Mrs Andrews, aged 67, was trying to obtain some help for her elderly relative Mr Yelland, aged 87, who lived several miles away. He was becoming frail and less able to manage to care for himself, needing assistance with washing, dressing, shopping and cooking. His doctor had suggested a home carer could be provided through social services. Mrs Andrews was very concerned about Mr Yelland, especially as she was caring for her sick husband, aged 71. This meant she couldn’t visit her uncle, who had no other relative nearby and had been ‘like a father’ to her. She consulted the local advice centre who found the telephone number of a social worker for older people in the area where her uncle lived. She phoned feeling rather anxious, and although the worker who took her call was courteous and efficient, they requested information by a series of rapid questions. Mrs Andrews was informed that a referral had been taken, that a telephone call would be made to ascertain if Mr Yelland wanted a visit and that someone would go and see him. The call ended and Mrs Andrews began to worry whether she had done the right thing. She had managed to pass on the information but now felt upset. She had been unable to say how concerned she felt, or to explain how difficult it was for her uncle who had always been well and independent, not to be able to manage simple tasks. She had not been able to share how worried she was that he was forgetting things, that he might mind about a visit or that he was not caring for himself properly. She wondered how he would feel about a stranger visiting his home and what was behind all the questions the social worker asked. She had a sleepless night worrying about what she had done.

Meanwhile, in another city Mrs Dalgleish, aged 67, was trying to obtain some help for her elderly relative Mr Ennis, aged 85, who lived several miles away. He too was becoming frail and unable to care for himself. He needed assistance with washing, dressing, shopping and cooking. She was very concerned about him, especially as she was caring for her sick husband, aged 71, and couldn’t visit Mr Ennis, who had no other relative any nearer. She consulted the local advice centre who found the telephone number of a social worker for older people in the area...
where her uncle lived. She telephoned feeling rather anxious. The worker at the end of the telephone was courteous and efficient, but after asking for some basic information asked her how she thought her uncle would react to the referral. Mrs Dalgleish felt relieved to be able to share her concerns. She was helped by the social worker acknowledging the difficulty of this potential change for Mr Ennis. It was also helpful that, beginning to feel that the worker understood, she could share that she was also concerned about her uncle’s forgetfulness and lack of care for himself. The social worker explored these concerns and finished by offering to read back what she had written down so that Mrs Dalgleish could be sure it was correct. She also checked what times of day might be best to call Mr Ennis, whether he was expecting to hear from social services and whether he could easily use the telephone. The social worker said that she understood Mrs Dalgleish’s worries about talking to a stranger about her relative and explained that in any case they needed her to contact him and check that he was agreeable to a visit from them. Mrs Dalgleish was reassured by this understanding and the attention given to details. Mrs Dalgleish was informed that a referral had been taken, that a telephone call would be made to ascertain that Mr Ennis did want a visit, that someone would go and see him, and that she would be contacted about the outcome. She was also reassured by the social worker that Mr Ennis’ wishes would be ascertained and respected. The call ended and Mrs Dalgleish began to feel it would be alright. She had done the right thing. She telephoned her uncle to let him know what would be happening.

In the everyday interactions between professionals and the people who consult them the detail of what is said and then done really matters.

As Coulshed says, ‘If case management is to succeed as a strategy for organising and coordinating services at the level of the individual client it has to concentrate on the minutiae of interactions between helper and helped’ (1991: 44). Counselling skills play a pivotal role in this.

Relationship, one person interacting with another, is at the heart of all social work in health and social care settings. Counselling and communication skills are used every day to build such relationships in order for the work to happen. All social work processes: interviewing, assessment, planning, interventions, evaluations, take place in the context of meeting people, their worries and their life crises. The quality of what happens relies heavily on conversations between people. Poor services are often marked by conflict and hostile relations between service users, their families and the workers. Quality services rely on the ability to build a co-operative partnership where social workers and service users participate together. Relationship-building skills remain the bedrock of quality in practice, especially when people who need a service are anxious, angry, distressed or upset because of their situation.

Skill can be defined simply as the ability to ‘do something well’. This definition works well enough for some practical tasks. However what is ‘done well’ in a social work context is more complicated to judge. Whether a communication is ‘good’ depends on how it is received in the situation and what is conveyed to the other person. A skilful communication enhances the other person’s experience
and their ability to respond and participate. What is skilful creates a sense of working together. Using these criteria, Mrs Dalgleish’s social worker was more skilled than the person who took the call from Mrs Andrews.

As these brief scenarios show, communication is the everyday currency of human interaction, but the context in which communication takes place changes the meanings of words and what lies behind them. Both social workers had more power than the woman requesting help because they could give or withhold a service. The experience of telephoning social services was new for both women who were understandably apprehensive. The social worker might have been nervous about her abilities but had a responsibility to take the call professionally and competently and to enable the caller’s concerns to be her priority. It is essential that social workers take responsibility for developing and improving those skills which enable them to build relationships. This enables them to provide a professional service for which they can be accountable.

From babies to older people, everyone communicates. When there is a specific impairment that impedes communication creative ways and means to overcome this can be found. Much communication skill is commonplace in that it is learned in the process of socialization. Each person learns a communicating style from parents and others in the cultural environment where they grow up. Professional workers, however, meet people from a range of cultures, backgrounds and abilities. They need therefore to be open to learning how to improve their interactions with a whole range of ‘others’. The skills developed over the years for training counsellors to build good relationships and use them in therapeutic processes provide a useful starting place for applying skills to social work practice.

**Contexts for practice**

At one time, it would have seemed obvious that social workers use counselling and casework in their tasks (Perlman 1957; Biestek 1961; Hollis 1964; Mayer and Timms 1970; Roberts and Nee 1971). However from the 1980s onwards, a preoccupation with markets, commissioners, providers, resources and outcomes (Taylor-Gooby and Lawson 1993) might have led an observer to the conclusion that such skills were no longer needed. Social workers employed in local authorities may have entered the profession thinking that they would focus on the kind of assistance given by counsellors to their clients. Instead, they found themselves overwhelmed by work of a more bureaucratic and directive kind in order to meet the requirements of the procedures in social services departments.

Harris (2002) outlines how the new right under Margaret Thatcher and then John Major was committed to the reform of the welfare state. They introduced business thinking into the organization of social services, arguing their case from economic necessity. This was followed by the modernization agenda of new Labour (Department of Health 1998a, 2000a, 2001b). This collection of changes is often referred to as ‘managerialism’. Waine and Henderson (2003: 51) define this as ‘an overarching set of changes introduced in the UK from the 1980s onwards that
involve providing effective services at lower cost through the application of management techniques borrowed from business and industry’.

This trend sets up a tension for professionals who find their work shaped and contextualized by this ‘managerialist’ policy framework. The indicators of this business based framework are identified by Harris as:

- **Competition**: The belief that competition among providers results in more economical, efficient and effective services.
- **Contracts**: The use of contracts ensures that control resides with the purchaser, who has the power to make decisions and see them carried through. The provider has to implement the purchaser’s decisions.
- **Performance indicators**: Business-oriented measurable standards and pre-set output measures are found increasingly in the monitoring of social work.
- **More work**: The underlying message, rarely explicitly articulated but contained within business thinking and pursued through capitalist models of managing social services is that social workers should work harder.
- **Increased scrutiny**: Information technology systems allow detailed specification of social work tasks and checks on their completion. Much of this control is expressed in computerized manuals, directions and guidelines that limit discretion and set up standardized and repetitive systems with tightly defined criteria for eligibility for services; standardized assessment tools; interventions, which are often determined in advance from a limited list; minimization of contact time and pressure for throughput.
- **Gatekeeping and rationing**: Business thinking requires social workers to see themselves as micro-managers of resources who carefully control access to and ration the distribution of services.

Harris suggests that this trend to ‘business thinking’ has demoralized social workers leaving them working to find ways to ‘emphasize the variability and unpredictability of services users’ needs’ (2003: 37).

While the policy environment has this particular ‘managerialist’ shape, other ideas concerning citizenship, human rights, and service user voice have also become very important. First, it can be recognized that everyone needs or uses services at some point in their lives. The provision of health and welfare services is not just for the ‘unfortunate’. Second, some people are more reliant on services than others and this is often because of powerful forces of exclusion and disadvantage (Connelly and Seden 2003). Third, we are all citizens and as such entitled to have a voice about the services offered to us by the state. Fourth, all activities by service providers can be scrutinized in the light of the Human Rights Act 1998. ‘Listening to People’ and ‘Valuing People’ are concepts which also form part of policy rhetoric and which need to become integrated into practice. The consultation paper *A Quality Strategy for Social Care* says that it is important to focus on what people want from services and suggests that, as citizens, what people expect is:
• High standards at all levels in service delivery throughout the whole workforce.
• Responsiveness, speed and convenience of service delivery.
• Appropriateness — services tailored to individual need, with respect for culture and lifestyle.
• Services that build on people’s abilities and help them to participate fully in society.
• Services that involve the user, so that choices are informed and respected.
• Strong safeguards for those at risk.

(Department of Health 2000a: 6)

Consultation with service users, participation, partnership, citizenship, rights and the power of user organizations are as much part of dialogue in social work as the language of ‘business’. This concern with the voice and actions of service users on their own behalf provides a significant challenge to bureaucratic and managerialist environments for practice (Henderson and Atkinson 2003; Seden and Reynolds et al. 2003). Social workers find themselves operating in the space between ‘top down’ directives and the ‘bottom up’ needs and views of people who use services.

Legal mandates remain significant in defining the boundaries of social work practice. Law carries the values and philosophies that influence society’s approaches to the care and control of some citizens by others. It gives local authorities powers (things they must do) and duties (things they may do at their discretion) which are frequently delegated to social workers. The Children Act 1989, NHS and Community Care Act 1990, Criminal Justice Act 1991, Mental Health Acts and subsequent legislation and amendments have dominated the thinking of the profession about role and function. A new entrant to social work will find that they need to understand the impact on their work of a wide range of statute law, case law, and the regulations, guidance, directions, policy and procedures that flow from them. This includes European law in the Human Rights Act 1998 and may on occasions include other international law. Throughout their professional life they will be expected to respond to changes in the law, policy and procedures. Whatever kind of agency a practitioner is employed by, voluntary, private, local authority, fieldwork or group care, the law will provide a framework of roles and responsibilities for every aspect of their activity. This is far less the case for counsellors both in private and public roles.

The organizational framework for practice also changes. Social work services for adults, in the early twenty-first century, are part of Primary Care Trusts, and The Children Bill (2004) provides for the creation of Children’s Trusts. Social workers increasingly work within multidisciplinary and multi agency structures. Whatever the shape of the organizations where they are employed, social workers continue to work at the interface between the individual, their needs and aspirations and the particular social, political and economic concerns of public policy. As they work with people in their families and environments they make assessments, interventions and referrals and commission a range of specialist services, many in the voluntary and private sector, including some which offer counselling based on
6 Counselling skills in social work practice

casework. Some workers still make therapeutic relationships and provide direct counselling services themselves (Barnes 1990). In the varied, everyday activities of social work and care it is impossible to function without offering some level of personal work. Social workers become involved with people needing support in a crisis, change, transition or loss; protection from self or others; help to deal with disadvantage or injustice; in fact any combination of life changing events depending on the particular circumstances (Seden and Katz 2003).

Many social workers still want to ‘care’, often motivated by the wish to ‘help people’ and ‘make a difference’. The mandate to safeguard people from harm and to promote their welfare is embedded in the legislation under which social workers carry out their tasks. Brechin writes that to care is:

to accept a host of moral responsibilities for your own and others wellbeing. It is to accept that people matter. At the extreme, care can sustain or extinguish life itself. Even at its most routine, it can influence how people live their lives and the kind of people they become. Caring therefore really matters. It is fundamental to the pact of being human. (1998: 1)

Counselling skills, used to communicate and build relationships are central to care. Work with children, young people and adults, with colleagues in multi-disciplinary teams, in partnerships across agencies, and activities for continuing professional development all require attention to the detail of speaking and relating. The core business of social work is still ‘people’ and ‘talk’. Communicating, face to face, on the telephone, by email, by letter and in written reports remains a key skill. This is underpinned by the values of conveying respect and combating discrimination and disadvantage, using a knowledge base which has been developed from the social sciences over the second half of the twentieth century and redefined as society changes. Social work moves into the twenty-first century with a distinctive contribution to offer society and a more secure knowledge base on which to draw for practice.

The relationship between counselling and social work

The relationship between counselling and social work has always been complex and interactive. As two distinct activities they share some theoretical origins and ways of thinking. Professionals who qualified in the 1960s and 70s were grounded in casework principles based on psychodynamic theoretical underpinnings. Since those times social work training has moved in other directions adopting social learning (behavioural) theories, ecological and systems theories and a range of derivative practice methods (Seden 2001 and 2005). Through the radical and Marxist approaches of the 80s and the development of anti-discriminatory and anti-oppressive practice in the 90s it has reclaimed the original pre-occupation with social inequalities, injustice and social exclusion, working with people’s own
strengths and abilities using advocacy and empowerment strategies, despite a climate of resource constraint.

By the mid-1990s, however, casework appeared to be less prioritized than empowerment ideologies and functionalism. The idea of a therapeutic relationship appeared to be subsumed to bureaucratic priorities. Some social workers might have argued that counselling skills were no longer relevant to social work practice and that the focus on the struggles of the individual was pathologizing. This tension was possibly more about ideology than practice, and a renewed certainty about the value base of the profession has also brought renewed recognition of the centrality of communication and counselling skills to reflective social work practice.

The National Occupational Standards for Social Work (Topss 2003a) identify six key roles in which the ‘key core skill of communication (verbal and written), alongside application of number and information technology skills’ is embedded within the requirements for qualifying training. Both basic and more advanced counselling skills will be needed for professionals to carry out the six key roles and as they move from qualifying to post qualifying and advanced practitioner awards. In this book I will show how these well-tested skills contribute to assessing, planning and reviewing when social workers act to support and safeguard people. They are, if used reflectively, absolutely fundamental to achieving partnership with service users and colleagues within and across agency boundaries and networks.

Just as the knowledge base for social work practice has developed and been refined over the years by practitioners and academics, the discipline of counselling has also developed (McLeod 1998; BACP 2004). Counselling services and the methods used by counsellors have become more diverse. Psychodynamic counselling remains a major theoretical approach, but many others also flourish (for example, person-centred, cognitive-behavioural, integrative). Counselling practice has been re-evaluated for its relevance to women, black people, lesbian, gay and bisexual people, younger and older people and those who are disabled. Counselling training, like social work training, has re-examined its ideologies and practice as society’s attitudes and values have changed. Paternalistic and discriminatory ideologies and models have been challenged and approaches re-examined. Theory and practice in the two areas of work remain complementary.

At the same time, there is still a lack of clarity about the boundaries between the activities of social work and counselling. At one extreme all direct work with clients in social work agencies is labelled counselling, while at the other some social workers regard counselling as entirely a matter for specialist referral or the commissioning of services. Both extremes fail to negotiate the boundaries between the two disciplines adequately. The reality is that social workers in some situations take on a counselling role and counselling skills can be applied to a variety of social work tasks. Workers in Community Mental Health Teams use counselling skills in undertaking assessments and providing services. Supportive counselling and skills for communicating remain central to work with children and their families in agencies like Sure Start, Connexions and CAMHS (child and adolescent mental health services) and work with adults.
The boundary confusion is not helped by the fact that individual social workers may take on a number of roles in relation to a particular person, so that the counselling element of the working contract needs to be distinguished, clarified and contracted openly in relation to the overall package of work being undertaken (Hill and Meadows 1990). For instance a social worker may agree to temporarily take the role of offering brief counselling to a young person about a particular aspect of their life (for example, education, contact with a parent) or they may commission that from someone else. What matters is that the young person knows what is offered, by whom, and has an informed choice about the arrangements.

The historical interaction between counselling and social work is analysed by Brearley (1991) who traces the ways the two activities intertwined and influenced each other in terms of skills, knowledge and values and how the two disciplines have also developed distinct identities and training pathways. She writes:

the Barclay report identified counselling as one of the two main activities of social workers, the other being social care planning, and the report acknowledged the interlocking nature of these activities. The particular, perhaps unique, challenge faced by social workers is to offer counselling in a way that is integrated appropriately with a variety of other approaches in the overall work with a given client often within the same interview

She continues:

A logical categorization of the counselling dimensions of social work would therefore be as follows:

- counselling skills underpinning the whole range of social work
- counselling as a significant component of the work, carried out in conjunction with other approaches
- counselling as a major explicit part of the job description.

(1991: 30)

This book focuses on the relationship between counselling skills and social work practice, the first two of Brearley’s categories. My own experiences as probation officer, generic social worker, children and families’ social worker, social work and social care lecturer, counsellor and counselling trainer make me acutely aware of both the commonalities and differences of approach at a practice level between social workers and counsellors in the application of skills to their work. Social workers can be unclear about the counselling skills that apply to social work and what the major specialist counselling approaches offer to people. Counsellors can be unduly critical of the legally mandated and bureaucratic task-centred parts of social work, without appreciating the counselling and other inter-personal skills needed to facilitate these complex and difficult human inter-actions. When operating, as I have done, across the two professional areas it is clear that there is
overlap in practice skills, shared values and shared knowledge, as well as differences about how professional mandates and ethics determine the content of the work with people.

The lack of clarity about the role of counselling in social work practice is perhaps an outcome of the symbiotic relationship with the newly emerging social work profession, which in its early days was seeking to identify which areas of expertise distinguished it from other professional activities. This was most clearly the case in the second half of the twentieth century when casework literature from America dominated social work. In the 1990s it became possible to assert that the distinctiveness of social work might be identified more by a value base, within legal mandates, than by particular sets of methods.

**Social work and counselling in the twenty-first century**

It is impossible to discuss the place of counselling skills in social work without considering them in relation to the requirements for a qualification in professional social work (Training Organisation for the Personal Social Services (Topss) 2003a, b, c and the framework for social work education in Scotland). There are now National Occupational Standards for social workers and social work is defined as:

A profession which promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being. Utilising theories of human behaviour and social systems, social work intervenes at the points where people interact with their environments. Principles of human rights and social justice are fundamental to social work.

(International Association of Schools of Social Work and the International Federation of Social Workers)

A holistic model of social work is promoted which describes six key roles (standards in Scotland) underpinned by values and ethics, which are:

1. Prepare for, and work with individuals, families, carers, groups and communities to assess their needs and circumstances.
2. Plan, carry out, review and evaluate social work practice, with individuals, families, carers, groups, communities and other professionals.
3. Support individuals to represent their needs, views and circumstances.
4. Manage risk to individuals, families, carers, groups, communities, self and colleagues.
5. Manage and be accountable, with supervision and support, for your own social work practice within your organization.
6. Demonstrate professional competence in social work practice.

There is detailed guidance on what is expected under these headings and the occupational standards are accompanied by a Code of Practice for employees and a
separate one for employers. There is also a ‘Statement of Expectations’ developed from consultation with ‘individuals, families, carers, groups and communities who use services and those who care for them’. The expectations are summarized under the headings: communication skills and information sharing; good social work practice; advocacy, working with other professionals, knowledge and values. There are also subject benchmarking statements for social policy and social work degrees which training providers must meet (Topss 2003 a, b, c). There is detailed documentation accompanying the same six major areas of practice (standards) which apply in Scotland.

The International definition of social work provides an ecological perspective which suggests social workers are engaged with people who are themselves interacting with their environments. It also reminds social workers that they are there to promote change and to enhance wellbeing. The principles that guide practice are those of respecting rights and promoting social justice. These aspirations are unlikely to conflict with the ethics of doctors, counsellors or other professionals with whom social workers collaborate, but social workers have a distinct role in keeping a focus on people’s expressed needs, understanding the impact on people of economic and social inequalities and offering social support. They have powers and duties to intervene on behalf of the state to safeguard both adults and children from harm. They have key roles in building networks to provide services and working in multidisciplinary teams and agencies.

Counselling has been disserviced and misunderstood within social work when the term ‘counselling’ is used without clarity about its meaning. This can be seen in some social work literature, ever since the Barclay Report included counselling as a function of social work without further definition. It can be assumed that personal support and listening on casework principles is what is meant, but to anyone with specific counselling training, this is too simplistic. Counselling, like social work, is not one way of working. It includes several major schools of thought and practice, with differing theoretical underpinnings. It is important to stress that approaches to counselling practice are diverse, as the literature can demonstrate (Mearns and Thorne 1988; Egan 1990; Jacobs 1995a, b; Davies and Neale 1996; Lago and Thompson 1996; Corey 1997; Heron 1997; McLeod 1998).

Given the variety of possible approaches, the provision of counselling as a generic term can be very misleading. It is important that people know exactly what is being offered and the premises on which a particular service is based. Therefore, if social workers are commissioning counselling services for people they need to know, at least at a basic level, how the different therapeutic schools operate (for example, the differences between psychodynamic, person-centred and cognitive-behavioural counselling). If they have no such knowledge they are not in a position to help others to make informed choices about the therapies on offer and what approach might be most helpful. Social workers might in some circumstances advise a service user to think carefully before entering a complex therapeutic process for which they may not be suited.

This may be particularly important when commissioning a service for someone with a mental health issue or a child who needs post abuse counselling and
support. Trusting a counsellor can be very difficult and not all counselling is helpful or straightforward as accounts written by people who have experienced it evidence (Donna; Nicklinson; Spring in Malone et al. 2004). Counselling is a very varied set of activities, which is the outcome of its developmental history and the role society has given it (McLeod 1998). This makes it difficult for the public and those, like social workers, who might refer people to counsellors to know exactly what to expect from a counsellor or therapist without further exploration. There are however useful accounts on which to draw for information (Corey 1997; Jacobs 1995a, b; McLeod 1998; Walker 1995a, b; BACP website).

**Training deficits in social work**

It is still rightly assumed that some counselling is done by social workers, but a study of beginning practitioners’ readiness for practice (Marsh and Triseliotis 1996a, b) indicates that basic social work skills is an area where the respondents would have liked more training. Fifty one per cent said that too little time on their course had been spent on social work skills, by which they meant those techniques and actions by which tasks are processed, including communication skills. ‘Counselling approaches and interpersonal skills appear to be widely taught’ (1996b: 52) but students apparently remain unclear about how these relate to the pragmatic tasks undertaken in their workplaces. The study also found that the students interviewed split off theory from agency task and reported that this link was not made well by teachers. ‘The reality for many respondents was that the actual application of theory to practice was very poorly done and proved to be one of the weakest parts of the course’ (1996b: 60).

The authors describe the type of counselling taught as largely relying on Rogerian perspectives or Egan’s goal-centred psychodynamic mode:

> The definition of counselling itself varies widely, depending on the perspective from which it is being defined and practised. Approaches can range from total non-directiveness at one end of the continuum (if such a thing is at all possible) to degrees of direction and even challenge at the other end. In fact it is difficult to see how any sort of social work activity or interaction can take place without some form of ‘counselling’ taking place, unless the word is reserved exclusively for some kind of esoteric/therapeutic approach

(1996b: 54)

The study provides more evidence of the lack of clarity in social work training on the distinction between counselling skills for social work practice, specialist counselling approaches and psychosocial casework, the latter being absent from the training of the respondents in the study. Counselling is used but, in common with other theoretical models, it remains a problem for trainees and newly qualified practitioners to understand how, for what purpose and when specific approaches are relevant. Experienced practitioners still struggle with this issue, although
successful or failing practice outcomes begin to define what works. This book seeks to make the links between counselling skills and their use in practice more explicit.

Many qualified social workers seek further counselling and psychotherapeutic training, often at personal expense, to enhance their work and skills. They also write in professional journals arguing for more time and attention to be given to these areas of practice, which they feel are marginalized. Gwen Bird writes:

If social workers are to be deeply interested in the quality and character of people’s perceptions of their close relationships, as David Howe and Diana Hinnings say (Recovering the Relationship, 31 July–6 August) then social work training might well have something to learn from the training which psycho-dynamic counsellors undergo. Real understanding and empathy for human suffering and misery caused by relationship difficulties is born out of a professional training which includes two fundamental elements.

First, an in depth study of the theory which underpins early psychological, emotional and social development, such as the work of Donald Winnicott, John Bowlby and Melanie Klein for example, together with the study of more modern writers such as Michael Jacobs and Anthony Storr. Second, comprehensive self-awareness training that enables a practitioner to work from a position of strong inner stability, and not as Howe and Hinnings point out, cause them to be ‘phased by the emotional ups and downs of difficult cases’ or ‘react defensively’. Combining these two major elements in my own training with experiential work has enabled me to work with a feeling of confidence which is the result of understanding each client in a holistic way

(1997: letter)

This theme is echoed by people who use services. They regularly identify that social workers do not listen and do not understand. Jane Reeves found in a study of the views of young mothers in the care system that they valued social workers who communicated clearly. The failure to do so created barriers:

The overriding message from all of the young women who participated in this research was that they valued their autonomy, which is, of course, much more difficult to achieve when a baby is at risk. However, unclear messages, ambiguity about who was the focus of the social work interest and undelivered promises, all provoked resistance from the young women. The ability to listen, to make a connection and have fun were felt to be the best ways to encourage co-operation.

(2003: 44)

Forbat and Nar studied how carers from ethnic minorities view services for the carers of people with dementia. They found that ‘being listened to and understood’ was crucial for the carers. ‘Staff who took time to ask questions and hear complex and long stories of how the family were coping were seen as the most
These findings confirm previous ones and it is of great concern that people using services are still identifying that only some social workers are proficient in such crucial and basic skills. If people who use services value time spent in this way, it is a resource that could be provided simply by frontline managers authorizing social workers to spend more time listening. There would be an increase in service user satisfaction and the social worker’s sense of wellbeing at work. There might be financial savings if social workers listened more as an outcome would not commission unwanted or unsuitable services.

It is absolutely clear that social workers need to have at least basic counselling skills for communicating and relating and preferably to have more advanced ones, even if it is not necessary for all social workers to be qualified to counsel in depth. Exactly what is required depends upon the setting where the social worker is employed. This book examines these skills and discusses the way that they might, if used sensitively and appropriately, underpin good social work practice.

The basic skills can be identified as:

- attention giving; active listening; non-critical acceptance;
- paraphrasing; reflecting back; summarizing and checking;
- ability to use different kinds of questions; minimal prompting; alternatives to questions;
- empathic understanding; linking; immediacy;
- challenging; confronting; work with defences;
- goal setting; problem solving; focusing techniques;
- knowledge about own and other’s use of body language;
- avoidance of judging and moralistic responses;
- boundary awareness; structuring techniques; the ability to say difficult things constructively;
- the ability to offer feedback; techniques for defusing, avoiding the creation of and managing hostility;

Such skills are well documented in literature across a range of approaches to counselling and interviewing (Egan 1990; Jacobs 1982; McLeod 1998; Nelson-Jones 1981). They are essential to the counselling process and also in facilitating social work tasks such as giving benefits advice, interviews and assessment with adults, children and their families. They can be used in planning, carrying out, reviewing work and many other core social work functions at the office, in care establishments and people’s own homes.

When planning the first edition of this book, the use of these skills was verified through a survey of social workers. These were practitioners chosen because they had completed a university based counselling course and were also qualified and practising social workers. It showed them to be using counselling skills regularly. Those selected for the survey had completed experiential counselling studies training, to merit level or above, over three years. They were working in a range of settings, including mental health teams, children and families teams, adult services fieldwork and group care. The questionnaire was only sent to people
who had clearly demonstrated knowledge of counselling skills practice alongside social work practice. Respondents were asked to indicate the use in their daily social work practice of the skills listed. Twenty five out of thirty responded and the outcome is shown in Table 1.1. All the figures are percentages of the total of returned questionnaires.

This sample shows listening skills to be the most used, and challenging/confronting the least, although every skill is used to a considerable extent. It was impossible without follow up interviews to make inferences about the comparative use of skills, for example, between listening and challenging or the use of skills for specific purposes. However the survey confirms that qualified and competent practitioners in both counselling and social work consistently use counselling skills to underpin and carry out their day-by-day social work roles and tasks.

While this book focuses on skills for practice, it is also important to consider that in the area of interpersonal skills, technical proficiency alone is not enough. The attitudes and qualities of the practitioner are also important for achieving good outcomes. This was first asserted by Truax and Carkhuff (1967: 141): ‘Research seems consistently to find empathy, warmth, genuineness characteristic of human encounters that change people for the better’. This use of the self in relationship as the prerequisite for changing the other person is strongly restated in the person-centred approach and psychodynamic approaches to counselling.

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<tr>
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<td>Work on defences</td>
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<td>Goal setting</td>
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<td>Problem solving</td>
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where the conditions for therapeutic relationships are explored in detail (Jacobs 1982; Mearns and Thorne 1988).

What appears to make the difference between effective and ineffective therapists is the degree of warmth and respect towards individuals which the practitioner demonstrates. Carl Rogers (1961) formulated this as the core conditions for person-centred practice: congruence, advanced accurate empathy and unconditional positive regard. These core conditions have equally always underpinned analytic/psychodynamic therapy and social casework (Biestek 1961). Whatever counselling theory is used, it is the personal relationship and facilitating qualities of the worker that are valued, as much as skills and theoretical models, by recipients of services. This has been known ever since the Truax and Carkhuff research and there has been no contrary evidence to invalidate this finding. Current research into social work delivery finds contemporary evidence to similar effect. Hardiker and Barker (1994) found social workers relying on casework and counselling skills to facilitate complex work in cases of significant harm under the Children Act 1989. Aldgate et al. (1997) found that the clients valued the personal support, as it was viewed, of the social workers who planned respite care services as much as they appreciated the service provided.

This kind of finding is also seen in other research studies (Department of Health 2001a; Forbat and Nar 2003; Reeves 2003). In many social work settings more advanced skills can considerably enhance worker performance and confidence (for example, work with bereaved people, abused young people, people suffering from depression or other mental health difficulties, substance users or offenders). The narrative examples of practitioners’ work, which appear throughout this book, show the varied use of beginning and advanced skills in everyday social work practice.

**Choice and control**

Social workers and counsellors both work towards helping individuals develop, adjust to a change in life circumstances, or find new opportunities and resources. The key difference is that while people come for counselling through choice, those using social work services are often compelled by societal or legal mandates to address a particular area of their lives, or are driven to ask for help by poverty or some other type of disadvantage. The dimension therefore that clearly differentiates counselling from social work is context. Counsellors do not have to engage with service delivery or directly with their clients’ social environments. They can offer confidentiality in a distinctive way, and can operate in neatly contracted hourly sessions within discrete agencies.

Counselling is defined as follows by the British Association for Counselling and Psychotherapy. The definition begins:

Counselling takes place when a counsellor sees a client in a private and confidential setting to explore a difficulty the client is having, distress they may
be experiencing or perhaps their dissatisfaction with life, or loss of a sense of
direction and purpose. It is always at the request of the client as no one can
properly be ‘sent’ for counselling.

By listening attentively and patiently the counsellor can begin to per-
ceive the difficulties from the client’s point of view and can help them to see
things more clearly, possibly from a different perspective. Counselling is a
way of enabling choice or change or reducing confusion. It does not involve
giving advice or directing a client to take a particular course of action.
Counsellors do not judge or exploit their clients in any way . . .

(BACP 2004: for a full definition see www.bacp.co.uk)

The key elements of the process are:

• Service provided when you want to make a change in your life.
• An opportunity to make sense of your individual circumstances.
• Contact with a therapist who helps identify the choices for change.
• Support for the individual during their process of change.
• The end result leaving you better equipped to cope for the future.

(www.bacp.co.uk: 5 March 2004)

These guidelines can apply to some parts of a social worker’s contract with a service
user and there is some resonance with the social work task. However, social work-
ers exercise their counselling skills in very specific legal and procedural frame-
works. People can be ‘sent’ for social work; information, advice and directions are
given. Social workers are rarely entirely free to refuse to work with someone even if
they are violent or hostile. The responsibilities that social workers have and the
frameworks in which counselling takes place are different.

Social workers do engage with service users to try and work to agreed goals
together, for example in: programmes to address offending behaviour; helping
parents with childcare; supporting young people leaving care; making care plans
with adults. However, actions such as applying for an Emergency Protection Order
under the Children Act 1989 or arranging a compulsory admission to hospital
under a Mental Health Act lead social workers to intervene directly and with
compulsion in people’s lives in a way counsellors do not. Social workers cannot
offer complete confidentiality to individuals either because, subject to the
requirements of the Data Protection Act 1998, information is often shared
between agencies.

Paradoxically, the societal constraints that lead people to becoming users of
social work services, and the compulsory nature of some of the work, means that
social workers are often working with some of the most distressed, disadvantaged
and troubled people in the community; people who might benefit from an in-
depth counselling approach. Likewise, teams of social workers find themselves
suddenly involved in post-disaster counselling or situations which demand inten-
sive input when emotions are running high. This means a need for interpersonal
skills of the highest order. Many practising qualified social workers identify the
need for further training. Certainly the basic counselling skills, once acquired, are quickly put into practice:

One new social worker described this:

I remember on my first day I interviewed: first, a very abusive large man who needed furniture for a new flat and whose anger with a benefits refusal was being directed at me; second, a woman living alone with four young children whose electricity was about to be disconnected and who in contrast was weepy, distracted and desperate; third, a terrified and shocked young couple who had just been subjected to a terrible experience of racist abuse, in which their flat had been vandalised and covered in graffiti because she was a black woman living with a white man; fourth an elderly man who seemed confused about why he had come and who finally told me he had ants in the kitchen and didn’t know how to get rid of them. That was only the morning!

(communication to the author)

All those people needed practical assistance and also, in different ways, wanted understanding related to the way they were feeling. They wanted time to talk as well as practical assistance or information as to where to obtain resources or what action to take next. They all were helped by the use of counselling skills in facilitating the interview but none wanted counselling as such.

Key points

- Good communication and relationships remains at the heart of effective practice with individuals, families, carers, groups, communities and colleagues.
- Social work takes place in a managerial and legal framework within which good interpersonal skills are essential.
- Work with crisis, change and life events involves social workers in counselling roles.
- Practitioners evidence the usefulness of counselling skills and would like training opportunities to develop them.
- The outcomes of research into effective practice repeatedly give the message that people want social workers who can listen to and support them.
- Practical counselling skills are relevant to all social work whatever the practice context.

Questions and activities: for self development or discussion groups

1 Reflect on the discussion of counselling and counselling skills in this chapter. Note how they are relevant to your work.
2 Think of a time when you needed a service or imagine that you need one now.
Jot down the qualities and skills that you would want from someone who is helping you. Make a few notes on what you would not want the person to be like. Now look at the notes again, if you were the social worker would you have the desirable qualities and skills? How might you improve your skills?

Look at Table 1.1 and audit your own skills against the skills listed. Identify those that are familiar/less familiar. Reflect on how, when and where you use them effectively.