



The
University
Of
Sheffield.



CROOK
*public service
fellowships*



THE POWER OF SMALL GESTURES: Emotions and relationships in social worker practice.

LIAM TONER SERVICE MANAGER, SHEFFIELD CITY COUNCIL

DR RACHAEL BLACK RESEARCH AND IMPACT ASSOCIATE, UNIVERSITY OF SHEFFIELD

Introduction

Social work is a human profession. It is concerned with people, their lives and their communities. As a result, social work is fundamentally a profession based around relationships, whether that is between a practitioner and a person, a local authority and a community or the state and its citizens. Research from the British Association of Social Workers (BASW, 2019) indicates that what some people want from their social workers are individuals who know how to handle relationships.

We are interested in whether, by drawing attention to this and exploring how this is done, we might be able to redress the balance; to re-humanise social work and propose a complementary definition of what it means to be a social work professional, rooted in a conversation between social workers and disabled people.

The unspoken rituals of social interaction are vital to supporting people to connect and the value of these is often overlooked in social care. The previous decade, in the context of austerity has at times emphasised efficiency and tough decision making over being a connected, person-centred practitioner. Despite a desire for social work practice that is grounded in relationship building, research shows that the experience of interacting with social workers can leave people and families feeling judged (Morris et al, 2017) and not believed (Community Care, 2019). Social work practices can lack transparency (Community Care, 2017) leaving people confused and afraid.

For social workers, the increasing impacts of austerity has placed them in a difficult position. They are often given contradictory messages, which require them to ration services whilst at the same time being expected to work co-productively with the people who use services (Lymbery and Postel, 2010). There is a lack of clarity about how social workers should support autonomy whilst reducing spending. This issue is particularly compounded during home visits. Much of a social workers' interaction with an individual and their family takes place in their home. Research shows that for the social worker it is difficult to know how best to maintain professional boundaries and behave appropriately when in someone else's home (Muzicant and Peled, 2018). However, little research is conducted into the experiences of home visits by social workers for adults who use services and their families.

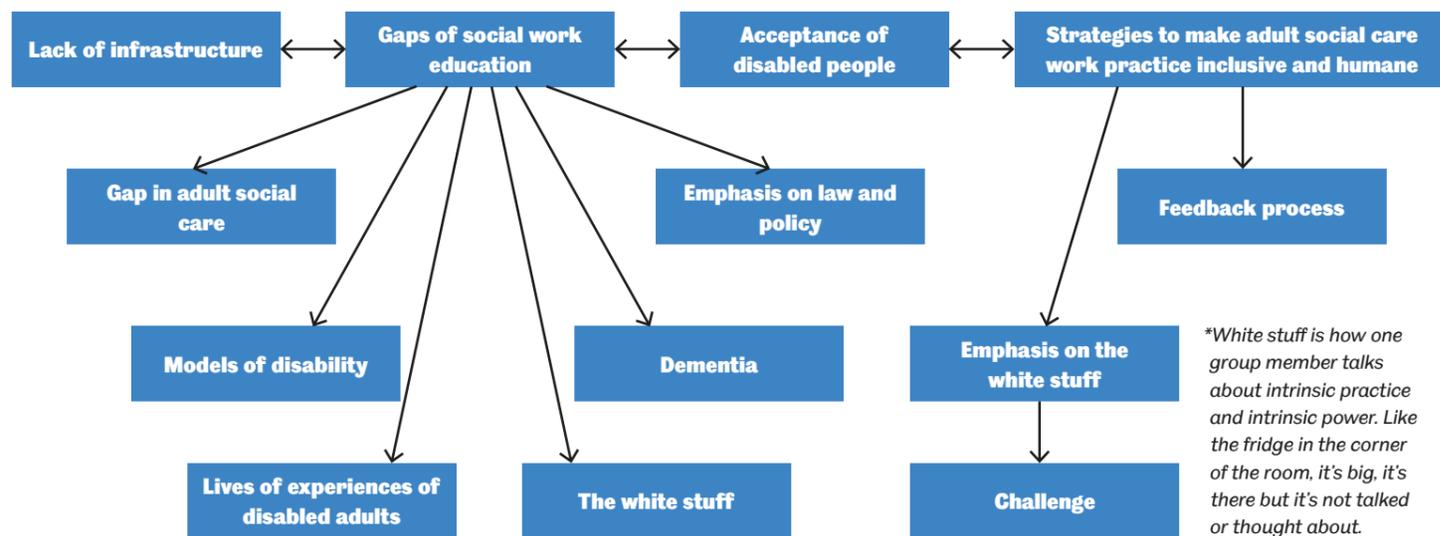
METHOD

A group of disabled people, social workers, carers, social work students and academics have participated in unstructured group discussions to explore each other's experiences. The size of the group varied from seven to ten people depending on availability. The meetings have been in 'neutral' community based settings to ensure that the group members can be honest and open about their experiences without fearing repercussion. The meetings have been recorded, transcribed and thematically analysed using Braun and Clarke's six stages of thematic analysis:

1. **Familiarise yourself with the data (involving repeated reading of the data, searching for meanings and patterns).**
2. **Generate initial codes**
3. **Search for themes**
4. **Review themes and determine if they work. If they do not then rearrange them**
5. **Defining and name themes**
6. **Produce the report that goes beyond simply describing the data but makes a strong argument (Braun & Clarke, 2006: 87).**

The group have worked collaboratively to share their experiences and develop objectives and outputs.

Figure 1: Themes from meeting 5 July 2019



OUR FINDINGS

DEFINING THE PROFESSIONAL IN SOCIAL WORK

What it means to be a professional in social work is complicated and contested. The group talked about how being a "professional" is used by some people as a shield behind which they hide when they need to make difficult decisions as well as a way for social workers to maintain their power. When talking about social workers using the phrase "I'm a professional", one group member commented "I know you're a professional! You don't need to tell me you're a professional; we can see that in the way you act. Show me you're a human!"

The group talked about the importance of vulnerability. Vulnerability is a way through which social workers can show they're human and connect with the person they are working with.

For members of the group then, social workers should be people who:

- **listen**
- **are emotionally intuitive**
- **respect the expertise of the person they are working with, their family and their support network**
- **can show vulnerability**
- **can be honest**
- **can develop, sustain and end a relationship**
- **are well prepared**
- **can bring their training, skills and expertise to the table as a resource to share**

In this then is a model of what it could mean to be a "professional" in social work which is grounded in the lived experiences of disabled people and practicing social workers. There is a continued expectation that professionals will be competent, well trained and will know how to do their job but this definition centres the importance of emotional affect and relationship based practice. It stands in stark contrast to the one dimensional, self-identifying professional, who uses that identity as a shield to hide behind and as a barrier to connecting with people.

"how you handle your power when you are with someone who has very little power, makes your power more powerful. What some workers/managers do is to hide behind professionalism. No actually you are not being professional, you are using your position to dictate how this is gonna run, forgetting you are at someone else's home."
Family carer, Sheffield

"when people come and don't have a drink and don't engage, are not on time and haven't read my notes - this is unprofessional in my opinion, which is different to the professionals' idea of professionalism. I see this as presenting in a very one dimensional way. Saying 'this is me and I am at my job and this is who I am and this is what I do'. And that's their cloak of professionalism."
Expert by Experience, Sheffield

SMALL GESTURES – THE IMPACT OF SOCIAL RITUAL

The stories the group told suggested that social workers often perform a form of professionalism which, whether conscious or not, frames and reinforces their power and in doing so others and disempowers disabled people.

One participant described how, when a social worker comes into his house he offers them a cup of tea and that if they turn it down they've turned down something that shapes how their interaction will develop and indicates something about the attitude the professional has. By not participating in this social ritual, the social worker has missed a crucial but unspoken way to connect, to develop a relationship and to interact with the person as an equal.

"Accepting a cup of tea that is offered is a way for a connection to be made, as equals, between two human beings. It equalises the power - you are a visitor in their home - they are the host, you are the guest."
Expert by Experience, Sheffield

"YOU'RE IN MY HOME!"- EMOTIONAL AFFECT AND SOCIAL WORK PRACTICE.

Another key theme that emerged over the span of our workshops was the particular set of emotions that are created when a professional comes into your home. Participants strongly indicated that the home is a private space and the intrusion, positive or not, of an individual who you perceive to have power over your life, generates an emotional response. This ranged from anxiety and humiliation (are they judging how tidy my house is?) to combative pride ("this is my Castle you're in!"). Small gestures became more important for people as ways through which social workers could negotiate this complex interplay of power and emotion. The group talked about how understanding the emotions generated by the interactions between a person and their social worker was always important, the group felt that this was amplified when the meeting was in their space.

ASSUMED INTRINSIC PRACTICE

The workshops exposed a further trend; that common assumptions about the intrinsic interpersonal practices of social work are misplaced. Our research suggests that these practices are not always articulated, discussed or trained. Our group identified that though social workers think they are behaving in a way that is polite and professional they often give off small

signals that separate and 'other' disabled people. The disabled members of the group would often need to make explicit their own qualifications and experience as a means of challenging the assumptions made about them and shift the power dynamic. They describe social workers speaking in patronising voices or assuming they are unaware of particular laws and policy. When the disabled person challenges this notion of the "professional knowing best", they describe how this can make practitioners defensive sometimes becoming more confrontational or uncomfortable.

"This person knows about this person's condition and trained that you must do this and this in a way, as one size don't fit all. They assume but still treat them as humans. And it's really that sort of thing that gets to me, you know I am brighter than most of them coming in to me."
Expert by Experience, Sheffield

"People can talk to someone with dementia in a really demeaning way but it's not necessary that patronizing attitude, even for children, it's not necessary, that voice. It just gets people's back up I think. For me in social work training that really needs to be driven home. Why can't people just speak in a normal voice to people, why do people have to shout? Use that voice like somebody's intellectually inferior. Yeah, we come across that a lot."
Social Worker, Sheffield

Social work students are not explicitly and regularly asked to reflect on or think about how to develop a relationship with the person they are working with. Nor are they asked to explore the emotional affect their interactions with people might have. Students are not explicitly taught how to behave in a person's home, in particular the home of an adult. Although disabled people sometimes share their experience on social work courses this is not embedded enough and can feel tokenistic. The experiences of disabled people need to be visible not only in student education but as part of the ongoing training and continuous professional development (CPD) for practicing social workers.

COMMUNICATION

Respecting the communication of all the group members was essential to ensuring everyone had opportunity to participate. By asking the group how they preferred to communicate we could all take part in a way that was meaningful. This is also essential during home visits. Taking time before the visit to understand how the person prefers to communicate shows their contribution is prioritised and valued. This includes arranging translators, understanding the methods the person uses and ensuring there is ample time during the meeting to enable to person to contribute using their preferred method.

IMPACTS BEYOND SOCIAL WORK

In a number of conversations the group talked about how these issues are not specific to social workers. Our focus on social work is born out of the specific interests and makeup of our group but also a belief that as a profession, social work is reflective, open and would be able to positively engage with the types of knowledge we have generated. We would argue though that our insights may be useful for a wide range of professions that work with disabled adults, including occupational therapists, support workers, doctors or police officers.

Recommendations

FOR PRACTITIONERS

Acknowledge the importance of relationships and identify ways to develop them. Small social rituals are a valuable way to do this and should be understood as a cornerstone of relationship based practice. They offer ways to connect as people.

Social workers should develop the skills to build, sustain, repair and end relationships with the people they are working with. As part of this project we are developing learning resources that will support with this.

Emotional affect is something social workers should be critically and explicitly aware of. Social workers are constantly igniting emotions in the people they come into contact with. This emotional affect can be a positive part of social work practice, opening up new opportunities and ways of working. It can also be a barrier. Social workers, supported by their managers, should identify ways to explore this in their practice, which could include getting feedback from the people they have worked with.

FOR SOCIAL WORK MANAGERS

Social work managers should give social workers time and permission to reflect on emotional affect and relationship building as part of regular supervision.

Social work managers should allow their staff the time and resources to build effective relationships with the people they are working with.

People who use services should be encouraged to give feedback on their interactions with social workers, good and bad.

FOR UNIVERSITIES

Universities should embed the experiences of disabled adults in the curriculum for social work students. Not as a one-off but a regular part of the course. The most impactful way to do this is to pay disabled people to share their experiences with students but videos could also be utilised.

Relationship based practice should be embedded within social work education, including how you might develop, build, repair and end relationships.

FOR LOCAL AUTHORITIES

Local authorities should embed relationship based practice into their guidelines, recruitment criteria and how they measure performance. Relationship based practice should be used as an organisational tool to help local authorities engage with their citizens and communities at all levels.

In acknowledging the importance of relationship based practice, local authorities should ensure that what is produced in partnership between a person and their social worker is valued and trusted. Local authorities should be structured in ways that empower people and the frontline practitioners working with them. As one group member said "The further away from the front line the decision makers are, the more desensitised decisions happen."

Local authorities could also use our findings to identify small gestures they may be able to adopt to nurture their own relationship with their workforce.

FOR POLICY MAKERS

Central and local policymakers should make clear their adherence to our definition of professionalism in social work to ensure a cascade of relationship based practice throughout all levels of social work policymaking.

REFERENCES

- Annie (2019) 'As a service user, what does social work mean to me? It's a relationship', *Community Care*, 19 March. Available at: <https://www.communitycare.co.uk/2019/03/19/service-user-social-work-mean-relationship/> (Accessed: 25th September 2019).
- BASW (2019) *Capabilities Statement for Social Workers Working with Adults with Learning Disability*. Available at: <https://www.basw.co.uk/capabilities-social-work-adults-who-have-learning-disability> (Accessed: 1st November 2019).
- Braun, V., and Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101.
- Lymbery, M. and Postel, K. (2010). Social work in the context of adult social care in England and the resultant implication for social work education. *The British Journal of Social Work*, 40 (8), 2502-2522.
- Morris, K., White, S., Doherty, P. and Warwick, L. (2017). Out of time: theorizing family in social work. *Child & Family Social Work*, 22, 51-60.
- Muzicant, A. and Peled, E. (2018). Home visits in social work: from disembodiment to embodied presence. *British Journal of Social Work*, 48, 826–842.
- Stevens, S. (2017) 'Do my social workers fear a clued-up service user?', *Community Care*, 7 June. Available at: <https://www.communitycare.co.uk/2017/06/07/social-workers-fear-clued-service-user/> (Accessed: 25th September 2019).

We would like to thank the experts by experience, carers and social workers who gave their time, knowledge and experience which made this project possible.