

NEWSociety

2 February 1978 vol 43 No. 800 25p weekly New Zealand 70 cents Australia 70 cents W. Germany DM2.80 USA (air freight) \$1.60

Gwyn A. Williams on Gramsci
Olive Stevenson: Seebohm—seven years on
Colin Fletcher: A school on trial
E. J. Hobsbawm on modern nationalism



John Geary

Ruth Schmidt: The experience of abortion

whether about injured children or the confused elderly, could be the responsibility of a sub-team in areas where such calls frequently disrupt long-term work, to the disadvantage of clients needing regular, reliable visiting. In one study, we learnt of a "homelessness team" whose concentration upon this type of crisis much relieved other social workers. It also helped the special unit acquire a certain knowledge and expertise, though there is still the question as to whether social workers should have been coping with housing problems at all. There is also the chance of group specialism in particular problems—for example, in handicap for all ages.

There can be no blueprint in such matters, because the diversity of local characteristics and needs is so great; demographic and geographical characteristics naturally affect the way specialisation develops. And there are practical constraints; for example, social workers travel long distances in rural areas, and they often have to deal with what they find when they get to their destination. Generally, however, specialism in teams has not developed on the basis of a clear assessment of need and formulation of policy. This is hardly surprising, given the upheavals of the past seven years, which include local government reorganisation, and legislation for children and the disabled. But if social services departments are allowed a period of consolidation, and the pack is not re-shuffled yet again by over-enthusiastic politicians, social workers will be failing in their duty to clients if they do not clear up this issue.

It does not only rest with the teams; perhaps senior management should take the initiative. But one thing is clear. Whatever degree of "genericism" or "specialism" develops at field level, fieldworkers should be able to get specialised expertise concern-

ing clients' problems and ways of helping them. Our studies suggest that, in almost every case, such attempts have failed, for reasons that are not altogether clear. Remarks include: "They are just names"; "I don't really know what they do"; "Now that the department is so much bigger, we've lost the ability to contact people direct, *people we know anyway*."

Do the "advisers" lack credibility, either personally or because they are not in line management? Are they insufficiently available? Do teams build up psychological barriers against "outsiders"? Perhaps all these things, and others, play a part. Our respondents often disclaimed all knowledge of what such staff did "up there." Admittedly, the advisers' functions may not have been intended for fieldworkers; their advice may have gone "upwards" not "downwards." But it is impossible to see a healthy social services department without field workers having opportunities for consultancy, so that special interests may be fostered.

The considerable number of social workers who expressed themselves forcefully on the need for further study, such as short courses, or in-service training, raises the wider question of post-qualifying training. The CCETSW is trying to promote this in the face of severe financial constraints.

In my view, a lack of such opportunities will have a disastrous effect upon the level of skill and professional satisfaction of workers in social services. The implications for local authorities' training policies are clear. The argument—"basic training first, later the luxury of post-qualifying study"—is false. Opportunities for further study provide the base from which experienced workers can advise, stimulate and experiment. These activities are sorely needed.

Social work in Coventry: Case conference (facing page) and visiting a client (below)



photos: Paul Harrison

Seebohm—seven years on

Olive Stevenson

'One door to knock upon': that is the local social services' approach now. Or is it? A national study throws new light on the generic/specialist debate.

The time is past for pondering what Seebohm meant. It is quite irrelevant to the vital debate about specialisation which, in my view, is crucial to the success or failure of local authority social services departments in serving their clients effectively. What we now need is a long hard look at emerging trends, their rationale (or lack of it), an attempt to define specialisation (more difficult than it sounds), and from this to experiment with alternative models.

For the past three years, in a research project funded by the Department of Health and Social Security for England and Wales, its Northern Ireland equivalent, and by the Scottish Social Work Services Group, Phyllida Parsloe (of Aberdeen University) and I have studied more than 40 area teams in eight local authorities (or their Northern Ireland equivalent, the health and social services boards). With a group of seven research workers, we interviewed well over 200 social workers, assistants, and others (like occupational therapists), who form part of social services teams.

We are examining crucial issues like the way cases are handled and allocated on referral; the role of the team leader; social workers' views of their work and of the pressures on them; attitudes to professionalism; resource allocation and the role of social work assistants.

The question of specialisation is of particular interest. There is much confusion about it—in the departments themselves, among other professionals, and among the general public. Since the unification of the personal social services ("one door to knock upon," in the words of the Seebohm report), there seem to have been two current views, expressed with varying degrees of heat. The first is that the word went forth from Seebohm: "Let there be generic social workers and let their case-loads be divided equally among client groups." The second is that "Seebohm never meant generic social workers, he meant generic teams."

The first of these views generates considerable opposition from other professionals. The common criticism is that social workers will be jacks of all trades and masters of none. Views among social workers are much more mixed. The divide is in part related to their age and training, which affects their views on the merits of "genericism."

But the second idea, that of "generic teams," is much favoured, both inside and outside the profession. It is certain to gain a round of applause if presented with conviction and vigour at professional gatherings, if only to relieve the guilty feelings of those who know they are specialising but are not sure if "it is allowed." As one social worker we interviewed put it: "It still goes on, but unofficially, below the surface."

We also interviewed teachers from 16 social work courses, and gave a questionnaire to students from six of those courses, at the end of their course and after nine months in employment. We have, therefore, an up-to-date view of how this "Seebohm" generic/specialist debate is progressing. "Seebohm" (the report of the Committee on Local Authority and Allied Personal Social Services, July 1968) re-

fers, of course, only to England and Wales. The Scots had Kilbrandon (*Children and Young Persons, Scotland*, April 1964, followed by *Social Work and the Community*, October 1966) and Northern Ireland, the Health and Personal Social Services (Northern Ireland) Order, 1972. Reorganisation took place in 1970, 1968, and 1973 respectively. The issues discussed are, however, common to all three.

I, for one, do not regret the development of generic training. This kind of training had begun about 15 years before the reorganisation of the personal social services. Many educators had been fighting a losing battle to present knowledge and understanding of people's problems, and ways of helping them (individually and environmentally), which had general application. Students whose field practice and subsequent expertise were too tightly aligned to an agency function had little to help them in using a generic approach. Many of the social workers we interviewed welcomed generic training as a basic preparation for their careers. Most, however, regretted the lack of opportunity for further study.

There are four aspects of specialisation which any discussion must take into account.

First, there is the question—specialisation in *what*? The term is most commonly used in relation to client groups: families and children, the elderly, and so on. For many, inside and outside the profession, these groupings reflect past agency divisions, like the Children's Department. Our studies show, in fact, that many social workers do specialise informally, to a greater or lesser degree, by client group. There are a number of reasons for this. Among them, of course, is personal preference, which is sometimes (but not always) related to pre-Seebohm experience or training.

Another factor which determines specialisation concerns the shortage of qualified workers, and the "hierarchy of priorities." This is greatly affected by the attitudes of the general public and the employers, but is reinforced or at least colluded with, by the social workers themselves. In most social services departments, for example, it is assumed that children "at risk" are top priority and that the best qualified and experienced should therefore take such cases. "At risk" covers many different problems, but non-accidental injury heads the list. Informal specialisation is much affected by this pressure. And work with children and families has acquired a kind of professional prestige not always given to work with other client groups. This is deplorable.

The role of the team leader in developing such informal specialisms is very significant; the leader's style and, in particular, methods of allocation affect the extent and nature of specialisms. He or she must realise the dangers of arrangements which, although informal, become rigid. For when a team member leaves, the gap may seriously affect the service to the locality if no one is ready to move in to his role.

Nearly all the informal specialisation we found in our studies concerned client groups or sub-groups, like adolescents. But in theory, individuals

Olive Stevenson is Professor of Social Policy and Social Work, University of Keele

may specialise informally in work methods, like group work of various kinds. In fact, our studies have revealed comparatively little of this, except over providing intermediate treatment for delinquents. Our education study suggested students were very interested in such work. In all, 78 per cent of our sample said they would like to work with specially created groups, 38 per cent with community groups. However, they were pessimistic about the possibilities of such work (20 per cent and 10 per cent respectively *expected* to be able to do it). Yet it turned out that their pessimism was excessive: 39 per cent managed to work with specially created groups, 22 per cent with community groups. The gap is still very wide, but the pessimism is an important and worrying aspect of students' attitudes to their future work.

What about formal specialisation among individual social workers in the teams? We have only found two kinds: one is a carry-over from earlier times. Certain individuals have been allowed to go on as before, notably those concerned with blind welfare. This may be simply commonsense; or it may reflect inadequate efforts to involve such people in new aspects of the team's work. Far more important is to what extent such posts, when they become vacant, are radically reassessed in regard to the assumptions on which they have been based. There is confusion in the field of blind welfare, for example, about who are the right people to carry out different aspects of "welfare": what should be for social workers, what is for a "mobility officer"; who should teach "daily living skills"? Some authorities are attempting to think this through. But we did not come across them.

The example of blind welfare throws up another key issue—that is, what is a social work task and

what is a task for other workers in what is, after all, a social *service* team. The commonest, though still all too rare example we found is the occupational therapist, whose skills were often highly valued by social workers. The use of other personnel, at present in an experimental stage, would merit much wider consideration. First, there is the possibility of social service teams calling on other professionals. An example is the use of teachers in areas of high truancy to help with children placed under supervision for not attending school. Secondly our studies suggest that there may be a role for workers who would specialise in a wide variety of clients' financial problems. This aspect of social work is very unpopular with social workers, who nonetheless grapple with them constantly. Our student sample revealed that 82 per cent expected to work with clients' financial problems, but only 35 per cent wanted to. The gap widened in the follow-up study: 99 per cent had had such work and only 33 per cent liked it.

The only other formal specialists we found in the teams were the community workers or community service organisers. There were not many, but they at least represented some innovation. Our sample reflected the conventional through to more radical interpretation of the role. But these workers—and not only the most radical among them—had quite serious difficulties in finding their place within the team as full members. Many felt isolated. As one put it: "I go through stages when I feel very guilty. I was at a patch meeting where people were discussing caseloads and the fact that they wanted to do liaison work and could not have their caseloads cut back. And I was sitting back thinking, well, I have so few cases, perhaps I should be having more, but I don't give in to that because I feel I was employed to do community work."

One social worker who had left the area team for for hospital social work put the professional case for specialisation: "Now I'm able . . . to focus my mind and before I couldn't. I was being stretched in every direction with a smattering of all sorts of cases."

But other remarks from social workers in area teams showed a curious reluctance to admit specialisation implied any superior knowledge or expertise. One social worker said she approached a colleague about child care, "not because she is a specialist or wants to be seen as one but because of her sheer weight of experience which I haven't got."

But professional interest is only one reason for specialisation. Another is the relationship between client need and organisational efficiency; that is, how to arrange work so that it is done more effectively. Clearly, professional development and interest are mixed with organisational innovation, which will fail unless enthusiasm is generated. A familiar example is of "intake units," which enable workers to concentrate solely upon initial and short-term contact. This is one of the few post-Seebohm innovations at team level which has caused interest and debate. In theory, it has obvious advantages, especially in areas of "high bombardment." However, our studies highlight the problems which such arrangements create. These range from inconsistency and uncertainty about the definition of "short-term work" to practical but crucial issues about the role of receptionists. We believe the trend may now be away from the intake specialisation.

There are clearly many opportunities for experiment in the division of work, very few of which have been developed. For example, "crisis calls,"

