.

In closing, I would like to say that this Conference has been an opportunity for me to do some analysis of my work, and the sort of things I have been doing. All these questions cannot be answered if we only consider them once a year at a Conference. The most important factor in achieving integration within ourselves with other social workers and with other professions, is to think and wonder, and ask ourselves what we do, why we do it, and how we do it.

INTEGRATION OF APPROACH.

Thelma Smith.

I am the Matron of a Private maternity hospital, and I also work with unmarried mothers.

The theme of this Conference is concerned with the question of whether social work, in whatever setting it is practised, can have a common basis.

Social work begins with a person, not with a problem. This is illustrated, for example, in the story of the Prodigal Son. Here the main concern was not with his wastage of his father's money, but the point emphasised was the father's continuing love for his son as a person. Case work deals primarily with people who present a problem, but attempts to work out the problem, without relating it to the person result in futility. Before I did my training, I felt that I knew how to look after the problems; I knew how to look after a pregnant girl, how to deliver her baby safely, also how to fulfil the legal requirements of placing her baby for adoption, and how to go about finding her a job. But I did not understand how to work with her to help her discover why she needed to have a baby out of wedlock.

Our first interview with a client is of great importance, for it may determine whether or not we keep contact with her. Most applicants for help are mistrustful in the beginning. Trust grows out of favourable experiences. The client has feelings about the agency as well as about the Social Worker, and I often find that the client has an expression of relief, when the set up is even briefly explained. If our approach is unfriendly or hurried or too formal, we may have no second chance, so I think our first principle, irrespective of the problem, is to meet the client's desire for understanding, and for appreciative response as a person.

The interviewer must show, and preferably feel, an interest in whatever the client says. She must be able to convey the feeling that the client's personality and problems are accepted sympathetically and uncritically. Through this warm acceptance the social worker can provide effective help for another individual.

Sometimes a Social Worker, although she wishes to help the client, may become unduly anxious and fail, because of an impulsive urge to cure.

INTEGRATION OF APPROACH - Thelma Smith.

We should not be too impatient for reform. One client spoke of a social worker as a person who straight way lets you know he is there to give service, who encourages, guides and makes the way possible, but insists you do for yourself what is possible. Through this safe relationship the client moves at her own pace into emotional areas that disturb her, and arrives at a self-understanding which she experiences rather than learns, and chooses for herself her own goals.

The process of social work could come under these headings -

1. Examination and Diagnosis
2. Programme for Treatment
3. Treatment
4. Termination of Treatment.
5. After care.

I shall deal only with Examination and Diagnosis.

We can begin by making observations concerning behaviour, language and outward expressions of feeling, the observation of the person as a person. Does she dress as though she cared for herself? Does she hold herself erect or slumped in defeat? Does she sit back in a relaxed position, or on the edge of a chair, as though on the edge of an emotional precipice? Does she use her hands in illustrative gestures, or in repetitive mannerisms, such as twisting a handkerchief, rubbing a thumb or biting nails. The tight lines of a mouth, or the sad, rather distant look in an eye, can tell us a great deal more than very carefully guarded words. I don't want to imply by this that we should conduct a microscopical examination, but that we should have the kind of interest that focuses on the person, excludes irrelevant detail, and sees her with thought, perception and concern.

The verbal expressions used by a person are often revealing. I DID is indicative of a much healthier ego than IT HAPPENED TO ME. IT HAPPENED TO ME usually refers to nothing except the person's evasion of responsibility. Pronouns like I and WE and OUR and MINE tell a story. When a wife constantly speaks of MY house, MY money, MY child, or I decided that we would do this, that person is revealing that she has a problem in sharing, and sharing is the essence of successful marriage. Words and sentences are important in building up the picture, and contradictions are important too. For example, a pregnant girl states that she has been raped, and later in the same interview says she

3.

used the act of conception as a revenge. Why these contradictions? Or contradictions between speech and facial expression? A girl seems to be cheerful and smiling, and yet tells you that her father has turned her out, or that the putative father has refused to marry her, or that she has venereal disease. Her cheerfulness under these circumstances doesn't make sense, and the contrast is a warning signal of something emotionally wrong with the girl. Nevertheless one needs to be understanding of natural reactions. Adoptive couples may be tense and nervous. Some are hesitant in answering questions or providing information, others can't stop talking. Such an interview naturally provokes anxiety, and we may draw the wrong conclusions from a normal response to a particular situation.

Diagnosis requires knowledge, experience and skill. There is no standard technique for all of us. Each social worker must work out for himself a technique that suits his ability and personality. Some knowledge of cultural background aids the worker, and yet we should not be dogmatic about this. Not every Maori has no time sense, as far as work is concerned. The client needs to be in on the diagnosis and planning, and we have to listen carefully to what the client really wants, and then move quickly towards a course of action. We need to win the confidence of the client, and confine advice to practical matters, to stimulate her self confidence and to enhance her feeling of worth, and to establish a partnership of working towards what can be changed and what needs changing. Often the main problem lies in family relationships, and unless we can work with relatives, and in my case with the putative father and his family, the work is incomplete.

If the principles are fundamental, and not confined to one sphere of social work, then should we seek a training which is basic to all social work, which helps us to understand the common elements of human beings, and the common element of approach to people with problems.