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Direct Work, Knowledge and Intervention

Introduction

In risk society changes to professional knowledge should be understood in cultural as well as structural terms. In his book *The System of Professions* (1988) Abbott describes how professions define themselves by claiming certain bodies of knowledge. He describes how, for example, in America psychiatry lost ground to social work in the 1950s as social workers developed practice approaches to casework which psychiatrists had previously claimed for themselves. Risk society affects the institutional arrangements for providing social work with the legitimacy of certain knowledge claims, their status, relevance and points of application. It also shapes the professional identity of social workers as well as their psychological conceptions of how people are 'made up' (Hacking, 1986). Particular 'reality constructs' associated with risk and uncertainty are seen to affect psychological models used to predict and make sense of human behaviour in social work and their corresponding psycho-social realities. How professional knowledge and intervention change and what form they take depends on the various institutional, economic and social processes that have significance in risk society.

This chapter elucidates the social and cultural embeddedness of important knowledge constructs in social work and locates these within risk society. It shows how when key constructs are employed they set the parameters for front-line practice, opening up some channels and closing down others. However, I try to avoid the idea of uniformity in front-line practice, simply because we must recognise

that practice varies widely depending on situational factors, adherence to particular models of practice, the priorities given over to certain policies, resources and the influence of managers. A form of path dependency is involved in the choice of a legitimate knowledge in social work which is made in reference to other sets of concepts, trends and values. Through the professional meanings that social workers attach to the knowledge and value base, the normative basis of a given paradigm is gradually established and helps reproduce its 'professional identity'. There is with any dominant knowledge base, in modern societies, a contestable arena from which it can be challenged. The boundaries of social work are always to some degree unstable, in that their sense/reference is open to challenge, manipulation and transformation. The essence of paradigm change thus lies in the malleable, shifting relationship between its authoritative sources, reference points and other professional contexts across time. Abbott (1995) refers to this as 'boundary work' in social work and points to the increased reliance on technical and forensic expertise in trying to ensure professional purity. This kind of sociological analysis helps illustrate processes of production and construction of knowledge in social work at an institutional as well as a practice level. Abbott, for example, identifies three acts which characterise what he calls 'the cultural logic of professional knowledge', these being assessment, inference, and treatment. Assessment is the process wherein information is taken into the professional knowledge system, and treatment is wherein instruction is brought back out from it (1988, p. 40). During assessment, relevant information about the client is assembled into a picture of the client's needs. This picture is then categorised into a proper assessment category and resources are identified to treat the client's needs. Inference is the process that takes place 'when the connection between diagnosis and treatment is obscure' (p. 49). In what follows we see how this cultural logic fits within social work and contributes to its professional identity.

A core feature of the chapter charts the rise of empiricism in social work and outlines some problems associated with this approach. It illustrates that risk governance is increasingly rendered within an empirical programme of direct work interventions with its emphasis on effectiveness, time limitation and outcome measures. Against this perspective a model of social work based on qualitative reasoning or 'bounded rationality' is offered. Here the discussion focuses on what are called 'heuristics' and bounded rationality as an alternative for

understanding social work practice. Attention is drawn to the significance of understanding and judgement as benchmarks of good practice, as opposed to skills, competence and standards.

Adventures on the Road to Understanding

In the 1950s a quiet revolution was taking place in social work. Little did Tom Ratcliffe realise when he gave his address on 'The Problem Family' to the Institute for the Study and Treatment of Delinquency in 1957 that this kind of perspective represented a watershed in the history of British social work. Unbeknown to Ratcliffe and his contemporaries this period marked the expansion of social casework and supervision methods that were derived from psychoanalytic theory. What later came to be known as direct work emerged in the mid 1950s as psychodynamic casework. Ratcliffe was adamant that the focus of casework should be on building meaningful therapeutic relationships through which the psychological and emotional problems of clients could be rigorously diagnosed. The problems would then be adjusted or modified through in-depth therapeutic casework. This period in social work also signalled a shift that was concerned with the dynamics of the ego and interpersonal conflict. Ratcliffe pulled no punches in maintaining that 'if the problem family's real difficulty is a primary feature of human relationships, then the only way in which we can hope to modify the situation is by providing these people with some form of satisfactory relationship therapy. In other words we must provide for them, in a therapeutic setting, the experience of a relationship which they can come to rely upon, to trust and to use as a foundation for their future relationships with other people' (cited in Yelloly, 1980, p. 108).

Ratcliffe's address was intended to consolidate the position of the casework movement by building on his influential paper 'Relationship therapy and casework' published the previous year in the *British Journal of Psychiatric Social Work*. Helen Perlman (1957a, b) had published her seminal essay 'Freud's contribution to social welfare' in *Social Service Review* and the textbook *Casework, a Problem-Solving Process*. A few years later a young Noel Timms brought these issues full circle when he wrote an article for the same *British Journal* called 'Theorizing about social casework' (1959) which formed the basis for his highly influential classic *Social Casework: Principles and Practice*, published in 1964. In the same

year Florence Hollis published her tour de force *Casework: a Psychosocial Therapy* (1964) which has left a permanent mark on the landscape of social work literature. Hollis claimed that social work is characterised by its direct concern for the well-being of the individual and as a response to the 'needs of human beings for protection against social and natural deprivations and catastrophes' (1964, p. 12). For Hollis, social work from its inception has stressed the value of the individual. Intuitive insights and improvisation by the practitioner would facilitate the kind of self-realisation Hollis had in mind for her clients. On the other side of the Atlantic, Eileen Younghusband wrote her influential introduction to Father Biestek's *The Casework Relationship* (1961). In 1967 Phyllida Parsloe reported that many caseworkers had acquired the therapeutic knowledge base which had previously been the staple diet of psychiatric social workers and that social work was well placed to develop intensive direct work with child and families by working in multi-professional therapeutic teams. The cultural context for this professionalisation of everyday life related to the weakening of taken-for-granted trust relations (Furedi, 1997, p. 134). The search for internal meaning through in-depth direct work was consolidated in the early 1970s by the humanistic perspective in social work. Analytical group work was also in ascendancy in social work. It aimed to facilitate group dynamics and the potential for transference (to the social worker as well as individual group members) to reveal neurotic and unconscious conflicts in order to strengthen the individual by enhancing self-understanding and self-development (Foulkes, 1986). Goldstein's (1973) highly individualistic account brings out the link between feelings and reflexive processes of self. As part of the primary task social workers should have 'the capacity for feeling and sensing, for "knowing" in internal ways the inner states of others, at times without the benefit of specific clues' (1973, p. 104). As Cooper (1989) points out, not only were insights about how the client was feeling central to these developments but also the 'conscious use of the relationship between the worker and the client' (p. 178). The humanistic strand connects easily to this Freudian perspective. Shaw's *The Self in Social Work* (1974) was a further attempt to bolster the reflexive project from a therapeutic perspective. Drawing on the work of Maslow and Rogers he argued for a humanistic therapy that emphasised the primacy of 'self-actualisation'. Here we can see once again how social work encapsulates some central tenets of reflexive modernity by pitting the self

against the formative processes of individualisation and group dynamics (Webb, 1996).

American social workers were ahead of the field in developing casework. As early as the late 1930s and early 1940s the role of social work was seen predominantly in therapeutic and clinical terms with by far the most important perspective being psychoanalysis. In Britain in the 1950s three important contexts underpinned the developments of the psychoanalytic casework method, or what was subsequently known as in-depth direct work. The institutional context was crucial in fostering a favourable climate for psychoanalytic ideas in social work. The Association of Psychiatric Social Workers (APSW), the child guidance clinics and the Tavistock Institute all played an important role in the dissemination of psychoanalytic therapy in casework methods. In 1956, for instance, the APSW published two path breaking books, *The Essentials of Social Casework* and *The Boundaries of Casework*. By the early 1960s the Tavistock Institute was running courses on advanced casework for probation officers and the powerful child guidance movement was harnessing psychoanalytic perspectives from the 1950s onwards.

The second context for the proliferation of therapeutic casework is best understood in terms of the history of psychoanalytic ideas. In particular, the work of John Bowlby, Donald Winnicott and Melanie Klein had a crucial influence on casework methods in social work. Bowlby published *Maternal Care and Mental Health* in 1951; Klein's *Love, Guilt and Reparation* also came out in 1951; and in 1957 Winnicott wrote his enormously important *The Child, The Family and the Outside World*. Bowlby was perhaps the most influential writer on social work during this period and he became a director at the Tavistock Clinic in the late 1950s. His central idea of maternal deprivation placed a great deal of emphasis on nurturing, intimacy, basic security, continuous relations, warmth and trust. Here Bowlby was underlining the primacy of affective life and its impact on inner psychological processes. He later consolidated the importance of this affective dimension in his influential work on attachment theory. As we have seen in earlier discussions this is the very stuff of self-identity in reflexive modernity. Clearly, social work was experiencing what might be called a reflexive renaissance during this period. As Elizabeth Irving happily remarked, 'It is no longer the validity and relevance of psychoanalytic theory which is in question, but the extent to which it can be assimilated, and the

ways in which it can be applied by the general body of caseworkers' (cited in Yelloly, 1980, p. 108). As Yelloly (1980) shows, by the mid 1950s the practical working out of these psychoanalytic ideas was integrated into the new generic social work courses run by Eileen Younghusband at the London School of Economics. Classic contributions though these may be, we might wonder how many psychodynamic references are on primary reading lists for students on social work courses today. These writings feel dated perhaps because of the use of anachronistic terms such as 'problem families', 'juvenile delinquency' and 'mental retard' (Welshman, 1999).

The final and perhaps most important context is the cultural dimension in which this movement formed and crystallised in social work. Here we see the ways in which people experience changing notions of selfhood and inner understanding as part of a changing sociocultural climate. Crucially, intimate relationships and the discovery of the self are increasingly taken up as privileged sites of inter-personal meaning which are regarded as part of the fabric of a changing private sphere of intimate relations. Social work played a leading role in this journey of cultural change. Arguably the late 1950s to mid 1960s were the high point of the professional standing of social work in Britain. The very success of psychodynamic casework models in social work gains further legitimation and power through the popular recognition of the importance of social work as an arm of personal social services. This was consolidated in various legislative acts, such as the Children and Young Persons Act 1963 and attendant reforms to the structure of the profession. Here success breeds success. Social work was riding high on the legitimation of specialised casework models and professional status was gained from its close relation with medicine and psychiatry. However, a broadly sympathetic cultural climate also paved the way for its success. That is, a general climate emerged which was sympathetic towards therapeutic models of personal and familial relationships and new child rearing practices during this period. This created a kind of sensibility favourable to psycho-'logical' considerations by the informed intelligent public eye and middle classes. The general public tended to lump psychology, psychoanalysis, psychotherapy and dynamic psychology all together. Thus an unarticulated climate of sympathy for 'psycho'-related literature emerged in the late 1950s and 1960s that found a place in the training of teachers and social workers.

What kind of common explanatory framework can be found that underpins all the relationships between the caring professions and

society and more generally in individual and familial relationships? A loose cultural skin derived from diverse factors increasingly constellates and deepens the therapeutic mode and the success of social work during this period. The key to this was found in a set of elective affinities which ranged from psychoanalysis and other therapeutic strategies such as existentialism and transactional analysis. These interests proliferated even further in the 1960s with people increasingly looking to make their lives meaningful. Psychotherapy and counselling gain ground in the popular imagination and new interpretive professions mushroom across the cultural landscape. Highly acclaimed academic books were increasingly watered down into middle-range and popular accounts. The bestseller *I'm OK, You're OK*, Eric Berne's *Games People Play*, Eric Fromm's *The Art of Loving* and Colin Wilson's runaway success *The Outsider* are exemplary of the popularisation of this search for an understanding of the inner self, intimacy in relations and self-exploration. From the 1960s onwards self-improvement and actualisation became popular hobbies with the advent of 'Do-it-Yourself' lifestyles. These populist manifestations of self-help and therapy grew out of the dissemination and mixing of psychoanalysis and existentialism. As we have seen they were also assimilated by social caseworkers. The psychoanalytic accounts of cultural phenomena exemplify how social workers used their commonly shared 'knowledge preserve' to make sense of events and simultaneously to maintain their own professional reality, drawing on wider cultural resources as well as implicitly legitimating the social reality of depth psychology.

The growth of the casework movement in social work during the 1950s and 1960s tells us something important about processes of social and cultural change. It reveals how modernity's market economy emerged along with the arrival of such 'individualising forms of knowledge' as psychoanalysis. This requires people to regard themselves as autonomous, self-determining and desiring individuals in order to consume and advance themselves economically. Psychoanalysis provided the theoretical paradigm through which the promotion of individualisation under late capitalism came to flourish (Leuenberger, 2002). Psychosocial well-being, instead of, say, 'social qualities' under state socialism, defines people's individual characteristics and desires. We can detect the dynamic way in which social work contributed to the formulation of key aspects of reflexive modernity. The casework model signalled a shift in approach from passive to active engagement with clients. It also emphasised

the importance of everyday life and its stresses and strains. Again Tom Ratcliffe was at the forefront of this approach when he argued for the worker needing to become more active in the casework relationship and present herself more as a real person, revealing her feelings, thoughts and attitudes and ensuring that sympathy, sensitivity and concern were important in gaining insight into the client's inner world (Ratcliffe & Jones, 1956). Here again we see the elevation of the affective dimension, not to mention the role of unconscious motivations at work in galvanising the call for a psychoanalytically informed social casework. It is here perhaps that we see in some significant respect the consolidation of reflexivity as the basis of social identity in modern societies. The casework approach however did not come cheaply. It required intensive long-term work with clients. Psychodynamic social work demanded a heavy investment of consultant time and its supposed effectiveness was gradual and not readily apparent in the early stages (Skynner, 1967). As Younghusband pointed out, the Seebohm Report was sold on 'this line of thought' and particularly the consultation model (1978, p. 186).

Issues of supply and demand in social work became even more pressing during the 1970s in Britain. There was an enormous increase in demand for social services during this period. This made it impossible for qualified social workers to cope with casework and administrative requirements. This was in part a result of social work's huge success in the 1960s. As Cooper (1989) notes, 'The social worker of the 1960s, who offered clients casework as a marketable skill, enjoyed a considerable degree of public confidence' (p. 177). The increase in demand, however, was more significantly due to the reorganisation of social services departments in 1974 following the Seebohm Report. As Cooper notes, by the early 1970s casework was under attack. She makes the telling point that 'the notion of reorganizing service delivery in the air, an undeniable tension was developing . . . between the one-to-one relationship as the basis of a therapeutic device, and the direct service givers, project planners and welfare administrators . . . not to mention the task centered and integrative approaches which were rounding the corner in the seventies' (1989, p. 179). The nature of social work was changed by the new organisational structures that emerged at this time, with their emphasis on resource management, bureaucratic efficiency and legislative responsibilities.

There was massive under-recruitment of social workers following

their reorganisation into generic area teams in the mid 1970s. However, a Department of Education & Science (DES) circular published in March 1974 reported a serious shortage of qualified staff especially in childcare (DES, 1974). This also led to the employment of unqualified social workers, especially in residential care. In 1973 a CCETSW report in on training and qualifications concluded that with a total of 395,000 people in residential care only 4 per cent of the 65,000 staff who cared for them were qualified. As Younghusband pointed out, 'The proportion of unqualified field-workers had doubled from one-fifth in 1972 to two-fifths by 1975' (1978, p. 243). This impacted directly on workload and casework management. Such institutional and economic mechanisms provided social workers with incentives to give up previous casework and therapeutic practices in favour of currently predominant models discussed below. As a result psychoanalytically driven casework, which by definition required intensive and long-term intervention, came under threat. Therapeutic work, group work and focused direct work increasingly came to be seen as a luxury which social work could not afford. It's relevant to note that much of intensive and long-term work has gradually been transferred from local authority social services to private and voluntary organisations. Just as important in understanding these changes was the element of work-based professional autonomy that adherence to a psychodynamic perspective permitted. The autonomy of the psychodynamic worker from institutional management was achieved by dint of the nature of their model of practice. This tied them more closely to a circular process of introspective work between the client and their own professional involvement. This resulted in a relative autonomy from the administrative responsibilities entailed in the structures of social services departments. It was thus difficult to manage the therapeutic caseworkers within a traditional formal bureaucratic system. It was, however, largely economic factors forcing the move away from psychodynamic casework. Therapeutic casework was also thought to encourage dependency on the part of clients who were unable to deal with their 'fateful moments'. As we'll see a quick-fix solution, at least economically, was waiting in the wings and one that could be readily justified on expert scientific and technical grounds.

But what happened by the end of the 1970s to all those social workers that had adhered to a therapeutic casework approach? Clearly there is still a preoccupation with attachment theory in children's services and it tends to dominate child development

programmes. However, the rising demand for social work services and the consequent pressures on resources led to a decline in therapeutic work. The emergence of task-centered, crisis intervention and behavioural social work filled this gap nicely as more cost-effective intervention. These behaviourally oriented interventions proposed short-term, conflict-oriented forms of therapy that attempted to alter maladaptive behaviour in a beneficial manner according to learning-theoretical precepts. In Britain the attacks on psychoanalytic casework were less brutal than one might imagine from behaviourally minded thinkers such as Eysenck, Hudson and Sheldon. The proponents of behaviouralism and task-centered casework merely chipped away at the foundations of the 'talking cure' approach of therapeutic social work. Holistic casework gradually came to be replaced by short-term models that emphasised a cause-effect approach to change. Brian Sheldon was happy to announce at the end of the 1970s that the press and other opponents of social work had got hold of figures which proved the ineffectiveness of the dynamic casework approach. Clearly issues of trust and credibility were at stake in the critique undertaken at this time. Sheldon was even moved in his book *Behaviour Modification* (1982) to quote, ironically perhaps, that old casework faithful Noel Timms: 'But you can't solve a problem by talking about it. Something's got to be done!' (p. 10). Adherents of the positivist 'what works' slogan wished to replace psychodynamic casework with a more effective approach (see Jordan, 2000, p. 205). The adventurous search for an understanding of the inner world of the client was coming to an end. In 1978 Olive Stevenson and Phyllida Parsloe, two leading academics, did not help the case by announcing that practitioners in social services departments were fast retreating from holding strong theoretical allegiances. Unfortunately they didn't explain why this was happening. Did the goodies win and the baddies bite the dust? Not quite so.

As a consequence of bottlenecks and changes in welfare provision as well as the restructuring of social services departments psychodynamic caseworkers mainly disappeared from the scene. Since those heady times, however, some writers in social work have been highly critical of the emerging orthodoxy of behavioural methods. They were sceptical about the cult of empirical realism with its statistical data, performance components, behaviour modification, problem solving and short-term interventions. It must be remembered that the antagonism towards psychodynamic work came not only from the behaviourists but also from the radical left in social

work with publications such as *Case Con! When Towards a New Social Work* (Jones, 1975) and *Social Work Practice under Capitalism* (Corrigan & Leonard, 1978) were published by the radical left, they rounded on therapeutic caseworkers with all the viciousness of ultra-left entryists. These Marxists found the well-mannered dynamic-oriented caseworkers thoroughly contemptible. Therapeutic methods, such as Freudian psychodynamic approaches, were attacked as scientifically untenable, ideological, internalist and incompatible with Marxist premises. The latter argued that casework was little more than the exercise of power that manipulated and pathologised working-class clients (Broadie, 1978). Psychoanalytic concepts such as 'the unconscious' and the emphasis on irrational processes were seen as a potential threat to radical social work that was grounded in rational and materialist socialist presuppositions. The main contention was that psychoanalysis did much to undermine the profession's social conscience (Sinfield, 1970, p. 57). The radical left gained confidence from their camp followers in the broad-church community work movement that they had infiltrated (Bulmer, 1987). The war on this front was for a time no more than a war of words. Insults were exchanged but essentially it all took place on paper. The caseworkers were well aware that Marxism had its dark side, its excesses, and they tried to understand its tendency to go off the rails, therapeutically. Little did the Marxists anticipate that they would soon be glad of allies from the ranks of the middle-class caseworkers they had so eagerly attacked. The common foe, of course, was the lower-middle-class shop owner's daughter Margaret Thatcher who in 1979 became Conservative Prime Minister. The conflict in social work seemed like a Sunday-school picnic when compared to the arid and despotic Thatcherite onslaught on the welfare state and its sympathetic intellectual cadre. Community work – the preferred field of social work practice for the left which had been widespread in the seventies almost disappeared in the eighties. Later on the enfeebled Marxists discovered they could find their self-expression in anti-oppressive practice.

Let's return momentarily to the story of the demise of dynamic casework. There were various alarmist and polemical contributions made at the time of its demise. Brewer and Lait opportunistically threw in their two-pennyworth with *Can Social Work Survive?* (1980). This publication resulted in some heated debate. They suggested, at least by implication, that dynamic casework was merely meddling with people's problems and that much higher

levels of professionalism were required. This unsophisticated tract received more attention than it deserved. It did, however, to some extent put the cat amongst the pigeons for therapeutically minded caseworkers. Some considered Margaret Yelloly's *Social Work Theory and Psychoanalysis*, published at the peak of the crisis of confidence in 1980, to be a significant counterpoint to the flagrant successes of the empirical realist movement. Alas, today it is more often than not read merely as a good history of psychoanalytically minded social work. More recently, David Howe and some of his colleagues at the University of East Anglia have been developing a viable therapeutic approach for social work. Their vigorous attempts to deepen the psychosocial perspective certainly indicate a loyalty to the casework traditions of the 1950s and 60s. The resultant effect is that attachment theory has come to singularly dominate children's services when thinking about child development and parenting skills. It's interesting though, that Howe (1998) is so keen to discuss the ambivalence of attachment and the relation between security and insecurity without ever locating it in the context of risk society. We have seen in previous chapters how reflexive identities are intimately caught up in late modernity with its attendant risk, insecurity and problems of trust. Giddens's framework of ontological security and the contradictions of intimacy and the pure relationship would certainly provide a deeper and critical social explanation for the psychosocial theory of relationship-based social work and forms of therapeutic casework.

We've seen how notions of the self are constituted in social work and perform as a significant means of professional legitimation. Little did the supporters of behavioural and task-centred social work realise, for example, that their victories in the relatively unimportant field of social work (or so the politicians believe) would play nicely into the hands of neo-liberal welfare reformers and the new public management agenda in the eighties and nineties. Their mantra of individual success, as derived from measurable performance, was foreshadowed by the science of behaviourism. Not only do the differences in approach between the mid 1950s and late 1970s indicate a shift from depth to surface, and from holism to particularism, but more importantly they represent significant shifts in the contours of late modern politics. There is an alternative history of casework, therapeutic interventions and direct work that is explored in the next section. This is a socio-culturally sensitive exposition that places the changing fortunes of direct work firmly within the politics of risk society.

Risk, Short-termism and the Empirical Movement

From the early 1970s onwards empiricism has been increasingly entrenched in practice-based models of intervention in social work. Empirical knowledge, simply meaning knowledge gained through observation, is lauded as the most effective method for bringing about psychosocial change with clients. Increasingly front-line practice is reconstructed and re-evaluated in light of the grip this paradigm holds. It signifies the individualisation of practice interventions based on scientific criteria, with common sense precepts replacing depth interpretation and a preoccupation with unresolved desires. We shall see how the knowledge claims of social work are embedded in, shaped by and informed by a wider scientific community that tends to under-theorise the encumbered self of the service user. This shift also represents a closer link between applied and basic research and front-line practice which attempts to ensure social work's scientific relevance in advanced liberal societies.

I now want to turn briefly to the impact this has on practitioner-client relationships. Today statutorily based front-line practitioners report that intensive direct work is in decline. This gradual demise of face-to-face or relationship-based work has occurred over the past 20 years in statutory social services. In his powerful critique of late modern societies Richard Sennett (1998) points to the erosion of enduring relationships that may help explain some of the changes we are witnessing in social work interventions. Sennett traces the decline of long-term, sustained and deep relationships as an effect of transformations in the organisation of work and asks how people can generate meaning and identity under conditions of increased risk and flexibility. He argues that the replacement of 'linear time' by punctuated 'serial time' (short-term projects, short-term contracts) leads to a series of losses: a loss of commitment to the work at hand, a loss of loyalty to the organisation, and diminishing trust between working colleagues. Wittel (2001) regards 'speed dating' as emblematic of these changes and describes the way they affect skills and experience: 'Skills become more portable and experience loses value. The ability to focus quickly on new tasks counts more than the accumulation of experience. Change becomes a value itself and resistance to change is taken as a sign of failure' (p. 63). In social work we can observe this in the tendency towards ephemeral but intense relations between practitioners and clients, whereby fast, over-loaded and time-pressured contacts become the norm. Perhaps

the rise of short-termism in social work is an indicator of the growing number of freelancers and agency-based practitioners in statutory social services as well as their inability to recruit appropriately qualified personnel. It was indicated above that much of what was previously considered intensive direct work is increasingly being carried out by voluntary and independent sector agencies. In current practice this serves to ferment the privatisation of risk under neo-liberal rule whereby case workers are replaced by personal advisors who negotiate short-term individual care packages and gather information from stakeholders. It should be noted that whilst pockets of practice excellence continue to exist in the voluntary and independent sectors they are fragmented with no coherent strategy or common purpose (Orme, 2001).

We've identified the backdrop to this as the shift from long to short-term work, from holistic to particularistic and from depth case-work to ephemeral interventions in local authority social services. The increasing predominance of what I've called empirical realism in social work – behaviourism, task-centred approach, problem solving, crisis intervention, motivational interviewing, and the now fashionable cognitive behaviourism – helps facilitate the short-termism and the privatisation of risk (see Trotter, 1999 for a defence of problem solving intervention). Historically the resulting effect was that short-term and conflict-oriented risk interventions became dominant by the end of the 1970s. The label is not far off the mark given that one of its key advocates, Reid (1994), refers to it as the 'empirical practice movement'. As Jordan (2000) points out, this movement is 'brisk and businesslike' with the 'best results obtained by breaking down complex problems into small constituent elements and focusing programmes on changing the actions revealed'. As a supporter of this perspective Scriven (1997) makes the plea that 'it is better to build on what might conceivably be so . . . than not to build at all and that it is a waste of time to try to solve the problem of epistemology without getting on with the job' (1997, p. 479, cited in Jordan, *op. cit.*) There are good sociological reasons why task-centred and solution-focused models are reassuring to front-line practitioners: (1) they offer a semblance of order and certainty in an otherwise complex and messy world; (2) they help in verifying whether their assumptions about service users resemble social reality; (3) they help deal with the gulf of execution – the gap between knowing what they want to have happen and knowing what to do to bring it about; (4) they fulfill the over-riding preoccupation with the life planning

methodology in social work. This is most evident in Reid's book *The Task Planner* (2000) in which every conceivable problem is listed alphabetically, and typically includes a description of the problem and a list of tasks and checklists that client and practitioner may select to address the problem. The danger with adhering to this kind of perspective is that it can result in crude unreflective instrumentalism, in the bid to water things down to tasks, to dilute difficulty, to make things so simple that they no longer carry any depth of meaning or value for service users. The supreme values of these empirical perspectives are utility and simplicity. From this perspective social work is essentially done for the sake of doing; it is an instrument – a directive instrument – for altering the behaviour of an environment, gathering informing and collecting data. This perspective fits nicely with the neo-liberal political agenda where the utility maximising individual appears everywhere in the face of risk.

Empirical approaches are likely to be far less resource-intensive than long-term casework with clients. The over-stretched and hectic nature of social workers' jobs leaves little time for theoretical reflection or the incorporation of up-to-date research findings. Social workers often prefer the more empirical approaches because they are more practical and straightforward in nature. The mix of approaches derived from learning theory and the positivist paradigm also facilitates an eclectic approach in which social workers adopt a 'toolkit' mentality. Here they select particular bits and pieces from different low-level models of intervention and apply them to specific cases which they consider the most suitable. Carew's (1979) study confirms this and gives examples of responses from practitioners such as 'I try anything that might work'; 'I use different parts of theories according to what's relevant to a particular case'; and 'I tend to be eclectic'. More worrying perhaps is that these early studies show that few social workers had a comprehensive understanding of theory or even used theory at all in their practice (see Howe, 1980; Loewenberg, 1984). Remember this is a long way from the heady days of the theory-immersed psychodynamic casework of the late 1950s. 'Fit the knowledge base to the case' using 'what works' has become something of an anti-intellectual slogan in social work over the past few decades. It's worth reminding readers that the story behind the 'what works' slogan, currently so fashionable with Department of Health and Home Office officials in the UK, lies with the publication of American sociologist Robert Martinson's (1974)

article entitled 'What works?'. The manifesto proportions that this article assumed soon became a sobering reminder of the possibilities of research conclusions taking on an inappropriate life of their own in penal policy and crime rehabilitation. Dogmatic adherence to the approach had disastrous effects once the policy makers realised that its key organising principles were over-simplistic, misleading and had serious unintended consequences. From 1974 in the USA and Australia it led to the subsequent reification of 'Nothing Works' with writers arguing that the 'what works' syndrome is an illustration of the potential for research to fall victim to the dangers of socially constructed realities (Sarre, 2001).

Policy statements, case management and practice guidelines for front-line practitioners were constantly revised as certain approaches came to be seen as more scientifically validated, effective and efficient forms of intervention from the mid 1970s onwards. The above discussion has traced the rise of empiricism in social work which we can summarise by identifying five factors that explain the success of behavioural, crisis, task-centred and short-term interventions:

1. Short-term work is economically more resourceful and cost efficient, whilst mirroring organisational changes in workplace culture.
2. Empiricism accrues legitimacy by its association with hard science.
3. Task and solution-centred models are not too intellectually demanding for practitioners.
4. The 'what works' syndrome is appealing because it makes sense.
5. Outcome-based models feed comfortably into the auditing and performance measurement culture.

The risk society thesis helps explain why social workers tend to be eclectic in their use of knowledge-based interventions and skills, that is, in their preference for 'what works' in employing different models for different types of presenting problem. Rather than accounting for this tactic in terms of the pull of competing perspectives another important explanation stands out, that is, the complexity of generated knowledge, which in part determines the preference for an eclectic approach. Knowledge transference in work relies on the constant differentiation of findings in a hyper-complex environment. Thus, the selective sorting out of what counts as knowledge is

a result of information overload and a flood of surplus evidence. As Beck (1992) points out, in risk society 'the recourse to scientific results for the socially binding definition of truth is becoming *more and more necessary*, but at the same time *less and less sufficient* . . . the users of scientific results . . . become more dependent on scientific arguments *in general*, but at the same time more independent of *individual findings* and the judgement of science regarding the truth and reality of its statements' (p. 167, emphasis in original). What Beck means by this is that complex knowledge claims about empirical reality fail to become sufficiently grounded at a subjective level. There is a superfluous production of floating facts whereby experts challenge other experts. They work like television quiz shows, reproducing endless amounts of tiny facts, stored one on top of the other, but never amounting to very much.

Empirical practices complement but also contradict and displace each other as new 'systematic findings' become available. Indeed, the falsifiability thesis, on which empirical science is so dependent, makes a virtue out of the superfluity of contradictory findings. The more science the better – even if it cancels out previous truth claims. One researcher claimed social work is *expected* to apply special scientific knowledge in order to solve social problems (Matthies, 2001). And yet increased institutional reflexivity, resource limitations and the superfluity of knowledge mean that front-line practitioners are virtually forced to make their own decisions about what works best. Imagine the difficulties facing front-line practitioners trying to wade through the latest batch of systematic reviews, evidence-based protocols and research-minded guidelines – the surplus of empirical opinion – as they confront yet another difficult client or performance-minded manager! In these circumstances it's likely that front-line practitioners will harbour a deep-seated distrust of rational systems and policy makers who construct them.

Some social workers inevitably remain nostalgic for the traditional professional status that holistic psychodynamic casework afforded them and there is still an appeal for meaningful therapeutic encounters. Perhaps, paradoxically, there's even a residual security to be found in this kind of work because of its uncertainty. As one polemicist remarked, 'uncertainty makes us free!' (Bernstein, 1998, p. 229). Those professing practice wisdom as the basis for their work may view the burgeoning empiricism sceptically. Unfortunately, the remaining front-line workers belonging to the old guard of casework find it sometimes difficult to make the transition to the 'what works'

paradigm. They are forced into a kind of schizoid position, writing reports, for instance, in a manner that doesn't reflect the way in which they actually work. The pressure to conform to fashionable paradigms, such as cognitive behaviourism, and abandon previous practices, becomes almost inescapable. As standard setting is enforced, front-line practice may undergo a slower and more multi-layered process of change. There is no doubt that most social workers will be required to adjust to the new knowledge base driven by the empirical movement. As we'll see in the chapter on technologies of care (Chapter 5) these combine economic and technical factors and exert a strong pull on front-line practitioners to think and act according to precepts about 'what works'.

There is another relevant explanation for the decline of face-to-face work that creates favourable conditions for empirically based interventions. Psychoanalysis is steeped in a tradition of radical doubt encapsulated by notions of resistance, inner conflict and the unknown workings of the unconscious. Empirical realism, however, reassuringly purports to offer certainty, facticity, predictability and stability. Paradigms such as behaviourism and task-centred social work rest on the assumption that the future reproduces the past unless modified. In this sense the problem of foreseeability is crucial to the logic of calculating the effects of intervention. Social workers often work with common sense judgement and reasonable foresight about what shapes and governs the lives of service users. If dynamic caseworkers were trying hard to accommodate essential tensions of human indeterminacy as a complex mechanism of the mind, then the empiricists were resorting to the inevitable tendency to rationally objectify particular behavioural sequences and contain them within tight cause-and-effect models.

If the psychodynamic approach revelled in contingency, empiricism attempts to obliterate it. Calculation cannot deal with the unconscious or the ritual battles waged between super ego and id. As Giddens notes, 'Living in a risk society means living with a calculative attitude' (1991, p. 28). Drawing on Ulrich Beck (1992) the first part of my argument is that the emergence of empirical realism in social work lies in the growing awareness of risk in modern societies. The empirical movement can be regarded as an expert technical response to growing fears of risk. The increased awareness of risk is reconstructed as a struggle among rationality claims in which some compete and some overlap. A plethora of empirical alternatives, which are often simply variations of a recurring theme around

outcome-focused work, emerges in the construction of legitimate models of intervention. This leads to my second argument. The more we become aware of risk, the more knowledge is generated about the nature of risk, its causes, structures and dynamics. Scientific and empirical knowledge is forced to respond to risk and by doing so opens up decisions and new contexts for action in social work. Thus the rise of empirical realism in social work can be understood in light of the move towards the preoccupation with the calculability of risk. Calculating behaviour along a certainty–uncertainty continuum sits at the centre of short-term empirical work. Measurement and predictability also figure highly in this discourse. Writers from the social learning perspective, for example, are preoccupied with controlled environments, stimulus-control techniques, intermittent reinforcement schedules, shaping adaptive behaviour and optimum modelling conditions. Epstein's (1980) overview of task-centred practice claims, 'The model is capable of measuring outcomes and strengthening accountability' (p. 1), with Sheldon (1982) claiming that 'sometimes when clients set about measuring the extent of their current problems the situation improves' (p. 115). These writers believe that baseline measures of effects are effective because they help clients focus on the minutiae of their daily lives in a controlled manner. This is empirical realism at its starkest, as an administrative technology attempting to functionally cope with risk contingencies. The 'contract' work complements these kinds of interventions; it is in effect an insurance against risk and an attempt to legislate for predictable outcomes. The preoccupations with baseline measurement, controlled environments, low-level data generation and shaping behaviour rely on a particular conception of normality and pathology. As Rose (1985) argues, this brand of empirical psychology grounds itself 'in the belief that there is a symmetry between three registers of norms – norms of socially desirable conduct, norms of the distribution of psychological characteristics and attributes in the population, and statistical conceptions of the normal distribution of variation in large groups' (p. 227). In the messy social world no such normative distributions exist let alone any symmetry between them.

What You See Is Not What You Get

Given its dominance in social work it may surprise readers to know that empiricism is a dead horse in the philosophy of science. It's long

been acknowledged that empiricism is conditioned by two dogmas. One is a belief in some fundamental cleavage between knowledge that is grounded in meanings independently of matters of fact, and knowledge that is grounded in fact. The other dogma is reductionism: the belief that each meaningful statement is equivalent to some logical construct which refers to 'given' or immediate experience (Feyerabend, 1981). Empiricism holds that only sensory knowledge is valid, for it alone securely rests on the impressions of the thinking subject. This is classically referred to as the 'myth of givenness' – the notion that facts are out there to be observed. Feyerabend (1981), for example, argued that in principle experience is necessary at *no* point in the construction, comprehension or testing of empirical scientific theories. His devastating critique of science led him to conclude that 'objectivity' is a fallacy and that there may be nothing to choose between the claims of science and those of astrology, voodoo, and alternative medicine. In *Against Method* (1975) Feyerabend undermined science's privileged position within culture and within Western societies. He argued there is no such thing as a pure objective scientific method and that we can't justify science as the best way of acquiring knowledge. The truth, he suggests, is that:

science is much closer to myth than a scientific philosophy is prepared to admit. It is one of the many forms of thought that have been developed by man, and not necessarily the best. It is conspicuous, noisy, and impudent, but it is inherently superior only for those who have already decided in favour of a certain ideology, or who have accepted it without ever having examined its advantages and its limits. (1975, p. 295)

As long ago as 1956, Wilfred Sellars in his classic paper 'Empiricism and the philosophy of mind' launched 'a general critique of the entire framework of givenness' as the key methodological principle of empiricism (p. 254). In so doing, he questions the notion that empirical knowledge has its foundation in knowledge of a privileged stratum of particular facts, explicitly pointing out that 'if observation reports are construed as actions, if their correctness is interpreted as the correctness of an action, and if the authority of an observation report is construed as the fact that making it is "following a rule" in the proper sense of this phrase, then we are face-to-face with givenness in its most straightforward form' (p. 296). For, he says, on these stipulations 'one is committed to a stratum of authoritative non-verbal episodes ("awareness") the authority of which accrues to a super-structure of verbal actions, provided that

the expressions occurring in these actions are properly used' (p. 296). With respect to knowledge itself, he neatly points out that 'in characterizing an episode or a state as that of *knowing*, we are not giving an empirical description of that episode or state; we are placing it in the logical space of reasons, of justifying and being able to justify what one says' (pp. 298–9, his italics). Empiricism tends to freeze all of history in present findings. It rests on the assumption that social relations are controlled by external and eternal 'laws' of nature made visible by facts and statistics (see Bhaskar, 1986; Moren and Blom, 2003). Such a view minimises the generative role of judgement, intentionality, and human activity in producing social life (see Shiva, 1998). It is perhaps as a consequence of risk society that empiricism is preoccupied with the human interest in prediction, calculation and control. Few if any philosophers or cognitive scientists think any longer that perception is given or a purely passive reception of data. Rather it is seen as an active integration and interpretation by way of complex systems of meanings, symbols and different lived experiences.

Heuristics and Social Work Practice

In *New Foundations for Scientific Social and Behavioral Research: the Heuristic Paradigm* (1995) Katherine Tyson provided a compelling critique of the way in which empiricism and logical positivism came to dominate social work research in America (see Smith, 1987). She developed an alternative approach to social work research and practice based on the fast developing 'heuristic paradigm' in cognitive science (Jackson, 1996). Tyson traced the vicissitudes of research in social work with the dominance of logical positivism and its commitment to stability, perfectibility, certainty and predictability. This model views the practitioner as a rational actor who makes decisions on the basis of the logical accumulation of objective facts or evidence. There is a wider cultural context that explains the dominance of empiricism in social work. Tyson sees this as part of the hidden agenda of modernity that abandoned the humanistic tradition in which the essence of the human condition is perceived in meaningful interpersonal relations and valorised masculine models of reason. She claims that positivistic research is in cahoots with the empirical movement in social work in producing barely relevant narrow research boundaries, over-simplified hypotheses that contradict the interests of front-line practitioners,

and poor substitutes for scientific methods. Against this tradition Tyson argues that research in social work is context-dependent and based on complex interpretive strategies or 'heuristics'. Practice research is more a process of inferential discovery based on trial and error rather than a mechanical instrument designed to prove observations. This perspective prioritises the immediate certainty of an intuitive and reflective knowing for social work practitioners (Taylor & White, 2000). For Tyson and collaborative writers such as Martha Heineman Pieper the heuristic paradigm is designed to bridge the gap between research and practice in social work and define best practice for service users.

Practice-based heuristics are based on a model of 'bounded rationality'. One way to understand bounded rationality is derived from Simon's concept of 'satisficing' (Simon, 1975; 1987; 1991). For Simon 'the rational actor seldom if ever actually selects the most efficient means to achieve given ends. Instead, s/he selects those means found satisfactory given her/his cognitive limitations, the availability of information, and the constraints placed on her/his time and resources. The rational actor is engaged not in maximizing but in "satisficing" values, that is to say, in achieving satisfactory rather than optimal results' (1991, p. 12). Thus satisficing is a method for making a choice from a set of alternatives encountered sequentially when one does not know much about the possibilities in advance – typical of much front-line practice. In such situations, there may be no optimal method for stopping searching for further alternatives – there would, for instance, be no optimal way of deciding when a person is at risk of abuse or when family disruption or breakdown may occur. According to Simon, 'satisficing takes the shortcut of setting an aspiration level and ending the search for alternatives as soon as one is found that exceeds the aspiration level' (1991, p. 27). In such cases social workers actively seek out evidence that confirms pre-existing beliefs and consider how they can take the most satisfying course of action in relation to a particular case, taking into account any constraints of the situation. It is precisely the reciprocal movement between the beliefs, local rules of interaction and the properties of organisational and policy context that determines the type of judgements reached. Day-to-day social work is thus 'sense making' by dealing with structured familiarities, readiesses, situational discrimination and know-hows that underlie flexible initiative and response (see Saleebey, 2001).

As Hubert Dreyfus (Dreyfus & Dreyfus, 1991) has argued,

although a person pursues purposes, tasks, and ends when acting non-deliberately (which he thinks we do most of the time), she is neither explicitly aware of them nor are they present as some tangible rational representation. By and large social workers do not solve problems, rather they do what normally works out. In his discussion of the difference between competent and expert learning Dreyfus (1997) says that the latter 'responds to each situation as it comes along in a way which has proven to be appropriate in the past, his [sic] behavior will achieve the past objectives without his having to have these objectives as goals in his conscious or unconscious mind. Thus the expert is moving into the future, and although he does not consciously entertain expectations, he is set to respond to some developments rather than others' (p. 15). If events take a new turn or throw up unexpected things the expert is startled and sometimes falls back on competence. So judgement can be purposive without the social worker having a purpose in mind. This, of course, begs important research questions for social work, especially in relation to professional judgement and decision making, that need further exploration. The dominant rational choice model assumes that individuals move from point *x* to *y* in a causal path of linear decision making. The account given here, however, emphasises that decisions are rooted in intuitions, patterns of situated discrimination and familiar experiences of what works. This in turn begs the important question of how social workers turn from one thing to another in interventions. What in the decision making process is the take-off point from this to that in judgement about a case or client? These are phenomenological movements that practitioners barely notice because they are often 'non-deliberative'. That is, the actions that the social worker performs, whilst oriented towards particular ends, are carried out because they make sense to them as know-hows, familiarities, relevances and readinesses that underlie habitual responses. Decision is splitting and passing over from one moment to the next – literally, it is the scision – or cut-off point in a passing event that shows up where we were. In some key respects this is why reflective practice in social work is harnessed as an attempt to break into and justify this naturally occurring phenomenon of non-deliberative professional action.

We can see how this paradigm provides a very different vision of how front-line workers make decisions and deal with uncertainty in the messy world of social work. The image of an omniscient social worker computing intricate probabilities and relaying competences

is replaced with bounded cognition and dispersed flows of movement. Here front-line practice is about limited location and situated knowledge, not about objective knowledge of the social context (O'Melia & Miley, 2002). The process of care planning, for example, is always satisficing and situated, in that features emerge in the process of 'getting a foothold' on things and events. The practitioner reaches into an adaptive toolbox filled with the messy accumulation of past experiences, inferences, intuitions and a dispersed set of heuristics. From this perspective front-line practice consists of unwritten rules of thumb that cannot be explicitly defined or written in instructional textbooks. It is a heuristic practice-knowledge, mostly good guesses and good experience and only sometimes deliberately orchestrated in lieu of rules, facts and figures (Tversky & Kahneman, 1986).

Heuristics are designed for particular cognitive tasks rather than being general-purpose strategies. This is why only social workers experienced in similar jobs can understand other social workers and why managers and researchers find it so difficult to break into the knowledge elicitation process of such practitioners. Heuristics are part of an economically adaptive learning skill whereby jumbled-up, unique one-function devices inform decision making. This can be likened to a hermeneutical process whereby a coherent web of understanding gains in coherence as the process continues (White, 1997). We can see why it is that understanding, rather than competence, is the term that comes to mind when thinking of evaluative judgements in social work. Judgement, rather than mere competence, is what the practically wise social worker possesses.

The main premise advanced here is that much of social work decision making can be modelled by such heuristics in which patchwork-type, economical inferences are made with limited time and knowledge (Gigerenzer & Todd, 1999). From this standpoint information searching in social work is largely external and sequential (and thus more time consuming), looking for 'critical cues' embodied in the surrounding environment. This external search includes filtering information in a socially distributed memory, from colleagues, service users, team gossip and patterns of experience as well as in more formal things like casenotes, assessment forms and databases. Practice heuristics don't involve much computation, and do not calculate quantitative probabilities and outcomes. They don't work at all in the way that risk assessment or evaluation models assume. Instead, heuristics are models of bounded rationality and

knowledge elicitation that front-line practitioners optimise under constraints. Under such conditions practice learning in social work is not about rational goal-directed behaviour or for that matter reflective processes based on tacit knowledge, but instead is a *process of understanding based on iteration*. As a practice, iteration is a satisfying, pattern-focused, non-linear process that utilises heuristic understandings. This is a stop-start activity that moves between deliberative and non-deliberative action and is shaped by situations and background contexts. This takes place as social workers attempt to gather, weave and filter information about a particular situation, and results in the revision, improvement or modification of possible solutions.

If we further build organisational noise into our argument we find that linear rational planning and calculative judgement are unattainable in settings where knowledge is limited, resources constrained, time pressing and where practitioners simply don't think that way. It strikes me that social work can learn a great deal from recent research in medical education and the training of expert practitioners in this respect. This research has shown that decision making in professional contexts is dynamic because of the uncertain and shifting work environment. Typically front-line practitioners are faced with action/feedback loops and not one-shot decisions, involving multiple players rather than individual decisions in a complex system with many inter-connected parts. As a result of this when presented with a new case or incident practitioners rapidly home in on a number of 'critical cues', tending to focus on surface issues rather than the underlying problem, fit the new data to pre-existing views of that kind of situation, and suffer from Micawberism by believing that everything will work out OK in the end, despite all the contrary indications (Schmidt et al., 1990). In such risky and uncertain professional contexts, Gaba (1992) argues, for example, that anaesthetists ought to be trained explicitly in crisis management in a way similar to the training given to pilots. That is, the training should explicitly address the way that stress, risk, complexity and lack of time can lead to decision making biases, such as cognitive tunnel vision, *and* should train anaesthetists in strategies to combat these biases. Michael Eraut (1997) has been prominent in wishing to emphasise that professional knowledge, as distinct from the kind of epistemological knowledge taught on university courses, should be categorised by the context and manner of its use, rather than its source or epistemological status. Drawing on naturalistic decision

making models, Eraut argues it is that knowledge which professionals bring to their practice that enables them to think and perform on the job. This kind of professional knowledge incorporates not only propositional knowledge (in the form in which it is used) but also procedural and process knowledge, tacit knowledge and experiential knowledge in episodic memory. Skills are treated as part of that knowledge, thus allowing representations of competence, capability or expertise in which the uses of skills and propositional knowledge are closely integrated.

In spite of these kinds of research findings in cognitive science and education the linear models of effective practice remain high on leading policy making agendas in social work. As Sue White (1997) points out, the importance of interpretive sense making activities is undermined by this kind of realist epistemology in social work. New motifs such as 'what works' linked to 'best value' policies are used to legitimate this perspective. This is occurring in spite of the long-standing criticisms in the philosophy of science and the development of 'unbounded models' of heuristics in cognitive science. The partisan evidence-based policies adopt a rational-objective and empirical base in spite of well-established and alternative models of practice reasoning. They adopt this knowledge base because it purports to offer scientific credibility, effectiveness and performance measures and potential escape routes from the scrutiny of proto-professionals and government (Kemshall et al., 1997). Perhaps it is due to the strictures of uncertainty in social work that these attempts to replicate the 'established' procedures of empirical science occur in order to attempt to bring some order to things and firm up weak professional identities.

In summary, we've seen how the social conditions for handling risk shape the knowledge base of experts. The manner in which empiricism tightens its grip on social work, how it attempts to legitimate aspects of professional identity is dependent on sociocultural contexts and political rule in risk society. It's this pretence of endorsing the strictures of empiricism through the development of actuarialism that I turn to in the next section.

The Rise of Actuarialism in Social Work

There's a complementary reading of the handling of risk in social work that charts the convergence of technical performance-based

rationality and economic rationality through what I've termed actuarial practice. This significant shift was touched upon in Chapter 2 and we saw how in the push towards neo-liberalism, social work comes to be seen as a liability as well as an economic luxury. One key theme running through the neo-liberal agenda is that the welfare state is vulnerable to loss of authority and deference in advanced liberal societies (Yudice, 1995). There is mistrust and loss of faith in public sector professionals on the part of governments and service users alike. Expert decisions by social workers, nurses, teachers and medical doctors are increasingly challenged by more sophisticated but sceptical service users. The gap between lay persons and experts is narrowed as proto-professional service users access their own expert technologies such as the internet. New measures of accountability, performance and transparency become deeply rooted in the governance of social work. It is, perhaps, in response to the narrowing of the expert-lay gap and the burgeoning blame culture that ever more 'expert' technologies, preferably based on a more credible 'scientific rationality', are advanced to shore up fragile professional identities and public confidence. It's important to recognise that neo-liberalism advances the development of a new relation between expertise and politics especially in the realm of welfare. As we shall see an actuarial rationality and new forms of prudentialism manifest and constitute themselves in the language of 'purchaser-provider', audit, performance, and 'risk management' (see Peters et al., 1999).

Within the neo-liberal context methods of actuarial risk develop from these political and economic trends. Pat O'Malley tells us:

The prudent subjects of neo-liberalism should practice and sustain their autonomy by assembling information, materials and practices together into a personalized strategy that identifies and minimizes their exposure to harm. Such risk management is increasingly associated with access to statistical or actuarial technologies and expert advice that render measurable the probabilistic calculation of future harms. (2000, p. 465)

This perspective has been profitably explored and developed in criminology (Simon, 1988; Feeley & Simon, 1992). Clearly more research is required but a little crystal ball gazing may help us to anticipate some future directions in social work. In its scientific guise actuarial practice is concerned with the construction of models and solutions for financial, business, and societal problems involving uncertain future events. Actuarial practitioners, also known as actuaries, have been described as financial architects and social

mathematicians. Jokingly one might say that an actuary is someone who'd rather be completely wrong than approximately right. Actuaries forecast the cost of future risks and improve financial decision making by developing models to evaluate the current financial implications of uncertain future events. In applied mathematics, for example, the main theories of actuarial science deal with the pricing and hedging of risky contracts. Typically actuarial science relies on mathematical modelling of decision making and collective risk management techniques such as Bayesian analysis for evaluating accident proneness or fatality rates (Webb, 2002).

Within the caring professions actuarialism is an emerging technique of social insurance against risk. As we'll see in the next chapter it's dependent on new technologies of computer-assisted integrated assessment, decision analysis, information management, evidence-based practice and risk evaluation. Actuarialism inevitably involves risk profiling of offenders, drug users, adults with mental health problems and older people. The British police force, for example, currently uses risk profiling for offender profiling systems and crime mapping purposes (Ainsworth, 2001). Depersonalised data are used to calculate the scale, scope and cost of crime reduction interventions. Profiling is also used for sexual crimes such as rape and child abductions (see www.crimereduction.gov.uk). Similarly, risk screening as a gate keeping instrument has been used in child protection for some time (see Downing et al., 1990). Risk screening techniques are increasingly being linked to security management in policies for dealing with violence against social workers, fraud and computer-related crimes and health and safety.

François Ewald links actuarialism to social insurance technologies: 'As a technology of risk, insurance is first and foremost a schema of rationality, a way of breaking down, rearranging, ordering certain elements of reality . . . One insures against accident through the probability of loss of some good. Insurance through the category of risk objectifies every event as a potential accident. Insurance's general model is a game of chance' (1991, p. 199). With neo-liberalism all types of social intervention increasingly come to resemble geometries of hazard, accident and risk. As Jock Young has argued:

A major motif of social control in late modern society is actuarialism . . . The actuarial stance is calculative of risk; it is wary and probabilistic; it is not concerned with causes but with probabilities, not with justice but with harm minimization. (1999b, p. 392)

For Young risk minimisation and damage limitation replace any concern with rehabilitation, social justice or making sense of problem behaviour in probation and social work (also see Hannah-Moffat, 1999). Social work interventions as they are increasingly moulded within the remit of actuarial culture recast the nature of individual, family and community problems as well as the purpose of welfare provision. These expert interventions entail an intensification of the government of conduct for the poorest members of society, the underclass and socially excluded. They aim to reshape moral and social responsibility, but do so within the respectable aura of expert objectivity (Feeley & Simon, 1994). This is typical of neo-liberal Blairite rhetoric in the UK. For New Labour, in promoting its New Deal or Sure Start policies, those who refuse to become responsible, to govern themselves ethically, or refuse to become active members of some imagined community, are jailed or have their benefits withdrawn. Under such regimes of 'compassionate conservatism' harsh measures are considered entirely appropriate for morally irresponsible individuals. As Rose poignantly (1999) puts it, 'Three strikes and you're out: citizenship becomes conditional upon conduct' (p. 267).

Not only does the blend of risk and need assessment explain changing face-to-face work with service users, but also the amount and quality of work undertaken. As Craddock points out in relation to child protection work it is 'no longer the application of a settled craft-like knowledge by social work professionals, but a site of competing and fragmentary expert and non-expert discourses organized through neo-liberal technologies' (see Craddock, web page). In-depth expressive face or direct work is increasingly redefined along lines of resource or cost units in social work (Blaug, 1995). Front-line practitioners in children's services bemoan the effects of the dominant 'tick-box' culture. Here the use of standardised forms and procedures generates the comfortable illusion of objectivity, whilst reducing the time spent working face-to-face with people. Garrett has effectively traced the consequences of this trend in children and family work in relation to the implementation of the Looked After Children policy (Garrett, 1999a, b). Arguably the amount of direct work with clients declines in the caring professions when actuarial practice tightens its grip on the organisational and technological remit. A visit to the local GP is enough to give a sense of this actuarial rationality at work. On entering the consulting room one discovers the GP glued to the flat-face computer screen interface, offering an occasional sideways

glance while narrating your symptoms, as the relevant computerised medical data are inputted. The individualised consultation, in the examination of the patient, comes to take on less significance than compiling the computer-based case record or dossier.

In his essay 'From dangerousness to risk', Robert Castel (1991) makes the following telling observation:

I would like to put forward a line of reflection on the preventive strategies of social administration which are currently being developed, most notably in the United States and France, and which seem to me to depart in a profoundly innovative way from the traditions of mental medicine and social work. The innovation is this. The new strategies dissolve the notion of the *subject* or a concrete individual, and put in its place a combinatory of factors, *the factors of risk*. Such a transformation carries important practical implications. The essential component of intervention no longer takes the form of the direct face-to-face relationship between the carer and the cared, the helper and the helped, the professional and the client. It comes instead to reside in the establishing of *flows of populations* based on the collation of a range of abstract factors deemed liable to produce risk. (p. 281, emphasis in original)

Castel goes on to argue that the emerging actuarialism radically modifies the relationship between helping professionals and welfare administrators and managers. He says professionals increasingly find themselves in a more sharply defined subordinate position whilst managerial policy is hardened as an autonomous force. The result is that the front-line practitioner is 'reduced to a mere executant' generating low-level data inputs (1991, p. 281).

Healthcare professionals have endured this actuarialism for some time as it sits comfortably alongside models of forensic science and clinical governance. GiRAffe (Generic Integrated Risk Assessment for Forensic Environments), for example, is a self-funded project developed by Julian Fuller, a consultant clinical psychologist at the Forensic Psychiatric Service at Langdon Hospital, London, which is the original pilot site (see www.giraffeonline.co.uk). This all-singing-all-dancing tool is described as a 'computer aided risk assessment, risk communication and research tool for use with forensic client populations, combining clinical and actuarial approaches'. The aim of GiRAffe is to 'co-ordinate the work of multidisciplinary staff teams in the complex process of appraising clinical risk' (ibid.). The software has been developed for use in residential forensic environments such as medium and low secure NHS psychiatric units, high secure hospitals, prisons and young offender institutions.

From a different angle Adrian James (2002) describes this new trend as the 'McDonaldisation of social work'. He makes the important link between the McDonaldisation of social work, as calculating, predicting and quantifying, on the one hand, and the development during the 1970s and 1980s of short-term, task-centred, contract-based and behavioural interventions on the other. James is concerned about the huge price to be paid by social workers in travelling down the actuarial road. The resultant effect is the loss of scope for creativity and innovation, as well as the deskilling of practice and a narrowing of the research agenda. This dulls the possibility of critical reflection and creative professional skills. As Hugh England noted in *Social Work as Art*, 'good social work rests upon the process of criticism . . . A widespread and critical dialogue is the only means whereby the canons of professional judgement and evaluation can be established in social work' (1986, p. 125).

Conclusion

Direct work, knowledge and the practice of value in social work are likely to change as the residualist neo-liberal agenda hardens. The shift towards actuarial practice is driven by influences from medicine, alongside the dominance of empirical social work and its double alliance with micro-management and evidence-based practice. Writers such as Thyer (2001) equate empirical social work with evidence-based practice; he suggests that 'EBP [evidence-based practice] and EVT [empirically validated treatments] actually are variations of the earlier ECP [empirical clinical practice] model of social work, which mandates not only the selection of treatments based on their level of scientific research support but also the ongoing empirical evaluation of outcomes using single-systems and other research designs' (pp. 6-7). This double alliance assumes that front-line practice can be standardised, made more accountable to service users and managers, effectively maximise flows of information, and involve proto-professional service users in decision making. Inevitably actuarial practice will group together types of service user population, as we've seen above with risk profiling and screening. Sometimes the grouping process is crudely conceived in terms of 'high' or 'low' risk groups, as assessments in mental health, child protection and offender work; at other times it will group them according to eligibility criteria for the provision of care services. As

we'll see in the next chapter actuarialism combines an economic with a technical rationality to calculate probabilities of risk. Indeed, Eileen Gambrill (2003) enthusiastically likens evidence-based practice to 'a free market knowledge economy' in which we can gain information about 'the degree of uncertainty about a given decision' and capture knowledge flows in social work. The empirically driven 'what works' evidence-based policy helps legitimise the hardening of actuarial practice in social work. Preoccupied as it is with calculating probability, constructing controlled environments which try to remove chance and measuring potential through evidenced-based outcomes, it transposes the logic of regulation into the methodology of life planning.

The privatisation of risk helps account for changing face-to-face work with clients, but also the type, quality and amount of work undertaken. Long-term care of vulnerable adult service users is an example of the privatisation of risk. Here the commodification of care has shifted from being a public responsibility to a private good with little or no debate (Player & Pollock, 2001). It was noted above that direct work is in decline, especially in adult services and statutory social services. What passes for direct work with service users increasingly takes the form of advice from either a personal assistant or a risk-based evaluator. Actuarial practice gradually builds out of the configuration of empirical practices discussed above. As welfare insurance it attempts to predict change in the lives of service users and populations who are only grouped together under regimes of privatised risk. Preoccupied as it is with the calculus of performance, effectiveness and controlled environments that try to remove risk, unless we are careful social work will be increasingly transposed into a regulatory regime based on actuarial outcomes. We should remind the would-be actuary that the kinds of social interactions that social workers face daily are too complex for us to predict, at best they show various internal patterns, sketching the 'rules of the game' and portraying the limits and possibilities of social work intervention.