



SECTION I

Purposes of Social Work Research







The Nature and Purposes of Social Work

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INTRODUCTION

Our aim in this chapter is to reflect upon the nature and purposes of contemporary social work as a context for thinking about the role of research. During social work's history not only has there been considerable debate about its primary purposes and the way it should be organized, but also about the philosophical premises on which it should be based. Many of the arguments about the nature and purposes of social work are reflected in debates about the nature and purposes of social work research. Clearly the two are intimately related and, in many respects, research is now centrally implicated in debates about the practice and future directions of social work in ways which have not been evident previously.

It is not the aim of this chapter to provide an overview and critical analysis of the different approaches and methodologies which might come under the umbrella of social work research. This will be a central focus for several of the other chapters in this *Handbook*. Our primary aim is to provide some thoughts on what we see as the nature and purposes of social work and how these have developed both historically and comparatively. A secondary

aim is to outline how research can be seen to have contributed to the enterprise and might do so in the future.

Our discussion is organized into five substantive sections. First, we outline a wide variety of different approaches to and contexts for social work and outline some of the key themes which have characterized its development since the late nineteenth century. We emphasize the importance of locating social work in its changing social and political contexts. Second, we discuss how certain approaches to 'science' were taken up during the twentieth century, particularly in the USA, as a way of trying to establish social work's professional status and knowledge base. The late twentieth century witnessed an increasing emphasis on the importance of 'evidence-based practice'. Third, we critically analyse the growing importance of population-based research which aims to identify people 'at risk'. We argue, fourthly, that such approaches are in great danger of both de-emphasizing an understanding of clients in their particular social contexts and of the crucial 'relational' elements to the work, while contributing to the growth of surveillance networks. Fifthly, we draw attention to other approaches to

research which explicitly try to give voice to clients and thereby attempt to democratize both research and social work itself. The central argument of the chapter is that debates about the nature and purposes of social work research cannot be separated from debates about the nature and purposes of social work, and that these are very much tied up with epistemological and value issues, themes which we underline in the conclusion.

THE HISTORICAL ROOTS AND DIFFERENT CONTEXTS OF SOCIAL WORK

Unlike a number of traditional professions such as medicine, law, teaching, pharmacy and engineering that can be traced to classical Greece and Rome and throughout the medieval period in Europe, the emergence of social work did not take place until the second half of the nineteenth century. Moreover, there are still areas of the world that do not have social workers and, of those that do, many have seen its (re)introduction during the second half of the twentieth century.

It is important to recognize that both the nature and purposes of social work are constructed within diverse social and political environments (Payne, 2006) and take rather different forms in different societies. In England, which was one of the first countries to have identifiable social work activity, and which we will discuss in more detail later, and in the USA, it originally manifested itself as voluntary and predominantly middle class female work and its focus was the undesirable individual and the social consequences of industrialization and urbanization. By the second half of the twentieth century, however, it had been transformed into a predominantly professional activity, organized in large, bureaucratic, local government public sector agencies. By contrast, in continental Europe, Australia and the 'developing' world it continued to be carried

out primarily in smaller voluntary agencies with professional staff working with volunteers, while in the USA there also developed a distinctive private and commercial sector alongside the voluntary and public sectors. Most western countries have seen a growth in the commercial sectors and a growing reliance on private sector business practices. Social workers in all advanced industrialized states are located in a range of statutory public bodies, voluntary agencies, community associations and commercial enterprises, working alongside or under the supervision of a number of other professionals, and accountable to regulatory frameworks of law and guidance. The range of activities is considerable and the focus of the work includes individuals, families, groups and communities.

This diversity is particularly evident in Europe, where a range of terms are used and which cover a variety of different practices. For example, in nearly all European countries the terms 'social work' and 'social pedagogy' are both used, but the differences between them are not used in a consistent way. This means that in some countries, including Germany, the use of the two titles does not necessarily correspond to differences in forms of practice and areas of responsibility. In other countries, differences in titles do correspond more clearly to differences in practice, but not necessarily on the social work/social pedagogy axis (for example, 'socionom' in Sweden or 'socialradgiver' in Denmark). Care workers in the residential child care field might, therefore, be regarded as belonging to the broad field of social work in one place, and to a different professional group in another.

As Walter Lorenz (2008) has argued, the different titles in use within the broad domain of what is increasingly being referred to as the 'social professions' (which include: social work, social assistant, social pedagogue, social educator, youth worker, community worker, social adviser, care worker) are expressions of both different histories of practice and different academic, analytic and

conceptual fields. There are now a number of studies which attempt to describe these different forms of practice and which attempt to analyse the different prevailing perspectives and themes in European social work (Erath et al., 2005; Hamburger et al., 2004–2007; Lyons and Lawrence, 2006; Lorenz, 2006).

A common thread is that social work emerges at times of rapid social change, at the time of war, or when communities break up under pressure from increased market forces and where industrialization and urbanization are rapid. This latter was particularly evident in England and the USA in the second half of the nineteenth century where traditional communities based on kinship and geographical proximity were no longer able either to meet the needs of their members or provide appropriate social order. It was also evident in the late twentieth century when the more regulated and compulsory communities forged by the coercive collective inclusionary policies of state communist societies began to collapse under the demands of liberalization and privatization in the post-Soviet era. Social work has also grown in 'developing' societies where rapid urbanization, industrialization and changes in the labour market have taken place and traditional community networks related to kinship, a rural way of life and religion have proved inadequate for the tasks expected of them.

Social work has often been used following periods of major social unrest or war to support the establishment of nationhood and mould citizens (Satka, 1995). Invariably, social work has been heavily implicated in the processes of both colonization and imperialism (Midgley, 1981; Gray et al., 2008). It is one of the measures which emerges as societies experience rapid social change and seek both to shore up social order and also compensate their most vulnerable members in the face of the socially undesirable consequences of capitalist contractual relations, where the primary way of meeting needs is via earning money in the commercial labour market (Jordan, 1997).

In the process, there is something of a tension at the heart of social work. While it emerges primarily in contexts where market-orientated economic individualism becomes the dominant form of social relations, its values are informed by those of a caring, inclusive, reciprocal community that wants to take collective responsibility for its members. This is reflected in many of the central tensions that have been evident throughout the development of social work and continue to the present day. In many respects not only do these tensions and how they are addressed help us to characterize social work, they are also key to differentiating social work from other practices. They take us to the heart of what is distinctive about the 'nature' and 'purposes' of social work.

As one of us has argued previously (Parton, 2000), social work develops as a hybrid in the 'social' intermediary zone or space between the private sphere of the household and the public sphere of the state and wider society. It evolves through new relations between the law, social security, medicine and the school but cannot be reduced to these other practices. Social work is seen as a positive solution to a major problem for the liberal state (Hirst, 1981). Namely, how can the state establish the health and development of individuals who are weak and dependent, particularly children, while promoting the family as the 'natural' sphere for caring for its members, but in a way which does not require intervention in all families? Social work develops at a midway point between individual initiative and an all-encompassing state. It provides a compromise between the liberal vision of unhindered private philanthropy and the socialist vision of the all-pervasive state that would take responsibility for everyone's needs and hence, potentially, undermine individual initiative and family responsibility.

Originally, in nineteenth-century England, these activities were carried out through voluntary philanthropic efforts, and were primarily carried out by educated middle-class women. In many fields the work was

providing help via personal relationships and offering good advice, what Bill Jordan (1984) has called 'perfect friendship'; Elizabeth Fry with prisoners, Josephine Butler with prostitutes, Octavia Hill with slum tenants, and Mary Carpenter with delinquents, are good examples. Victorian charity played an important role in the social policy of the era. Industrialization was accompanied by a political commitment to individual rights and liberties, and to increasing economic freedoms. As a consequence the rapidly growing urban proletariat were required to throw themselves into the free market, unprotected by the state. The new Poor Law of 1834 in England was primarily a system for excluding the able-bodied from relief and defining eligibility for assistance in terms requiring personal degradation and loss of citizenship. At the same time there was a fear that the growth in the *dangerous classes* would threaten social cohesion, security and public morals. Maintaining social order was a growing challenge (Stedman Jones, 1971). The task of classifying the poor and giving 'scientific assistance' according to moral status complemented the narrow exclusiveness of the poor law and provided a network of inclusion and distribution through voluntary agencies, which subtly reinforced the moral regime of the middle classes.

Social work thus occupied the space between the respectable and the dangerous classes (Pearson, 1975; Jones, 1983) and between those with access to political influence and voice and those who were excluded. It provided an essentially mediating role between those who were excluded and the mainstream of society, a role which it has fulfilled in different ways in the different cultures and societies throughout its history. Part of what social workers have traditionally sought to do has been to strengthen the bonds of inclusive membership by nurturing reciprocity, sharing and small-scale redistribution between individuals, in households, groups, and communities. At the same time, social work has also been concerned with the compulsory enforcement of social obligations,

rules, laws and regulations. It is in this sense that social work has always involved both *care* and *control* (Garland, 1985). For, while social work has always been concerned to liberate and empower those with whom it works, it is also concerned with working on behalf of the state and the wider society to maintain social order. We can therefore see that one of social work's enduring characteristics is its contested and ambiguous nature (Martinez-Brawley and Zorita, 1998). Most crucially, this ambiguity arises from its commitment to individuals and families and their needs on the one hand and its allegiances to and increased legitimation by the state in the guise of the court and its 'statutory' responsibilities on the other. This ambiguity captures the central, but sometimes submerged, nature of modern social work.

In the twentieth century the more explicit moral analysis of relationships and behaviour was replaced by a psycho-social approach where the inner world of the individual was given as much focus as the relationships between people. 'Casework' became the dominant form of social work in England and the USA. Its 'theory' was informed by an optimistic view of human nature, which thought the best of people, and saw social problems as examples of individual dysfunction, divorced from issues of class, conflict, oppression, exploitation or discrimination (Mills, 1943; Pearson, 1973). Social work aimed to present a client in objective terms, but also had a built-in belief in the fundamental good in humanity. While social work had regarded itself as a carrier of the human tradition of compassion, it increasingly drew on the social sciences for its 'knowledge base'. As Philp (1979) has argued, social work was concerned with 'common human needs', with 'people not cases', and with a 'truly human response to suffering'. It tried to produce a picture of the individual which was both *subjective* and *social* and where the use of the professional *relationship* provided the key mechanism to help individuals be integrated back into the mainstream of society. But in conveying this perspective to the

public, social work itself needed to address its social status in society. On what grounds did social work speak and with what authority? The answer to this question offered by the leaders of social work was that it constituted a profession and like other professions drew its legitimacy from knowledge, skill and the ideal of service.

SCIENCE AS A BASIS FOR PROFESSIONAL HELPING

The dilemma for those engaged in responding to human needs in the late nineteenth and early twentieth century was to distinguish their work from the domains of the church and clergy, on the one hand, and from political and social advocates, on the other hand. The clergy ministered to the individual needs of the poor, disabled, dispossessed and anguished, while political activists rallied for collective social justice and reform. As an aspiring profession concerned with care and control, social work needed a modern grounding, distinct from religion and political advocacy. For this purpose they adopted, however tentatively, the rubric of science. First, as Leiby (1978) indicates, social work attempted to find its distinctive social niche and propel itself into the status of an independent profession with scientific philanthropy and scientific charity.

Professional status and grounding in science were modern and synergistic, and also the pathway that medicine had taken. But the road to professional status was not smooth for social work. Abraham Flexner, who had just spearheaded an effort that transformed medical education in the USA into a scientifically based profession, declared in 1915 that social work 'is hardly eligible' for the status as a profession (Flexner, 1915: 588). Flexner faults social work for its mediating role, for being unspecific in its ends, and for failing to have an organized educational agenda. Although one might quibble with his criteria for professional status, for those wanting to declare that

social work was a profession, particularly in the USA and, to a lesser extent in the UK, the white-coated physician became and remained the subliminal image of a professional who has rigorous training, systematic procedures for diagnosis, deliberately developed practice skills, a black bag of technical interventions, independence and autonomy, while serving the best interests of clients. In fact, for nearly a century the language of social work practice, particularly in the USA, has borrowed the language of medicine: cases, diagnosis, treatment, symptoms, pathology, recovery, and rehabilitation. This image emphasizes care, not control, and presents the professional relationship as a medium of detached, disinterested competence.

If science was to be the foundation, or at least a guide for social work practice, how was that to be accomplished? Following medicine, in the USA, professional social work training was transferred into major research universities, where the education could be grounded in the latest knowledge and theories of human behaviour and where, ostensibly, professors would oversee both classroom and field/clinical learning, as they did in medicine. For a variety of reasons, transferring social work education into universities failed to transform the profession as much as it had done for medicine. Social work faculty were drawn largely from practice not research settings; there were few doctoral programs in social work and almost no research infrastructure; most graduate programs in the USA did not even have a majority of their faculty with PhDs; and field education took place not in university hospitals and clinics, but in social agencies where supervisors rarely had any involvement in scientific research. Consequently, most social work practitioners have been educated without a research or scientific orientation and have pursued careers in settings in which they were unlikely to develop one. Relatively little has changed in recent decades in this regard, except that the social work professoriate in North America, the UK and across Europe has grown more research capable.

Responding to the need to be more embedded in science, social work has taken two distinct approaches (Kirk and Reid, 2002). The first involves using *science as a model of practice*. Since the Charity Organization Society (COS), social work has borrowed scientific techniques such as careful observation, gathering objective data about a case, and intervening in systematic ways. Mary Richmond's *Social Diagnosis* (1917), for example, concentrated on individual clients and treated each case as a focus of inquiry. Assessment involved gathering all the relevant facts to be used to form hypotheses about the causes of the client's problems; this diagnosis would then guide intervention. Such careful case analysis and deliberate methods of inquiry also served as a basis for hypothesis generation in early psychoanalysis, which presented itself in the early twentieth century as a scientific method of inquiry and treatment that had many adherents, particularly in American social work.

This modelling of practice as a form of scientific inquiry was elaborated in the later twentieth century in the USA among proponents of using single subject designs (SSD) in clinical practice (Blythe et al., 1994; Tripodi, 1994). In this elaboration, each client was treated as a quasi-experiment, where objective measures are taken of the client's problem behaviours before, during and after providing service. Although this practice-as-science approach has its critics (Wakefield and Kirk, 1996), the general aspiration to represent professional helping as a problem-solving process (fact gathering, rational and systematic inquiry, followed by action) is certainly well founded. Indeed, these methods certainly appeared to be more secular and rational and less sentimental and dogmatic. But in using scientific techniques as practice techniques, the role of the professional relationship can be overshadowed.

The second approach in social work to using science was as *a source of knowledge*, rather than as practice techniques. With this approach practice methods draw on scientific knowledge about how to intervene most

effectively. The knowledge which sustains scientifically based professionals is based on the accumulation of diverse studies over time. The challenge in using science as a source of knowledge hinges on a myriad of connected problems, involving developing a scientific infrastructure to produce knowledge, synthesizing findings from diverse studies and making them available for use by practitioners in appropriate ways. These efforts have been variously described as integrating research with practice, bridging the gap, linking researchers with practitioners, and other such rubrics of improving the use of science in and for practice. To build these links, advocates have championed program evaluation (Suchman, 1967), research utilization and dissemination (Grasso and Epstein, 1992), design and development models (Thomas and Rothman, 1994), agency-researcher partnerships (Hess and Mullen, 1995) and single subject designs for use by practitioners (Bloom et al., 1999). One of the latest strategies of making social work practice more scientific, once again following the lead of medicine, is promoting practice guidelines (Rosen and Proctor, 2003; Howard and Jenson, 1999) and evidence-based practice (Rubin, 2007; Walker et al., 2007). The heart of these efforts is to critically evaluate existing intervention outcome research, synthesize the evidence from them, derive action or behavioural guidelines from these studies, and insist that educators and practitioners base their helping efforts on these guidelines and practices. These efforts are unmistakably the twenty-first century descendants of Abraham Flexner's work.

Medicine continues to provide the image of a science-based profession, not only in its singular authority in the realm of health matters, but also in the character of its research methods, such as use of scientific laboratories for biomedical discoveries and the rigors of randomized clinical trials as the gold standard for the evaluation of the effectiveness of interventions. Although in recent years the medical scientific establishment itself has suffered a series of scandals involving

conflict of interests arising from the corrosive influence of the wealthy pharmaceutical companies, which have suppressed and distorted research findings, compromised university researchers and government scientists and influenced medical practice and health policy in ways that have harmed patients and the public (Angell, 2004; Bekelman et al., 2003; Kassirer, 2008; Greene, 2007a). Nevertheless, medicine still provides an allure to social work which retains aspirations of using science to make social work practice a technical, rational, uniform and accountable activity.

Among the scientific templates that medicine provides have been the search for the causes of diseases, the development of diagnostic tests, and the evolution of effective prevention and treatment protocols. An important part of medical inquiry has been the identification of risk factors to health in the general population as a method of uncovering probable causes, identifying those who may be vulnerable, and for guiding preventive efforts. Risk connotes the probability of an unwanted outcome (i.e. the onset of disease, relapse, disability or death) and a risk factor refers to a particular agent or exposure that increases the probability of that outcome. The architecture of this medical schema, particularly the search for risk factors, has been adopted for studying many non-medical human problems. There are potential problems – you might say risks – of social work adopting this schema, involving such ingredients as assuming that the causes of human problems are internal to the individual (e.g. as yet undiscovered genetic defects, chemical imbalances, cognitive or affective dysfunctions) and that the solutions are some form of individual treatment rather than institutional or structural reform. Despite the attractions of importing medicine's research strategies, they may not, especially in the USA, be fully suited for social work's purposes. In this regard, the search for and uses of risk factors should alert social work to ways in which the purpose of controlling can undercut caring.

THE RISKS OF RISK FACTORS

While social work has looked to science to professionalize, it has also been driven by the bureaucratic demands of organizations and governments that fund and regulate it. Governments have an interest in monitoring the health and welfare of their citizens and in providing needed services. State monitoring routinely tracks such social problems as alcoholism, drug abuse, child neglect, mental disorder, crime, obesity, unemployment, and so on. There are many uncertainties and controversies about the nature, immediate causes or explanations of these problems. These uncertainties frequently misguide risk research in the following ways. First, in order to study any problem it must be well defined. Typically, arbitrary and expansive definitions of the problem are used with high sensitivity (includes many false positives), but low specificity (few false negatives). Second, researchers study large samples of the population to identify who appears to fit within the expansive definitions of a 'case'. Third, a vast quantity of demographic and behavioural information is gathered from each respondent in the sample. Fourth, data dredging compares those identified as 'cases' with the non-cases to uncover any distinguishing variables between the two groups, a procedure likely to uncover 'statistically significant' but meaningless associations (Ioannidis, 2005). Fifth, those variables found to be associated with 'caseness' are used to identify people in the population who may be 'at risk'. Finally, those considered potentially at risk are the subject of increased state surveillance, intervention and control, even though many, if not most of them, are not and will never become 'cases' of the problem. Examples from medicine of these processes of expanding definitions and the number of people at risk are detailed in Jeremy Greene's (2007b) analysis of the history and treatment of hypertension, diabetes, and cholesterol, in which the expansion of the definition of disease allowed even those without symptoms to be defined as 'cases' and be subject to

treatments which were at times actually harmful.

Such expansion of the number of people who may be at risk is facilitated by the confused and misleading terminology of risk factors found in both the scientific and popular literature (Kraemer et al., 1997). It is not uncommon for any correlate of the unwanted outcome to be presented as a causal risk factor, when it may have no bearing on causing the problem. In fact, it may be spuriously associated with the problem or even a consequence of the problem. These misinterpretations and misuses of population data become more common with the growth of government and industry funded population-based studies, surveys, epidemiological studies, and studies based on service utilization and administrative records. Although such studies are necessary ingredients of state and professional accountability and control, there are occasions when such population-based information may undercut or impede the social work profession's mission for caring for individuals and jeopardize their privacy and well-being. Thus, there are potential misuses of research in which the functions of caring for individuals get overshadowed in the pursuit of the control of populations, as may happen if medical records containing personal medical information are used by insurance companies to deny coverage.

Let us offer two examples drawn from problems of children which will illustrate how research using expansive definitions of problems and the notion of risk factors may potentially undercut the objective of caring.

Exemplar 1: Children's psychiatric disorders

After decades of biological, psychological and social research, no definitive cause or biological marker has been identified for virtually any mental disorder of adults or children (APA, 2000). Even the definition of mental illness has been disputed for

many decades and is still unresolved (Rounsaville et al., 2002). In this vacuum, psychiatry has opted to use ambiguous lists of behaviours as 'symptoms' or indicators of undefined, presumed, underlying illnesses. This approach to medicalizing many behaviours received official approval from the American Psychiatric Association in the publication of the third edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-III) in 1980 (APA, 1980), a development that is discussed in many publications (for example Conrad, 2007; Horwitz, 2002; Kirk and Kutchins, 1992; Wilson, 1993). The diagnostic indicators, which represent many normal behaviours, serve as the definition of illnesses, but are used in various ways, sometimes as symptoms of the disorder, as the actual target of treatment, and as risk factors for the disorder, among others. Such ambiguities allow for many misuses.

One of the results of this descriptive approach to mental disorders has been that the boundaries of mental disorders are easily and arbitrarily expanded, undercutting the accuracy of psychiatric diagnosis, which had never been particularly impressive. Diagnostic accuracy requires both validity and reliability. *Validity* refers to whether the distinctions among disorders and between disorders and non-disorders make conceptual sense and can be used appropriately by clinicians. *Reliability* refers to the extent to which actual clinicians can agree on the diagnoses of a series of cases. How accurate is the use of the most prevalent DSM diagnoses for children?

The standard way of measuring accuracy is in terms of the amount and type of error that can be expected, referred to as the sensitivity and specificity of the diagnosis. *Sensitivity* is the term used to indicate the extent to which a measure captures all true cases (true positives), even though in doing so it may also capture many false positives

(people who truly don't have the disorder but are identified as having it). *Specificity* is the term used to indicate the extent to which a measure captures only true cases, even though it may classify many people as not having the disorder when they truly do have it (false negatives). Together sensitivity and specificity indicated the amount of error that can be expected in the diagnostic classification of children. Using the sensitivity and specificity estimates from the Spitzer et al. (1990) study, we calculated the expected rates of diagnostic error in the use of the diagnoses Attention Deficit Hyperactivity Disorder, Conduct Disorder and Oppositional Defiant Disorder (for details, see Kirk, 2004). If we assume that the true prevalence rate of the disorder in a population of a 1000 children is 5%, a common figure in many studies (Roberts et al., 1998), the number of children from a population of 1000 who would be *incorrectly* diagnosed using the DSM indicators would be 375 for ADHD, 110 for Conduct Disorder, and 210 for Oppositional Defiant Disorder. Within each of these three diagnoses, the majority of errors were in the direction of false positives: many children who did not have that disorder would be receiving a mental disorder diagnosis. These are the known and expected error rate built into the formal diagnostic criteria for these disorders. But this does not exhaust the extent of diagnostic errors that undoubtedly occur regularly.

There are also reliability errors in which clinicians assessing the same children fail to agree on the proper diagnosis. There have been many different kinds of studies of the reliability of diagnoses of children and most have concluded that diagnostic reliability has ranged from less than good to dismal, with great variability across studies (Kirk, 2004). Thus, in addition to the high level of false positives from the expansive diagnostic criteria for children's disorders, there are other unintentional and

intentional (Kirk and Kutchins, 1988) errors made by clinicians. Because of the high rate of diagnostic error inherent in identifying children who have mental disorders, studies that search for risk factors associated with these false positive and false negative 'cases' will themselves flounder and be misleading.

More importantly, there are other negative consequences for the individual children as well. Many children may be inappropriately labelled as mentally ill, some may receive the wrong diagnosis and be inappropriately treated, epidemiological estimates of disorder may be distorted, and children's medical records may contain errors that could harm them in later life by stigmatizing them as mentally impaired as children. In short, a seriously flawed, medicalized approach to children's problems, with expansive and arbitrary definitions of mental illness, compounded by measurement errors that produce many false positives, few or no causal explanations, and no guiding validated theory.

Exemplar 2: Child welfare and early intervention

Similar problems can be found in other areas of child welfare, where individuals or families are determined to be 'at risk' based on correlates found in large samples, which, however valid, will not apply to all individuals, particularly in the case of behaviours that have low base rates (prevalence). If, for example, there is a correlation between ethnicity and adolescent violent behaviour, using ethnicity as a predictor of violence will produce a sizable population of false positives (that is youth of that ethnicity who truly are not violent) and will fail to identify those who will be violent, but are of other ethnicities (false negatives). The identification of false positives has enormous implications for civil liberties, whether in relation to crime and

anti-social behaviour or other problems that would introduce mandatory intervention:

Any notion that better screening can enable policy makers to identify young children destined to join the 5 per cent of offenders responsible for 50–60 per cent of crime is fanciful. Even if there were no ethical objections to putting ‘potential delinquent’ labels round the necks of young children, there would continue to be statistical barriers. Research into the continuity of anti-social behaviour shows substantial flows out of – as well as into – the pool of children who develop chronic conduct problems. This demonstrates the dangers of assuming that anti-social five-year-olds are the criminals or drug abusers of tomorrow (Sutton et al., 2004: 5).

In relation to trying to prevent poor outcomes for children and young people more generally, Feinstein and Sabates conclude that:

Children move in and out of risk in terms of their own development and their levels of contextual risk. Therefore, it is important that the policy mechanisms allocating interventions and support to children and families are flexible and able to track and monitor levels of risk, not always intervening at the first sign of risk but equally able to provide early interventions that may reduce the need for more substantive and costly later interventions. *This requires a considerable degree of local practitioner skill* (Feinstein and Sabates, 2006: 35, emphasis added).

So, while research is helpful in identifying who *might* be ‘at risk’, these probabilities are very inexact, requiring a ‘considerable degree of practitioner skill’ in knowing when and how to intervene effectively with clients in such a way that the work is of benefit to them. The point is that by the final quarter of the twentieth century we began to see significant changes in the way social work was thought about and practised. There was a de-emphasis on the importance of the worker/client relationship as the medium for helping and an abandonment of attempts to explain and understand clients’ problems. Developing in its place is an emphasis on describing people with unwanted behaviour, attempts to predict who is at risk, and, with the advent of computer information systems, the growth of surveillance as a central purpose.

THE DE-EMPHASIS OF THE RELATIONSHIP, THE ABANDONMENT OF EXPLANATION, AND THE GROWTH OF SURVEILLANCE

Since the mid 1970s across western Europe and North America, there have been growing and often very public criticisms of social work and increased attempts to improve its accountability and closely monitor its spheres of discretionary decision making. Nowhere have these changes been more evident than in child welfare, particularly following a series of high profile public inquiries into child abuse and the subsequent failures of child protection systems to protect children and provide appropriate and sensitive help (Parton, 1985; Waldfogel, 1998).

An analysis of press reporting of social work in national daily and Sunday newspapers in England between 1 July 1997 and 30 June 1998 is particularly instructive (Franklin and Parton, 2001). There were nearly two thousand articles measuring 97,932 column centimetres (ccm), of which 6995 ccm were devoted exclusively to discussions of social work and social services. The 15 most common messages, accounting for 80% of the total, were negative with regard to social work and included: ‘incompetent’, ‘negligent’, ‘failed’, ‘ineffective’, ‘misguided’, ‘bungling’. Over 75% of the stories were related to children where the dominant concerns were about child abuse, paedophiles, adoption and fostering. Media stories about the nature, purposes and efficacy of social work were, almost without exception, negative and critical.

In part as a defensive response to such criticism, social work practice has increasingly adopted a procedural mentality, which emphasizes the need to follow administrative protocols, to ensure that practice is made accountable. While the technical requirements in the job have increased, space for professional judgement had decreased (Howe, 1992: 492).

David Howe (1996) has argued that social work has undergone a number of major

changes in its character from the late 1970s onwards; performance has become the dominant criterion for knowledge evaluation, both in relation to clients and of social workers themselves. No longer is the focus on trying to understand or explain behaviour, for social workers are less concerned with *why* clients behave as they do than with *what* they do. *Depth* explanations drawing on psychological and sociological theories are being superseded by *surface* descriptions. Coherent causal accounts which attempt to provide a picture of the subject in their social context have become of declining importance, for the key purpose of the social worker is increasingly to classify clients for the purpose of judging the nature and level of risk and for allocating resources. The emphasis on the professional worker/client relationship – previously the central feature of social work practice – is being stripped of its social, cultural and professional significance. Knowledge for practice is relevant only in so far as it aids the gathering, assessing, monitoring and exchange of information and is closely related to the central role now given to managers in most agencies.

By the early/mid 1990s in North America, Australia, the UK and other countries in Europe, it was clear that social work practice was becoming much more routinized and formalized. Increasingly, the changing social, political and economic climate in which social work operated and the introduction of a variety of new technologies meant that the nature of the work itself began to change. As Carol Smith (2001a, 2004a) has argued, the situation is full of paradox, for while most agree that certainty in many areas of social work is not possible, the political and organizational climate increasingly demands it. The result is that many of the changes introduced act to sidestep the paradox and substitute *confidence in systems* for *trust in individual professionals*.

Such developments have become even more evident with the growing influence of information and communication technologies (ICTs) and the requirement that practitioners input, manage and monitor a whole

variety of information via the new electronic systems. Not only does this mean that practitioners are spending more time in front of the computer on bureaucratic tasks (Samuel, 2005), but that a greater proportion of time is now accounted for by assessment activities and less on ongoing contact, counselling and support (Statham et al., 2006).

With the introduction of ICT there is an expectation that as information becomes more accessible, the agencies, professionals and their decisions should become more transparent and accountable. In the process, there is less discretion for the individual professional for identifying what information is relevant as the required information is predetermined by the structure of the database and the algorithm. The identities of clients as people with needs and problems in contexts are superseded by accounts constructed by the fields that constitute the database. In striving for clear and objective representations and decision making, the client's views and social context are reduced to what can be captured by lists and factors associated with 'need' and 'risk'. Categorical thinking, based on the binary either/or logic, dominates. Individuals are placed into master categories that obscure any ambiguities. Rather than presenting a picture of the client as subject in social context, as previously, social work increasingly acts to reassemble clients' identities according to the requirements of the database. In the process, the embodied subject is in danger of disappearing and we are left with a variety of surface information which provides little basis for in-depth explanation or understanding. As one of us has argued elsewhere (Parton, 2008), the key focus of social work is in danger of shifting from the 'social' to the 'informational'.

Not only does the growing use of computerized information systems mean that the traditional boundaries between the 'public' and 'private' – the key space in which social work has traditionally operated – become blurred, but social work becomes increasingly involved in ever wide-ranging, complex and unstable systems of surveillance, particularly

where such systems are used to enhance strategies for early intervention (Parton, 2006). Policy and practice are increasingly premised on the need to identify 'at risk' individuals or groups in the population and engage in early intervention before the onset of problems or to prevent problems getting worse. The sharing of information between different professionals and health, welfare and criminal justice agencies takes on a strategic role in trying to enhance and implement such practices. For example, in England since the mid 1990s there has been an emphasis on trying to improve policies in relation to 'early childhood' prevention based upon, the 'risk and protection-focussed prevention paradigm' (France and Utting, 2005). The approach has been influenced by research on what affects children's development. The belief is that not only will this ensure that children develop appropriately, but that they achieve both at school and in later life, avoid mental health problems and do not engage in criminal or anti-social behaviour.

PRACTITIONER AND SERVICE USER VOICES AND THE IMPORTANCE OF THE RELATIONAL

While it is clear that the nature and purposes of social work have undergone significant reconfiguration over the last thirty years, there is also a growing recognition that this has been at a cost, and research has played its part in opening up these debates. For example, both Scotland and England have engaged in major reviews which have direct implications for the nature, purposes and future directions of social work and how research might be drawn upon to aid both understanding and future planning (Asquith et al., 2005; DfES and DH, 2006).

In particular, in late 2006 the General Social Care Council (GSCC) took the lead in a project which aimed to describe the roles and tasks of social work (GSCC, 2008). The project was commissioned by the Department

of Health and the Department for Education and Skills and was to apply to England, though it would take into account developments in Scotland and related work in Wales and Northern Ireland. It was the first high-level official analysis of social work in England since the Barclay Report in 1982 (Barclay, 1982) and took place in the context of the major changes instituted by the New Labour government in the provisions and organization of social care services for both children and adults since it came to power in 1997 (GSCC, 2008).

Two literature reviews were commissioned by the project: one which derived from the mainstream professional and policy literature (Blewett et al., 2007) and the other based upon service users' perspectives (Beresford, 2007b). Research on the views and experiences of 'service users' is particularly instructive; for while social workers now seem to undertake less direct support and face-to-face work, this is precisely what service users valued most. They valued the wide range of approaches used by social workers and the breadth of tasks undertaken. These included:

- offering information, advice and advocacy;
- helping people negotiate with other state agencies, particularly over benefits and financial support, housing and other services;
- providing counselling and other psycho-therapeutic support;
- providing practical guidance and help;
- referring service users to other relevant agencies and service providers; and
- accessing financial support to service users.

Service users placed a particular value on social work's 'social' approach, the relationship and the positive personal qualities they associate with social workers. The latter included warmth, respect, being non-judgemental, listening, treating people with equality, being trustworthy, openness and honesty, reliability and communicating well (Beresford, 2007b: 5–6). This all seems quite different from the somewhat distant, procedure-bound role which we discussed earlier and which is primarily concerned with gathering, sharing

and monitoring information and identifying 'risk factors'. Service users welcomed a 'hands-on' approach which takes account of both personal and social issues and their complex interrelationships. It is this which is seen to define the core of social work and which makes it distinctive from other professions.

Service users see social work as an essentially human rather than a technological or scientific activity. In their view it is primarily about talking to or communicating with each other and is more likely to be successful when carried out in partnership with the service user and with the maximum participation of all parties. The central message that comes across time and time again from client studies is that it is not the particular model or technique used by the social worker which is significant but the quality of the experience. The key themes which service users identify for success can be summarized as 'accept me, understand me and talk with me' (Howe, 1993; Seligman, 1995). This is not simply saying that good social work is only about establishing relationships, but studies which attempt to identify what service users find helpful repeatedly identify this as a necessary component. In this respect the 'principles of social work' espoused by Biestek (1961), which include good individualized listening, availability, being non-judgemental and non-directive, and working on the basis of trust and confidentiality, still seem to have relevance today, and closely echoes Bill Jordan's characterization of nineteenth-century social work as 'perfect friendship'.

The two 'literature informed discussion' papers prepared for the GSCC also demonstrate that the type and range of research both about and for social work is much more diverse and heterogeneous than studies which inform the evidence-based practice movement in which experimental approaches are awarded paramount importance. There are growing debates about the most appropriate forms and methodologies to develop knowledge for practice and increasing sympathy for ensuring there are pluralistic sources of knowledge and therefore different types of

research. There is a growing argument that not only are the views and experiences of service users important, but that they should be the starting point for any research.

A starting point for research suitable for social work then, is that it should be concerned ultimately with a concern to alleviate suffering and to put power in the hands of those often excluded from influence in social processes. The underlying principle in participative research rests on the emphasis on research participants and researchers attempting to collaborate as equals, through sharing power in decision-making and by drawing on each others' knowledge and insights (Humphries, 2003: 84).

Whether research is qualitative, quantitative or mixed-method in approach, the key issues relate to epistemological concerns and the priority to give voice to those who would otherwise be silent.

CONCLUSIONS

What becomes evident is that debates about the most appropriate form(s) that social work research should adopt very much reflect debates about the nature and purposes of social work itself. These tensions have been at the heart of social work since its emergence. While approaches to social work are now much more explicitly based on the assumption that practice should be informed by research evidence than previously, there is considerable debate about the most appropriate form this evidence should take. While social work is much less 'moralistic' than it may have been in the nineteenth century, it is also recognized that social work is centrally concerned with making moral and professional judgements and that the work is contested and complex. The relational aspects of the work have remained central.

As we argued, social work has always involved both *care* and *control*. For, while it attempts to liberate and empower those with whom it works, it also works on behalf of the state and the wider society in order to maintain social order.

Walter Lorenz (2004), drawing on the work of Habermas (1987), argues that this tension closely reflects the profession's ambivalent position between 'the lifeworld' (the realm of society in which people take care of their own affairs, individually and collectively) and 'the system' (where organized control and rationalist governing mechanisms operate). The concept of 'the lifeworld' tries to capture those elements of day-to-day existence where people experience themselves as communicating actors capable of expressing intentions and giving meaning to their world. In contrast, 'the system' refers to those aspects of the world which aim to ensure the material reproduction of society and is based on notions of instrumental rationality. Habermas argues that these two domains have become increasingly uncoupled from each other and that we have witnessed an increasing 'colonization' of 'the lifeworld' by 'the system'. While far more sophisticated, the domains of the 'the lifeworld' and 'the system' can be seen to capture many of the characteristics which we discussed in relation to *care* and *control* earlier. According to Lorenz, social work, from the time of its emergence, has occupied an intermediary position between 'the lifeworld' and 'the system' sharing in the differentiation and specialization of both but also developing its mediating functions.

Similar ambiguities and tensions can be found in social work research. For example, when studies emphasize the service user's voice, empowerment and partnership, we sense the promise of these reference points resonating from their 'lifeworld' qualities and roots. But it is always important to see how such ideas are applied and played out in practice. Upon closer inspection of their use in particular contexts ideas which may appear emancipatory may be used instrumentally with regard to social control. Conversely, adhering to the principles and

criteria of objectivity and rationality, which are key elements enabling 'the system' to legitimize power relations, can at times act as a key element by which social work research aims to bolster and enhance the profession and 'service users', and so resist colonization by 'the system' which seeks to use the profession primarily for the purposes of social control and regulation. As Lorenz argues:

... the wider significance of discourses on research methodology cannot be elaborated adequately without reference to the intersection of these two sets of dynamics. They play a role on the one hand in the epistemological ambiguity between what has been described classically as the alternatives of social work as art and as science, and on the other hand in the ambivalence between striving for the status of a full, autonomous profession and retaining the empowering elements of 'voluntarism' and the solidarity with service users which they convey (Lorenz, 2004: 148).

What is of particular interest is that at a time when there is considerable debate about the nature and purposes of social work, and evidence of the growing fragmentation and differentiation of social work, there is also considerable debate about the nature and purposes of social work research. In many respects the current discussions about social work research can be seen as key elements in debates about the nature and future identity of social work itself. The two are intimately connected. Because social work is such a rich tapestry of practices it is important that these debates remain open and active. Because social work is always likely to have a close, if highly ambivalent, relationship with 'the system' and notions of social control and instrumental rationality, it is vital that it maintains its close relationships with 'the lifeworld' of those with whom it works. A key element of social work's energy and vitality comes from continually engaging in critical debate about its epistemologies and methodologies in both research and practice and how both contribute to its nature and purposes.