Introduction

Any discussion of counselling and social work has to consider a range of overlapping aspects of the relationship between the two areas of work. First, social work and counselling are two very different activities but often they are carried out in parallel. The same service user may require social work and counselling interventions. For example, Prior Lynch and Glaser (1999) studied the views and perceptions of children and carers involved in social work intervention in the area of child sexual abuse. They found that the participants in their study, despite some concerns, generally perceived the social workers to be helpful. When this was explored further, the carers and children most valued those social workers who provided emotional support, reassurance, information, explanation, well co-ordinated services and also helped them to find counselling or therapy.

Second, counsellors and social workers are trained differently but share similar skills, knowledge and values. Some practitioners have both social work and counselling training and experience. The carers and children in Prior et al’s study valued those social workers who co-ordinated services well but also listened attentively and provided emotional support. Middleton (1998) shows that parents, of disabled children, value social workers who are proactive in arranging services but also offer supportive counselling, advice and listening. Often social workers have the skills to offer supportive counselling to their clients. Trotter et al (2002) describe how a social worker adapted social work skills to support the father of a young offender. The parent reported (Trotter et al., p126) that,
Prior to the counselling I was at my wits end as to how to cope with the situation my son and I found myself in regard to his offending, its effects on those around him, the grief it was causing...clearly these sessions could not be a cure all but they offered tools that could and did assist...I believe many families would value this kind of assistance

Third, social workers and counsellors used to be employed in very different settings, nowadays counsellors and social workers often work within the same organisations in teams or in partnership arrangements. Examples are adult mental health teams, adolescent psychiatry services, post disaster support work. The Buckinghamshire post disaster team is a planning and training partnership led by social services but including voluntary counselling agencies (Smith et al. 2003). Over 12 years, through working together and responding to local crises they have developed joint practice wisdom on the efficacy of various ways of responding to human need in a crisis situation, using the insights of social workers, counsellors and others together as needed.

However it is still helpful to outline some of the differences between the role of the social worker and the role of the counsellor, in order to examine how their practices and skills are complementary.

**Counselling**

Counselling is defined by the British Association for Counselling and Psychotherapy (BACP),

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

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

(www.bacp.co.uk)

The key elements of the process are,

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

(www.bacp.co.uk)

The BACP definition applies to a range of different therapeutic counselling approaches, underpinned by diverse theorising about the human personality and society. There are many counselling theories and methods, for example feminist counselling or Gestalt, and an extensive literature which explores the thinking underpinning different approaches and applications (Corey 1997, Egan 1990, Heron 1997, Jacobs 1995a, b, McLeod 2003, Walker...
1995, a, b). The three most influential approaches have been person-centred counselling, psychodynamic counselling and cognitive / behavioural counselling. These are summarised next.

**Person centred counselling**
Carl Rogers is the originator of what he called client-centred therapy. He believed that people have a ‘self-actualising tendency’ and with the right support can trust their own feelings and thoughts to make their own decisions and life choices. The therapist’s role is to create the conditions that allow growth to take place. The therapist’s acceptance of the person shown through ‘congruence’, ‘unconditional positive regard’ and empathy provides a therapeutic environment where the individual who has been experiencing difficulties can achieve this new freedom. Therapists need the personal qualities, skills and values which enable them to create a facilitative relationship and this takes time and commitment. Fuller accounts of the person-centred approach and the training needed to practice are given by Rogers (1951, 1961) and Mearns and Thorne (1999 and 2000)

**Psychodynamic Counselling**
Psychodynamic counsellors build a positive therapeutic relationship based on trust and acceptance in a similar way to person-centred counsellors (Jacobs 1993). However, psychodynamic counsellors work to understand the extent to which past childhood experiences affect the client’s present difficulties. They draw from theories of human growth and development (Jacobs 1988, 1998) to understand the psychological connections between developmental life events and the person’s present situation. Psychodynamic theory derives from Freud’s understanding of the structure of the personality (id, ego, and superego) and the importance of the unconscious, seen in ‘transference and counter-transference relationships’ and ‘defences’ (Jacobs 1988, 1991, 1998). The insight the person gains through the
counselling sessions enables them to make changes and different choices for the future. The ability to practice this way is gained through training, including personal experience of psychodynamic therapy.

**Cognitive approaches**
Counsellors who work from this perspective assume that if someone changes the way they think about themselves and their situation and learn new and more positive ways of conceptualising themselves and their lives they will resolve their difficulties. There are a range of different cognitive therapies (Beck 1976, Ellis 1997). Some cognitive approaches are combined therapies, for example cognitive-behavioural, cognitive-analytic, but have in common the premise that behaviours and emotions are affected by faulty thinking. Therapy is usually on a short term basis. The client is questioned about the problems and the therapist intervenes directly by suggesting ways of changing thoughts, feelings and behaviours. The client will be expected to practice new ways of thinking and behaving (homework) between sessions. This kind of approach is widely used in clinical settings and specialist therapist training is necessary to practice.

**Finding the right counsellor**
Sometimes therapists combine different theories to underpin the counselling they offer and it can be difficult for the service user, especially if they are feeling stressed or overwhelmed by their situation, to assess the usefulness of what is being offered, especially as free counselling therapy is in short supply. They may be under pressure to accept whatever is available, or recommended by a professional. It is helpful, therefore for social workers to understand the differences between counselling therapies and enable service users to find what is appropriate. They also need this understanding when they refer people to counselling services or purchase counselling for a particular service user.
Some of the more subtle differences make it difficult for someone to know what any particular kind of therapeutic counselling involves. If people are thinking about starting counselling and are to be truly empowered to make a realistic choice about what suits them they may need advice about what is involved and the possible pitfalls as well as the benefits of counselling. Some counsellors specialise for example drugs counsellors, and research studies can show which kind of therapies are useful in specific circumstances.

Whatever the counselling therapy, the critical building block which enables the sessions is the relationship between the counsellor and the client, often called the working alliance (Jacobs 1993). Another key element is that the client chooses to work with the therapist and is thus assumed to be motivated to achieve change. This can be different in social work, clients may be reluctant. However, the issues that lead people to becoming users of social work services and the compulsory nature of some of the work, means that social workers often meet people who might benefit from an in depth counselling approach.

**Social work**

Whatever agency a social work practitioner is employed by, voluntary, private, local authority, fieldwork or group care, the law provides a framework of roles and responsibilities for their work. Throughout their professional life social workers are expected to respond to complex and detailed changes in the law, policy and procedures. This is far less the case for counsellors both in private and public roles, where the aspect of law that might most closely concern them is deciding when to breach confidentiality because a client has disclosed an involvement in illegal activities and this will be rare.
Social worker’s professional activities are embedded in government policy guidelines to which they are accountable. The work is also defined by the six key roles and national occupational standards which they have to meet in order to practice (Topps 2003, a, b, c). The international definition adopted in the requirements for the qualifying degree defines social work as a profession which, 

*promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being. Utilising theories of human behaviour and social systems, social work intervenes at the points where people interact with their environments. Principles of human rights and social justice are fundamental to social work* (International Association of Schools of Social Work and the International Federation of Social Workers)

Social workers cannot just consider someone’s personal and psychological goals, they are also involved in social action and improving social and material environments. They are often employed to carry out tasks which government mandates them to do, for example child protection, criminal justice and mental health work. Sometimes the person they are working with hasn’t chosen a service, doesn’t really want a social worker and may be ambivalent, reluctant or hostile to the whole idea of state intervention in their lives. Some actions social workers take, particularly in mental health, criminal justice and child care, and recently asylum seeking, have profound implications for people’s lives and liberties. Social workers also may have less choice than counsellors about the methods they use and who they work with, because of the expectation that they will follow government guidelines and meet relevant targets. So, even where counsellors and social workers can
agree their codes of ethics, their roles give them different kinds of responsibilities.

However, the differences are not always clear cut. Motivation is sometimes created by the necessity of compulsion or containment and counselees who leave therapy because it is uncomfortable can prematurely terminate useful work. Additionally, counsellors who are employed in similar agencies to social workers, such as NHS Trusts may find themselves equally challenged by the demands of business models as described by Harris (2003) which includes, among other things, contracting with the implication that the provider has to implement the purchaser’s decisions, performance indicators which measure what is done against pre-set standards, and rationing.

Managerialism has influenced social work practice since the 1990s (Waine and Henderson, 2003). However social workers have been tenacious about prioritising relationships with service users. The same issues may now impact more on counsellors. Commissioning arrangements between the NHS, social services and counsellors, may mean that private counsellors, who used to be very self determining with their clients about the nature of the work, will be subject to the scrutiny and wishes of purchasers. Counsellors in some settings may find their managers ration the number of sessions any client may have.

However people continue to appreciate practitioners who think relationships matter, as research into service user views into what makes a good social worker shows. For example children (DH 2001) value five main qualities in practitioners, reliability, practical help, support, time to listen and respond, seeing children’s lives in the round. Service users want social workers to be good at practical
parts of the role, but also to listen and build a relationship. In other words they want them to be competent at their mandated role and carry it out using counselling type skills (Seden 2005). Thus social workers and counsellors still hold much in common.

**Some commonalities**

**Shared history**
The first social workers used mainly counselling and casework in their tasks (Hollis 1964) and were trained from a literature and methodology very close to counselling training (Biestek 1961). Over the years, social work has drawn from other sources of knowledge especially sociology and social policy and actively prioritised advocacy, empowerment, combating social disadvantage through anti-oppressive practices (Braye and Preston-Shoot 1995).

The result is a body of knowledge directly applied to the aims of social work (Adan et al 2002, Davies 1985, Howe 1987, Payne 2006, Trevithick 2005). There has also been increasing preoccupation with the means to deliver services, for example, through markets, commissioners and providers (Taylor-Gooby and Lawson 1993). This has led social workers to a more bureaucratic and directive kind of work in contrast to the more personal kind of assistance given by counsellors.

However, social workers have remained concerned to relate well to people. The use of counselling skills and some supportive counselling remains a critical component of the best practice (Seden 2005, Trevithick 2005) Many social workers are motivated by the wish to ‘care’, ‘help people’ and ‘make a difference’. They work to a code of ethics which shares some principles with counselling ethics, for example ideas about human rights, and service user voice and
autonomy. Many social workers find the person centred values of Carl Rogers useful, even if occasionally they have to step in to safeguard someone through a compulsory intervention.

Social work values include anti-discriminatory and anti-oppressive practice and counsellors have also become more aware of the potential for oppression in some approaches (BACP 2006, McLeod 2003). Counselling practice has been re-evaluated for its relevance to disadvantaged groups and to ethnic and other minority groups. Counsellors have also re-examined ideologies and practice, attitudes and values (Davies and Neale 1996, Lago and Thompson 1996). Increasingly both social work and counselling have sought to practice from research informed evidence base and there remains a creative synergy between the two disciplines.

**Shared understandings of people**

Social workers, like counsellors draw from person-centred, psychodynamic, and cognitive behaviourial theorising to understand people and create methods for practice (Payne 2005, Trevithick, 2005). In the varied, everyday activities of social work it is impossible to function without engaging in some level of relationship and drawing from psychological as well as social theories about how to understand people and their lives. Social workers become involved with people needing support; protection from self or others; help to deal with disadvantage or injustice; in fact any combination of life changing events depending on the particular circumstances. Developmental understandings of human growth and life course which are used to help people receiving counselling about a crisis, change, transition or loss are equally useful in social work and care (Seden and Katz 2003) to support people through change and crisis.
**Shared skills for communication and relationship**

The counselling skills, used to communicate and build relationships are central to social work and require practice and training opportunities to be effective. They are shown below.

**START BOX**

**Basic counselling and communication skills**

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

Source Seden 2005

**END BOX**

Such skills are essential for counselling, for interviewing and social work processes such as assessments, planning, carrying out and reviewing work and other core social work functions at the office, in care establishments and people's own homes and partnership working. Thus the skills overlap continues.

**The continuing relationship between counselling and social work**
Brearley (1991) traces the historical interaction between counselling and social work and how the two activities influence each other in terms of skills, knowledge and values while at the same time have distinct identities and training pathways. She writes,

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

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

(1991, 30)

This remains the case, but increasingly multi-professional and inter-professional approaches to delivering services are being developed with social workers and counsellors in the same team. This creates a different set of relationships and debates about the ways counselling and social work interact.

Some social workers find themselves marginalised from the counselling role, as independent counsellors are commissioned to undertake therapeutic work. Valios (2000) quotes someone who retrained from social work to counselling because of:

*My frustration with the way social work was going, it was increasingly about costs, budgets, and performance narrowly defined by managers and organisations.*

Managerialism and business methods have thus alienated some social workers from their jobs. However there may be benefits to clients from having counselling provided by an experienced
independent counsellor focussing on therapeutic needs. There may also be issues for the purchasing agency if those counsellors are unaware of the legal and practice issues around the work. The commissioner has to be clear about the counsellors brief, in particular whether the session is completely confidential and independent, or whether there are limits to that or even expectations of feedback to the social worker if, for example a child discloses problems about contact with a carer or other matter relevant to the social work. Many independent counsellors would not agree to disclose anything from individual sessions, while purchasers might expect the counsellor to have some allegiance to the funding authority. Such issues need to be clarified in each situation if the partnerships between social workers and counsellors are to be successful. It may be easier to debate and resolve when counselling services are more integrated with social work settings.

Counselling can be integrated into mainstream services effectively. Long (2000, p. 60) describes a counselling service for parents and children within a local authority family centre,

*The service is now approaching the end of its second year and the managers are committed to provide a therapeutic service which aims to intervene with vulnerable families who are having difficulties. The managers see it as cost effective and efficient as well as preventative. The counselling service is now become an integral part of the family centre and the hours the service provides have been extended to include some work on early assessment of young children’s development where there are mental health problems in the family.*

As the organisational framework for practice changes, and social workers and counsellors are working together in multidisciplinary
and multi-agency structures, they may be subject to similar organisational constraints and dilemmas. They will also need more than ever to appreciate the boundaries of each others roles, to understand each others contributions to the well being of people using services and to understand their own roles in the particular organisation.

There will also need to be clarity in some key areas such as values and policies and practices regarding confidentiality. Where teams are set up with professionals who are dual qualified in social work and/or counselling or psychotherapy the team can jointly decide the boundaries on confidentiality. This is particularly important for those working in children’s services, as with children there can never be total confidentiality and no-one can be sure that something will not be said to a counsellor by a child which is a child protection issue. Working closely in multi-disciplinary teams provides an environment where such issues can be clarified, and decisions made such as separating the person in the role of therapist for the child from a key role in investigation.

In a mixed economy of contexts for service provision, professionals from different backgrounds will need to know enough about counselling roles and the similarities and differences to their social work roles to be able to deliver an effective response to human need and make the necessary referrals and partnership arrangements that benefit the people who need the service. For example, counsellors working independently will continue to have a freedom of contract with clients, subject to BACP regulation and codes of ethics, which social workers rarely have, even when working in the voluntary and private sector. The challenge will be to review understandings of the commonalities and difference between the role of counsellor and the role of social worker and to know
what and how each person might contribute any particular person’s well being

### Five Key Points

- Counselling and social work are different activities, but can happen in parallel
- Counsellors and social workers share some skills, knowledge and values
- Social workers must understand the different counselling therapies to help people find the therapy they need
- Service users value relationship skills and supportive counselling from all practitioners
- New organisational arrangements for delivering services are changing the relationships between social work and counselling

### Three Questions

- What are the main overlaps in skill knowledge and values between social workers and counsellors?
- What are the main differences between social work and counselling roles?
- What counselling skills do service users value from social workers?

### Further reading


References

BACP (2006) [www.bacp.co.uk](http://www.bacp.co.uk), accessed, 05.02.06.


Topss (2003b.) *Statement of Expectations from individuals, families, carers, groups and communities who use services*. [www.topss.org.uk](http://www.topss.org.uk), accessed 01.12.03


