



NEW BARNETT PAPERS No 1

The Family in Modern Society

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O. Stevenson

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"The Family in Modern Society"

Six Lectures for Social Workers, originally given at a Study Course in June, 1964, held at St. Anne's College, Oxford, to commemorate the 50th anniversary of "Barnett House" — the Department of Social and Administrative Studies of Oxford University.

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for different members. There is a real danger of helping our client at the expense of some other member of his family, or at least of ignoring the fact that his illness is disturbing relatives or children who may not get the help they need unless we do something about it.

These are only some of the directions in which we need to advance. There are also various kinds of group work described by B. Lloyd-Davies¹, Munro², M. MacNamara³. Perhaps I can sum up the situation by saying that we need to develop more appropriate and effective techniques for all types of client in all types of agency — for the clients of the Family Service Units, of the special problem family caseworkers in Public Health, of the N.S.P.C.C. and the Salvation Army, as well as for those of the child care and probation services, local authority mental health services, the child guidance clinic and the Family Discussion Bureau.

THE CHALLENGE OF FAMILY SOCIAL WORK TODAY

OLIVE STEVENSON

All social workers must have in common four areas of concern; their clients, their colleagues, the society in which they live and themselves in relation to each of these. It is my intention to look at various issues arising from these areas of concern. We may indulge of course in lofty generalisations about the state of society and of social work as a way of avoiding the painful consideration of day-to-day casework practice. On the other hand, it is easy to concentrate on the detail of our work with individuals because the broad issues of social work in our society, its objectives and its methods, are too large to grapple with. This is particularly understandable when the everyday pressures of immediate need weigh so heavily on social workers. A study course of this kind, however, offers a good opportunity to put day-to-day practice in a wider perspective.

Let us begin by thinking about the relation of the social worker to the society in which he lives. This is a matter upon which there have been profound changes of outlook in the last 50 years. Social work was seen as the expression of the concern of the fortunate for

¹ Lloyd Davies, A. B. Some experiences with two small groups of mothers in a Child Guidance Clinic. *B.J. Psychiatric Social Work* I 16-22 1947.

² Munro, S. M. G. "An experiment in the use of group methods with parents in a Child Guidance Clinic" *B.J. Psychiatric Social Work* VI, 16-20, 1952.

³ Macnamara, M. "Helping Children through their Mothers" *Journal of Child Psychology and Psychiatry* IV 1, April, 1963.

the unfortunate in our society, and the implications of the words "fortunate" and "unfortunate" were at first largely social and economic. Then we extended the idea of "the unfortunate" to include those who were seen to be psychologically unfortunate. But the assumption was still made, broadly speaking, that "the unfortunate" were a minority group for whom society took responsibility, through its social workers amongst others; behind this of course lay all sorts of presumptions — of the value of each individual and the right of the weaker brethren to be protected by the strong, for example. Recent writings in the U.S.A., in Australia, and over here, are tending to a rather different conception of the function of social work in an industrialised society. Though it is still concerned with assistance to individuals, social work is seen as an inevitable, indispensable part of a complex, rapid changing society, in which a very large number of individuals and families will need help at some time or another in order to make the difficult adjustments required of them. It is suggested that social work will be an ordinary service for ordinary people — like going to a doctor or to a solicitor, — whereas at present it is still — though possibly to a decreasing extent — related to social or psychological inadequacy and therefore attracts to itself some measure of stigma. Granted there is always one sense, an admission of inadequacy in seeking any kind of help, but, the argument runs, just as "going to the doctor" is not seen as physical inadequacy in our society, so going to the social worker will not be seen as social inadequacy. Such a development will take place from a recognition of the inevitability of strain for many families and individuals at certain points because of the nature of our society and the demands it makes on them.

Rennison¹ argues this strongly: she writes:

" . . . It is sometimes supposed that as social organisation becomes a more efficient means of providing for the social welfare of the community as a whole, social work's main concern is to care for the small residue of people whose individual needs are still not met through the various social services . . . "

She suggests that the social worker is sometimes seen:

"as a fitter in a dress shop who alters ready-made garments to fit the figures of customers whose measurements deviate excessively from the ready-made range . . . " But "social work is not a stop-gap . . . As man is freed from the limitations which poverty, ignorance and debilitating disease impose upon him, self determination may become more possible but at the same time the possibility of getting into many kinds of difficulties increases . . . We can expect opportunities for professional social workers to increase particularly with a rise in the standard of living and of the social welfare of any given community".

There is in fact ample evidence in our midst to support this. Without entering into controversial statistics, it is clear that there is plenty of juvenile delinquency (let us not say more - or less — than in

¹ Rennison. *Man on His Own*.

the past) to keep the probation officers going; plenty of admissions to care to keep child care officers busy and so on. Indeed this is ammunition for the Mr. Grouser¹ of Toytown fame who can be heard saying:— "this is disgraceful" — the implication being . . . "after all we've done for them" . . . What Rennison and others are suggesting is therefore of importance to all social workers since they will not need to defend the Welfare State and themselves against the Mr. Grouser¹ if they study more closely the role which industrial society may be requiring its social workers to play. Social and geographical mobility, rapid change, and what Wilson has described as an "absolute snowstorm of choice" may increase loneliness, breakdowns in communication, anxiety, and so on, and impose severe strain on the individual and family whose inner strengths and ability to cope with this vary enormously.

In saying all this, we are not contrasting our modern society unfavourably with the past. Arguments of this kind are so often linked with the "good old days" theme. Woodruffe¹ remarks:

. . . "Social work . . . should regard itself as an essential element of modern society, serving the normal as well as the distressed and helping to plan the better life as well as treating personal and social ills" . . . (P.227)

In these formulations of the function of social work in modern society, one can detect two different ideas.

One, which is comparatively easy for everyone to accept, is that the problems which industrialised society presents offer to social work new spheres of operation and new functions.

The second, which is far more difficult to accept is that such a society may increasingly expect to seek help from social workers, that the family which may be termed stable or well-integrated, will turn to social workers as readily as to a doctor.

This raises questions about the merits of self-reliance.

Supposing, however, we accept this formulation, what then are the implications for social work in this country?

First of all, we must recognise that we are faced in this country with a desperate shortage of social workers. This is well known though each branch of social work tends, understandably enough, to emphasize its own particular shortage, and the divided responsibility at the government level for training does little to help social workers look at the broader situation. All these grand statements about the role of the social worker in modern society are meaningless unless the government of the day sees the development and rapid expansion of social work in all fields as a priority. There is a grave danger that the swing towards "community" care — in its widest sense — as opposed to "institutional care", and the current emphasis on the preservation of the family unit wherever possible, will be discredited unfairly if there are not the workers in the field to offer support to family unity under different kinds of stress. I

¹ Woodruffe. From *Charity to Social Work*.

fear that we may look back in 20 or 30 years time and see a great opportunity missed; good and important ideas that were never translated into effective practice. This is, of course, part of a wider educational problem, witness the Robbins' Report, of the need for rapidly increasing vocational and technical education. We must make sure, however, that social work is not a Cinderella. Professional organisations of social workers have a vital part to play in this and it may well be that a unified ministry concerned with these matters at government level will become essential. These things must be said at the outset of any useful discussion about social work trends. But it is not only shortages of personnel that might make us hesitate to cover larger and larger sections of the population with the social work umbrella.

I have heard the view expressed that this idea of "social work for the many" might lead to the neglect of the few; that just as the introduction of the Welfare State led to a kind of indifference and reluctance to admit the pockets of poverty and hardship that still existed, so we might find that energy and enthusiasm were devoted to the more readily "helpable" and the hard core of really inadequate families might take second place, in public concern. It is argued that the Welfare State has in some ways given more to the 'haves' than to the 'have nots'; that maternity and child welfare clinics are clubs for the 'respectable' mothers, outvying each other with beautiful prams; that education services have benefitted the intellectual elite rather than the 'D stream' child and so on. I am not sure how just these accusations are; I suspect only partially. That this kind of thing happened in social work, however, is clearly demonstrated in the U.S.A. where in some areas up to fairly recently the skills of the best social caseworkers have been concentrated upon those clients who were able to use help offered, in a fairly responsible, mature fashion — keeping appointments and so on. There were and still are I think geographical areas in the States in which large numbers of the chronic "problem members" of society congregated together, to whom the social caseworker was relatively unknown. This is breaking down and American social work literature is currently much pre-occupied with the task of learning how to relate to and help such people. Could it happen in Great Britain that social work began to neglect the group in greatest need? I think not, for two main reasons.

Firstly, the comprehensive system of statutory provision for various needs has drawn into itself professional social workers who have to function within a framework of statutory obligation and cannot choose clients according to who looks most helpable. One exception to this — the Child Guidance Clinics — have of late been made increasingly aware of the need to help the hard to help by their contact with other social workers in statutory agencies, who had, willy nilly, to do something about families and children in their care. It must be remembered that voluntary social work agencies have

played and still play a much larger part on the American scene. This is not, of course, to imply that the voluntary organisation will have less social conscience than the statutory — that would be nonsense. Indeed we must acknowledge the influence in this country of one voluntary organisation which dedicated itself specifically to the needs of this group of under privileged people — the Family Service Units. The point is that the greater flexibility of the voluntary organisation makes possible greater or lesser concern for such a group; the statutory organisation in our society however has a basic obligation which can never be ignored.

Secondly, the community will only tolerate its problems if they are out of sight. New towns and new housing estates have broken up the areas in the middle of great cities which were, in fact, a kind of ghetto into which respectable people never went. Once you spread your social nuisances around, once people actually see the goings on of the Jones' family and their undisciplined children in the house down the road; once there is money enough for youth to bring trouble to Clacton instead of keeping it in the back alleys of Stepney; once the majority live in council houses where rents must be paid regularly to the local authority; then public outrage and public concern are sufficiently strong to ensure that this is not a forgotten minority. In amongst the indignation and punitive reactions, there will also be the stirrings of enquiry and of conscience and social work will be called for. A very interesting situation is in fact arising with regard to this group whom Wilson has styled in his pamphlet¹ "the difficult", as a result of the provisions of the new Children and Young Person's Act, which empowers local authorities to dispense material or financial aid to certain families. What becomes of social equity? The community as a whole has become accustomed to the idea that certain worthy, if odd, people called social workers have given time and energy to difficult, socially unacceptable families and this is formally encouraged by its more responsible members. In the locality however this often produces hostility and envy — "We struggle along somehow, why should they down the road have all that help?" These reactions have always been heightened by any material aid which the social worker by devious means obtained from W.V.S. and so on — the visible, tangible evidence of a social worker's concern. The new Act gives much wider powers for this kind of help, though it is not easy to say yet how they will be used. "But why should the Jones' family have extra," say the neighbours, "just because they don't look after their things? They had that three-piece 18 months ago and they let the children cut it up with penknives." There is a real and inevitable clash between the social worker's understanding for the plight of individual families and her knowledge of the reasons for this and the ideal of fairness upon which so many of our social institutions are based. When individual

¹ Wilson. *Difficult Housing Estates*. (Pamphlet: Tavistock Pubs.)

social workers slipped along with a mattress or a paraffin heater, they tended to ignore the wider implications and local feeling. Now we shall have to walk very warily where statutory powers to give money are concerned. On the whole society is more anxious to see its money fairly apportioned than its compassion. It is essential that children's departments called upon to administer this section of the Act should devise policies which appear reasonably consistent and give security, at least to the social workers administering it, preferably also to their colleagues and their clients. It is no easy task however, to achieve consistency and avoid rigidity, which would contradict the spirit of the Act.

I have spoken of the possibility of social work acquiring different and wider functions and of the continuing claims of the small but important groups of families with multiple problems; probably all social workers would wish to insist that their needs, their confusions their suffering is our ultimate responsibility. So this then is one priority. Nevertheless, it is worth remembering that when resources are scarce, some other priorities have to be decided upon. It will be many years before the supply of social workers meets the demand, even with well planned expansion. So how do we decide upon our priorities? Wilson divided the families on housing estates into three groups — the Solids, the Brittles and the Difficults¹. Even for the purposes of discussion one is wary of such groupings for the lines of demarcation are so uncertain and there will of course be many times when "solids" become "brittle" because of some particular stress or "brittles" become "difficults". Any attempt at classification which put the groups in boxes rather than seeing them along a spectrum would instantly break down in practice, as you would know if you started thinking to yourselves: "Where should I put the Jones — or the Browns?" Some will of course instantly be dubbed "solids". some "difficults"; but there will be many others hovering uneasily between the groups. However, let us take these groupings for a moment from the point of view of social work priorities. As I have already said, we cannot ignore the families whom Wilson has described as the "difficults". Equally, there are the solid families who, while they might from time to time use the social worker, can reasonably be expected to manage: though it should be remembered that in the new conception of social work just as "solids" will need to consult a doctor from time to time, it may one day not seem strange for the "solids" to ask advice or help in certain situations from social workers. What about the "brittles"? Wilson described them as follows:-

" . . . These are families which present the outward appearance and usually indeed, the reality of maintaining conventional standards but in which enormous effort goes into the appearances, maintained only at the expense of internal anxiety, distortion of strong natural feelings in order to conform . . . "

¹ Wilson. *Op. cit.*

He continues:—

“These families are hard to help in present conditions. For most of them probably do not show overt signs of distress, at any rate in a form that compels society to take action . . .” (P.17)

Wilson is writing as a sociologist of a group on a new housing estate who experience considerable strain in reconciling outward appearances with inner needs. I would like to extend this definition for our purposes in this talk to include the large group of people who present social problems that are not acute.

For, if we are considering the allocation of scarce resources, it is here that most of our difficulties arise. These are the families who present themselves to the social worker, or are referred to him, for many different reasons. There may be matrimonial problems, spasmodic rent arrears, isolated outbreaks of delinquency in one member of the family and so on.

There would seem to be two criteria upon which to decide how seriously to take these families' problems and how hard to work with them. Both bristle with difficulties.

Firstly, the danger that left unhelped the situation will deteriorate into a more acute social problem where intervention will be essential — for example, child neglect or eviction.

Secondly, the willingness of the family to accept help.

The potentiality for deterioration is obviously one of the most difficult diagnostic tasks and one in which we at present have little certainty. Yet while social workers are in short supply it is of vital importance, for one cannot try to help all the “Brittles” as one might wish if the social services were properly manned. How then to decide? This is an area where a sensitive, soundly based research project over a number of years would be of value, to see if we could make any kind of predictions; we need to try and differentiate between those families which, given no help but no excessive external stress, will jog along without further deterioration, and those whose difficulties increase and settle into a vicious spiral. We need to decide the types of people who respond best to help, and the times when help is best received. Some current research into the field of criminology and probation may have suggestions to offer about this but the need is just as urgent in the field of family casework. I am fully aware of the difficulties which such a project would present. It would require a subtle mixture of scientific knowledge and the understandings of qualified fieldworkers. The Children and Young Persons' Act, 1963, contains an important clause giving local authorities power to grant money for research. Such a project might offer social workers some tentative guide in what will be, I think, increasingly an extremely difficult decision about where to concentrate their energies. I will hazard one or two wild guesses as to where and when effort might best be concentrated on the basis of current knowledge and theory.

Firstly, some of you may be aware of the formulations of

Gerald Caplan about crisis theory — all the rage at the Tavistock clinic. Very briefly, Caplan argues that at times of crises, some families are more accessible to help than at other times; by crisis he does not mean grossly abnormal events but the ordinary disruptions of routine that are part and parcel of family life — such as the birth of a new baby. Families have to reorganise themselves at such times; there is a shift in roles, feelings may be more openly expressed and so on. Caplan suggests that at such moments social work intervention may be both more usable by, and more useful to the family than at other times; usable because they are in a vulnerable state, accessible to help; useful because a good outcome of the crisis period may strengthen a family's unity permanently whereas a bad outcome may weaken it. This then is one area which might prove useful to explore if we are thinking when and how and with whom intervention might prove most effective. Another idea concerns the increasing number of very young couples who are getting married, often with a baby on the way. It would seem probably that such couples may sometimes have taken on the responsibilities of marriage and parenthood before they have had enough freedom and enjoyment and this may lead to problems. This problem is bound up with society's attitudes to adolescents and the confusions we foster in them by our ambivalence. Possibly the social worker may have a special part to play in offering support to a beginning family which may have many strengths but also is subjected from the outset to very considerable strain.

So one could go on; no doubt you will have your own ideas about the areas where you feel preventive action might be most useful. But they will of course only be ideas — as mine are — and we do need some soundly based evidence.

Now to consider the second vital point in determining who can be helped — the willingness of the person to accept help. It is here that the lay persons just concern with the right of the individual to privacy comes in and fears about interfering social workers rise up. No one seriously questions the inevitability of intervention with families whose problems about living together and in society are chronic and serious. With families whose difficulties are less explicit anxieties about unwarrantable interference are frequently expressed. Every year the students I teach raise the issue, and it is good that they should. But there is generally some confusion in lay discussions about this. All of you here will know that where there is no statutory obligation to visit and it is made clear over a period of time that visits are unwelcome, no busy social worker in his senses would go on visiting. (Sometimes theoretical discussion of this issue makes it sound as if the social worker had time and inclination to force his attentions on reluctant clients — this is nonsense).

However, it is not quite as simple as that, and for two reasons; firstly, many of our clients would not be able to express openly their

wish to be left alone — complicated fears of authority (which social workers represent even when they have none), reluctance to be rude — these, and other feelings, may well inhibit direct expression. Secondly, there is another kind of intrusion which the more sophisticated critics of social work fear — that the social worker may use his entry into the family to delve more deeply than is justified ethically, may use his superior skill to find out more than the original referring problem would sanction, more than the client really wants to disclose, only he doesn't know what is happening and so is "tricked" into revelations.

Both these points reveal a dichotomy between the approach of the social worker and that of some intelligent layman and frankly I do not know how you bridge this. The professional caseworker has some underlying confidence based on training and experience in his capacity to assess the attitudes of the people he visits towards him and towards the help he is offering. He believes that although mixed feelings about his visits are almost inevitable, he will only be able to help a person if a substantial part of that person wants what he has to offer, despite apparent evidence to the contrary. This is what is so difficult for the outside person to understand and it is what may look like arrogance on the part of the caseworker. (Of course there *are* arrogant social workers — but not many and that is another story). Some of the best caseworkers I know have gone to families where they were told at first to go away, usually in terms less polite than that. But they believed that beneath the aggression lay fear and beneath the fear lay need, so they did not go away. Time proved them right and they subsequently formed good, productive relationships with such people, with profound effects on the family situation. The difficulty here is that such caseworkers believe that people do not always mean what they say. Some would tell us this is an impertinent assumption and ask us for evidence. The caseworker believes her evidence lies in the development of the subsequent relationship. On the question of going into matters not, as it were, included in the brief, we come to another basic belief of the caseworker not necessarily shared by others — that of the inter-relationship of factors. Thus the problem of rent arrears may be connected with attitudes to money generally, attitudes to money may be related to the marital relationship, the marital relationship will be related to childhood experiences and so on. Where you draw a line in the use you make of such theory is determined by many things. But your point of entry, your original referral cannot determine your future work, for the problems of human beings cannot be put in boxes. Ultimately of course the only safeguard in this matter lies in the compassion and professional sensitivity which includes self knowledge of one's own motivations. Only thus are clients protected.

However, all this is based on the assumption — at the moment a false one — that suitable help is available for those who need it

and want it. This leads to the question of social provision in this country at the moment and this raises three major topics — firstly, the relationship between social workers in different fields and with workers in allied professions; secondly, supporting provisions to complement the work of individual social workers with families; thirdly, the development by caseworkers of techniques suitable to work with families.

Undoubtedly the most useful thing that has happened here over the last 10 or 15 years is the increasing emphasis on the family as the unit of concern rather than individual members of it. We still have a long way to go and as I implied in my article on Co-ordination in Case Conference,¹ personal identification with a member of a family as well as the necessary limits of agency function, inevitably cause frictions between social workers. However, despite this, the common family focus has brought social workers into a closer, more understanding, relationship with each other which is to everyone's advantage, especially the family. It is a rarity now for a horde of officials from different departments to descend on a family one after the other — the kind of horror story that was common five or six years ago. This is not I think simply because co-ordinating machinery has improved but because of this increased awareness of the family as a whole and of the relevance not only of its members one to the other, but of its problems one to the other. Presumably now the next great decision is whether this country can and should continue to evolve increasingly elaborate machinery for co-ordination, as family social work grows apace, or whether some degree of unification under one department is desirable. (Bear in mind, however, that the larger such a department the more delegation and division of function is necessary and this then involves a different kind of co-ordination.) Some of you will have read, or read about, the new Labour Party publication (not a policy statement, by the way): "Crime, a Challenge to us all", in which it is proposed to set up a new Family Service within the existing framework of local government, under a new department of the Home Office. It is suggested that this family service would have wide functions, catering for homeless families, one parent families, unmarried mothers, deprived, handicapped and neglected children. This is of course not a new idea, but its interesting when put forward by a political party at this stage. The storm of controversy which such a proposal would cause makes it unlikely I think that any government would be able to implement it as it stands in the near future. The imagination boggles at the number of vested interests which would rise up: the passionate advocates of the voluntary organisations, not to speak of the many empire builders within local government departments will be going purple with rage at the very idea. No doubt, like true Britishers, we shall compromise but some measure of unification

¹ Stevenson, Co-ordination Reviewed. Case Conference January 1962.

is probably called for at this stage. We see this happening already in various ways — for example, several children's departments have taken over some responsibility for homeless families. What we need however, are some detailed reports about the administrative and professional relationships, both formal and informal, between social workers working with families at the present time. Things are changing rapidly, particularly since the Children and Young Persons' Act, 1963, came into force, with the far reaching implications of Section I. However, in any discussion about relationships between social workers, administrative schemes are only a part of the story; so, incidentally, are personal likes and dislikes; the other part concerns a growing sense of professional identity amongst social workers as a whole. All forms of training and education will one hopes serve to emphasise the common base of social work, even though we think too about important differences of function. What is commonly referred to as the "generic" emphasis to social work training has played a most significant part in drawing social work together.

So far I have been speaking of social workers and their relationships. Much more difficult, I think, yet absolutely crucial, is the relationship of the social worker to the many other professional people and institutions concerned with members of the family — particularly of course the doctor and the teacher, but others too like the police are important. In any discussions of the development and organisation of preventive service, the contribution of such people and institutions must be analysed. The trouble is that there are so many vague utterances and too little in the way of concrete suggestions.

It is always difficult to weigh the claims of one important section against another; but if resources are limited, I would say that preventive effort, for detection, for early treatment of problems, and for referral, could be most profitably developed within the Maternity and Child Welfare services and within the schools. In the M. & C.W. services there is an important established organisation at work; there are Health Visitors with a statutory duty to visit young children; there are clinics which in some areas are quite important centres of local life, and there is the current radical reorganisation of Health Visitors training. Added to this, is the certain knowledge that the early years of children's lives are vital for subsequent emotional and intellectual development. Furthermore, Caplan's crisis theory suggests the M. & C.W. services have contact with many mothers at most important, even crucial times.¹ It seems that even if a considerable degree of re-orientation is necessary in these services towards a deeper understanding of emotional factors — they are a good place to start. This does not of course preclude their closer links with general practitioners which is already happening in some

¹ See chapter on pregnancy in Caplan's "Community Care & Mental Health"

areas.

Some of you may have read Kahn on preventive services in New York State.¹ The description of the education welfare services within the schools suggests something much more comprehensive than anything we can offer. We must give great thought to the school's role in relation to our specialist services. It exists for every child — it is an established, respected institution in our midst. Learning is bound up with every aspect of a child's development, emotional and physical, as well as intellectual, and in order to free a child to learn, attention must be paid to the whole of him. This has implications for the training of teachers and we know that in some teachers' training colleges, increasing emphasis is being laid on the child within the context of his family and the special problems of emotional disturbance. Yet there is I think a long way to go and it is a matter of considerable urgency — not simply for the school to develop its "referring" functions, but also for the therapeutic functions of the school to be seen as indivisible from the educational function.

We know perfectly well that teachers too are in short supply and hard pressed. But staff shortages are not the whole story: basic convictions about the purpose of education and understanding of children's difficulties come in too.

Another reason for saying "focus on the schools" is that we have already an education welfare service in existence; in some areas it functions well but it has not achieved at present the status of certain other branches of social work and the level of professional competence is comparatively low. Here, it seems to me, is an area of great potentiality, for the education welfare service offers a comparable opportunity to that of the Health Visitor with younger children for the early detection of children at risk.

Now to the question of social provisions to complement the work of the caseworker. With caseworkers so scarce, so harassed and uncertain how to allocate their time, it is scandalous that more effort has not gone in to the provision of services which, properly administered and built into a scheme of helping, would be of inestimable value. To take one crucial example; nursery schools or play centres for young children from families in difficulty. There is everything to be said for this and nothing against it. In Case Conference of January 1963, there was an article by Pauline Schapiro² on children's play. In it, she showed how students visiting "problem" families and "ordinary" families in the course of training found a marked difference between them in the provision of play opportunities and the children's ability to play constructively. There is a kind of inner emotional poverty in some of the parents

¹ Kahn. Planning Community Services for Children in Trouble.

² Schapiro. Children's Play as Concern of Family Caseworkers. Case Conference, January 1963.

we try to help which makes them unable to foster creative play in their children. By creative, I do not mean middle class "hobbies". I mean the kind of vigorous, imaginative play where feelings and phantasies are expressed, the adult world mirrored, social relationships begun, and so on — the kind of thing you can see any day in a good ordinary nursery school, where such exist. In order to free and develop this in young children from families with problems, skilled help — not just good natured helpers — would be necessary. It is interesting in this respect to note that in Spencer's report of the Bristol Social Project¹ he comments that the "ordinary mothers" who offered to run the young children's play group, somehow did not find themselves able to draw in children from the more difficult families. Such a scheme would seem to have so much to commend it; — the relief to harassed mothers is obvious, but more important than that it is a way of offering to a child a warm, stimulating relationship and a chance of creative activity which may supply what the mother and father cannot give, without attempting to supplant the parents. No doubt each of you from your own sphere of interest will be able to produce other examples of such gaps in provision.

Now in discussions about these social provisions there is always a tendency for people to rush away with a kind of gimmick which is in time discredited because it was seen too much in isolation. These provisions can only be a part; the social worker is at the centre, helping individual families use what is available as well as offering her particular casework service. But it is unrealistic and uneconomic to expect the family social worker to meet needs without these supporting provisions. They are an integral part of social services which seek to emphasise the preservation of the family. Shortage of money is no excuse when one considers the vast sums expended on institutional care of one kind and another.

So far I have been commenting on our society, our clients, our colleagues in social work, our colleagues in related fields, the provisions needed to back up the social worker. But none of this is useful if we do not examine equally critically our own programme and the development of our own skills. I would like for the last part of my talk to suggest to you very briefly some achievements in British professional social work and the areas that need further consideration. The difficulties of generalisation here are immense because of the quite extraordinary differences in levels of professional competence throughout this small country. One must attribute this in part to our extraordinary system of local government which in the interests of local freedom permits everything from the highest to the lowest within certain very broad statutory limits, as well as to governmental ineffectiveness about training programmes. However, I am not going to talk about the worst. We know that appalling

¹ Spencer. *Stress and Release in an Urban Estate.*

social work is being done all over the country. Let us draw a veil over that. What about the best in British casework? As a whole, its empirical, intuitive approach has resulted in a flexibility of method, a willingness to experiment which not even the most doctrinaire of American influences has succeeded in quelling. Thus good caseworkers seem to be developing a wide range of methods based on an assessment of what a particular client needs at a particular moment. With Mrs. Jones, they do go in and help her scrub the floor; with Mrs. Brown, they wouldn't dream of it; with Mrs. Smith they actually do it while she stands by. With Mrs. Jones they exert quite a firm authoritative influence; with Mrs. Brown they know it's pointless; with Mrs. Smith they know that she has to have a phase of extreme dependency. Sound diagnostic thinking — even if largely intuitive — is going on from which flexible techniques are being evolved.

There are of course two sides to this coin. For our critics rightly point out that British social workers have been reluctant to theorise and generalise and that most discussion of casework practice is little better than saying: "I had a case once" . . . On the other hand, this flexibility to which I have been referring, has preserved the British social worker from premature enthusiasms about the theories that come his way. Thus Woodruffe¹ shows how the "psychiatric deluge" in the States was never more than a "trickle" over here; I expect few of you know the significance of the split between functional and diagnostic casework in the States which rocked a section of social work at its foundations — and if you did, you would not quite see what the fuss was about. One could multiply examples. All this means that we are way behind in making theories and assumptions upon which we proceed explicit. But we do have a fairly open minded approach to the use of different systems to understand people and to the use of different methods to help them.

An interesting current problem is that Caseworkers involved in the provisions of the new Children and Young Persons Act may find themselves concerned once again with the place of material and financial aid in their casework. This has played a comparatively small part since the wave of post-war legislation. I gather it has had an interesting effect on caseworkers to have once again to face the jury or withholding of tangible benefits. In this country the split has been particularly pronounced because our National Assistance Board broadly speaking, has disassociated itself from social work. People were to have what they needed as of right, and when there were social problems, referral was encouraged. This is in contrast to U.S.A. where some of the most progressive Public Assistance Boards are staffed by professional social workers. There are interesting and arguable points here. My own view is that people's needs never do divide themselves up tidily and it is high time social workers

¹ Woodruffe. *Op cit.*

reintegrated material assistance into their pattern of helping, though one hopes with a deepened understanding of what this may mean to the recipient.

Clearly since all social workers are increasingly aware of the family as an important dynamic organism which has to be considered as a whole, the attitude of all caseworkers to their clients will be affected by this, and family influences, past or present, will be seen as of fundamental importance. But the particular skill of a family caseworker must lie in the way she can make herself available to different members of the family at different times according to need, and in the way she can cope with a variety of simultaneous demands upon her and use them productively for the easing of family tensions and the development of insight in the members. Family caseworkers are employed in many different agencies and almost any social worker — P.S.W., C.C.O., P.O. and so on, — may take on this role at times. But it is a rather different way of working from the traditional idea of working through an individual — often the mother — even if for the benefit of the whole family. It does not of course replace this way of working — it is simply an alternative and might be described as “family group work” because it approximates rather closely to the methods and objectives of the group worker in other situations. In reading Phillips’¹ book: “The Essentials of Social Group Work Skill”, I was struck by the obvious relevance of her statements to work with families. She writes that although the Social Group Worker shares many of her objectives and skills with the Social Caseworker “The one characteristic of social group work still unique to it . . . is the stimulation and conscious use of group relations in process with the worker, towards the goal of social growth of the persons and groups served . . .” One of the skills of the social group worker is “consciously focussing his effort on the developing of group relations and helping the members to use them . . . giving his attention to every member and to the group as a whole . . . entrusting part of the process to the engagement of the members with each other”.

It would be hard to find a more accurate description of what a social worker with a family must attempt, using the family as the group. What we need to know more about however is how to decide when this is a useful method and when it is not. There was a tentative formulation about this in the American journal “Social Casework” in March 1962 — “Multiple Client Interviewing: treatment implications” by Scherz. This is an area of study which cannot be neglected. It is a theory that wants clarification to enable soundly based flexibility of method. When one considers the vital importance of healthy communication between the members of a family, it does seem sensible to explore the possibility of improving these communications by these kinds of techniques of multiple

¹ Phillips. The Essentials of Social Group Work Skill.

interviewing.

This theme has led me inevitably to the question of group work as a method of social work generally apart from work with families. I know of no better description of the agonies and tensions of neighbourhood group work than that contained in Spencer’s book about the Bristol Social Project. Here you have a detailed account of the work with children, adolescents and mothers. It shows us beyond doubt the need for specialised training and careful planning. The dynamics of groups and the attitudes of the local community towards such group activities as the “adventure playgrounds” or the adolescents Espresso Club are exceedingly difficult to cope with. Nevertheless, this does not mean that those of us who have trained as caseworkers should sit back and say: “I was not trained for group work: there is nothing I can do”. For there are ways of finding out and people who do know about it. Not for the beginner, perhaps, the explosive adolescent group unless it is contained in some way within hostels or institutions; but I was extremely interested in the description in Spencer’s book of “the mothers’ group” where mothers were chosen “who were unable to maintain warm and friendly relationships with neighbours or with social organisations in their neighbourhood”. It is possible that with careful selection, there might be an economy here as well as a positive gain; there might well be some mothers, perhaps ones who had been helped by individual casework first, who would gain from such an experience even more than from supportive visits from a caseworker.

In short, what we need to work out is the children and adults who really need both kinds of help in order to benefit from both: the ones whose greatest need is for individual casework help and the ones for whom the group work offers the most fruitful possibilities. We have very few criteria upon which to decide this as yet. There are huge questions unanswered; for example, “What do we mean by mental health or social adjustment and is this our goal?” But starting with the social worker and the client is like the first circle when you drop a pebble into water; gradually the circles widen and interlock, as they do so, each becoming a part of the other. So it is in a discussion of a family’s need and social provision. As professional social workers we cannot ignore the wider issues and must play our part in shaping decision and policy. Social work in this country is in an exciting but crucial phase; the decisions and advances made in the next 20 years will determine the development of the profession and its contribution to the wellbeing of the family.