The generalist versus specialist debate in social work education in the UK

Pamela Trevithick

This chapter looks at the 'generalist *versus* specialist' debate in social work education, primarily in relation to England, in order to highlight major changes taking place. However, some of the difficulties identified, and the reforms proposed, are relevant to situations encountered in Wales, Scotland and Northern Ireland, and also countries outside the United Kingdom. The chapter begins with a conundrum that surrounds this debate and the lack of clarity that is evident in relation to how different terms are used and conceptualised, particularly the terms *generic*[1], specialist and generalist. It then looks at what is meant by the terms generalist and specialist knowledge and skills and how they relate to one another as 'two ends of a rainbow of learning' (Coulshed 1988: 159).

Early developments in the generalist-specialist debate

Seebohm Commission

The debate about whether social work should be taught, practiced and organised according to *generic* or specialised principles largely dates back to recommendations put forward by the Seebohm Commission, created to look at the provision of services set up in the post-war period. In the Report that was published, the term *generic* was used to describe the organisation of social work into social services departments and also to describe social work training:

> the 'training is called "*generic*" because the principles and methods taught belong to a whole "genus" of social casework, whether practised for instance in hospital, or with offenders, with mentally disordered people or with children and their families'
> (Seebohm Report 1968: 171)

In relation to the organisation of social work, at that time staff were employed in separate departments in England and Wales, for example as child care officers or welfare workers However, the strict departmental division adopted in some authorities meant that there were gaps, fragmentation and duplication in the services provided, leading to considerable public confusion about which department to approach for help. The findings of the Seebohm Commission concluded that 'a unified provision of personal social services' was needed, which resulted in the passing of the Local Authority Social Services Act 1970 and the setting up of social services departments in England and Wales. It was a change that called for a more extensive knowledge and skill base for staff working in the newly established unified departments with an emphasis placed on 'sound basic training' because at that time only a minority of staff were professionally qualified social workers. However, the Report noted that 'specialisation will be necessary . . . not least to help in the advancement of knowledge' (Seebohm Report 1968: 162).

The impact of Seebohm was largely organisational in character. The extent to which the recommendations led to an identifiable form of *generic* practice has been questioned (Dickens 2010) and it is certainly the case that some specialist services were provided alongside *generic* services, such as in rural areas. In addition to legislative support for the changes, the Central Council for Education and Training in Social Work (CCETSW) was established in 1970 as the regulatory body for social work education and training – a year that also saw the development of the first '*generic*' qualification, the Certificate of Qualification in Social Work (CQSW).

Barclay Report

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[1] The term *generic* is in italics in order to note that in this chapter, term generalist is the preferred term.

The next major milestone in relation to the organisation of social work in England and Wales was embodied in the Barclay Report, which had the remit 'to review the role and tasks of social workers in local authority social services departments and related voluntary agencies in England and Wales and to make recommendations' (Barclay Report 1982: vii). It is interesting to note that this report used the term generalist knowledge and skills, as opposed to the term *generic* used in the Seebohm Report. A feature of this Report was that the relationship between generalist and specialist forms of service provision became the subject of heated debate. The primary recommendation of the Report promoted a community based approach within social work (Barclay Report 1982: 50), that is, a more generalist approach, but with a recognition of the importance of specialist knowledge and skills in relation to certain client groups (Barclay 1982: 154). In one of the two minority reports that formed part of the final publication, Robert Pinker argued that the Report failed to address the issue of specialisation (1982: 237). Opinions differ on whether the recommendations of the Barclay Report had a marked impact on social work, particularly whether it influenced the provision of generalist or specialist services (Payne 2009: 108; Wilson *et al.* 2008: 67). This is largely because service provision tended to depend on how local authorities interpreted and implemented legislative and policy requirements (Fuller *et al.,* 1996). This point needs to be emphasised because this variation is still evident today in relation to the 230 councils that operate within the UK[2]. This has been described as local authorities 'inventing their own policies to determine who gets help' (Jones 2008) – a situation that makes it difficult to identify with confidence the extent to which local authorities provide generalist and specialist services in a particular locality.

Later developments

In the intervening years, several important developments had taken place. These included major changes in service provision and funding, introduced with the passing of the National Health Service and Community Care Act 1990; changes in social work education and training with the introduction of the Diploma in Social Work in 1995 (CCETSW 1995); the setting up of the General Social Care Council (GSCC) as the regulatory body for social work training in 2001; the introduction of the new degree qualification in social work in 2003 (Department of Health 2002), which also led to the title 'social worker' becoming a protected title; the requirement for all UK social work students and social workers to be registered on the GSCC Social Care Register and the introduction of a new Benchmark Statement for Social Work (QAA 2008). These changes largely reflected the commitment of the then Labour Government to 'modernise social services' (Department of Health 1998).

The Victoria Climbié Inquiry (Laming 2003)

Alongside the changes already mentioned, a number of developments were in response to recommendations put forward Lord Laming following an Independent Statutory Inquiry into the death of Victoria Climbié in 2000. This inquiry reported in 2003. In relation to this chapter, what is important about the 108 recommendations put forward in the Laming Report is the emphasis placed on local authorities providing 'specialist services for children and families' (Laming 2003: 1). This perspective became the cornerstone of changes indicated in the landmark White Paper *Every Child Matters* (DfES 2003), which led to children's and adult services being separated into different departments. This document emphasised the importance of 'targeted and specialist support' for children, young people and their families (DfES 2003: 39) – changes that were later enshrined in the 2004 Children Act which outlined the reconfiguration of children's services in greater detail. Much of the specialist emphasis in *Every Child Matters,* and later legislation, is focused on the physical location of services for children and the importance of inter-professional and inter-agency collaboration. For our purposes, there is little mention in *Every Child Matters* of the relationship

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[2] The number of councils and the populations they serve is broken down as follows:
- 150 in England – (serving 51,460 million people)
- 22 in Wales - (serving 2,990 million people)
- 32 in Scotland - (serving 5,169 million people
- 26 in Northern Ireland [city, borough and district councils](serving 1,775 million people)

Jones (2008) has argued that the existence of so many local councils constitutes 'wasteful arrangement' – and a situation that easily gives rise to inconsistencies in policy and practice procedures

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between knowledge and skills beyond the proposal to set up generalist training opportunities for people to 'share a common core of skills, knowledge and competence' (DfES 2003: 92).

The Protection of Children in England: A Progress Report (Laming 2009)

The next tragic milestone where concerns were raised about the *generic*-specialist foundation of social workers' knowledge and skills came to the fore following the unlawful killing of Peter Connolly (also known as 'Baby P') which led to a second inquiry chaired by Lord Laming, entitled *The Protection of Children in England: A Progress Report*. In his report, Lord Laming questioned the *generic* nature of the new social work degree programmes, particularly the extent to which they prepared students and newly qualified social workers (NQSW) in the area of child protection. Laming concluded that 'without the necessary specialist knowledge and skills social workers must not be allowed to practise in child protection' (Laming 2009: 5) and in one of the 58 recommendations put forward, Lord Laming called for a major change in the relationship between *generic* and specialist training:

> At the heart of the difficulty in preparing social workers through a degree course is that, without an opportunity to specialise in child protection work or even in children's social work, students are covering too much ground without learning the skills and knowledge to support any particular client group well. . . . The current degree programme should be reformed to allow for specialism after the first year, with no graduate entering frontline children's social work without having completed a specialised degree including a placement within a frontline statutory children's social work team, or having completed further professional development and children's social work experience to build on *generic* training.
> (Laming 2009: 51)

With some exceptions, Lord Laming's recommendation failed to find support (Hunt and Lombard 2009). It was argued that specialising too early could lead to a situation where newly qualified social workers did not have a broad enough knowledge and skills base from which to assess the needs of children, young people and their families. Families can also include relatives who are elderly, disabled, who are physically unwell or who have mental health problems and these characteristics may be one of several factors that lead to some children being vulnerable to abuse and neglect.

Social Work Task Force (SWTF)

Twenty-six years after the publication of the Barclay Report, and prior to the publication of the second Laming Report, a major review of social work was set up in 2008 by the then Labour Government. The remit of the Social Work Task Force (SWTF) was to undertake a comprehensive review of frontline social work practice across adult and children's services in England, and to make recommendations for improvement and reform of the profession. In both reports of the Task Force, *Facing up to the Task* (SWTF 2009a) and *Building a Safe, Confident Future* (SWTF 2009b), support for a '*generic* degree' was promoted:

> A good *generic* degree course should enable all students to develop the knowledge, skills and values in working holistically and safely with the whole range of individuals, families and communities where social work is needed. Splitting the degree would be destabilising and impractical. It would require students to make decisions about their future direction before they may be ready to. The fragility of the profession would be increased rather than reduced by potentially costly and highly time-consuming separation.
> (SWTF 2009b: 19)

Social Work Reform Board (SWRB) and Munro Review

In order to take forward the fifteen recommendations of the Task Force, in January 2010 the Social Work Reform Board (SWRB) was set up. In a progress report of this Reform Board (SWRB 2010), the same commitment to a foundation degree covering a wide range of subjects and practice skills can be seen but the terms *generic* or generalist are not mentioned. Instead, considerable focus has been placed on social workers developing their specialist skills and knowledge as a central feature of their

ongoing and continuing professional development. Four months later, in May 2010, the newly formed UK Coalition Government invited Professor Eileen Munro to chair a *Review of Child Protection in England*. Two reports of the Review have been published (Munro 2010; Munro 2011) – both of which include comments that are important to the subject of generalist-specialist practice.

Knowledge and skill that have no name cannot be integrated

A number of difficulties accompany any discussion about the nature and relationship of *generic/*generalist and specialist practice*. First, in many social work texts an inconsistency is evident in the way that authors describe or define different terms. Here I agree with Sheldon who stated 'It is often surprising how little definitional work has gone into concepts which are in everyday use in social work' (Sheldon 1995: 10). Second, whilst it is accurate to state that social work draws on a wide range of subject areas, few texts attempt to name the subject areas that this knowledge-base is thought to include. Third, there is a tendency to link 'knowledge and skills' together – as if engaged in some inseparable marriage where one is glued to the other. Yet both have distinct features that need to be separated out in order for their different features to be brought together in ways that lead to a coherent and reasoned integration. Fourth, the term *skill* is often used interchangeably or used to replace the term *intervention*. In the conceptualisation I am putting forward, a skill is summarised as an action that we can learn and an intervention is how we put that learning into practice. Fifth, there is still a tendency for the area of social work skills and interventions to be neglected – both in terms of the coverage of skills and interventions in social work texts and in relation to research. Yet it is clear that something that is not named, cannot be integrated – irrespective of whether this relates to knowledge and skill, or *generic/*generalist and specialist practice. It is a situation that calls for us to be rigorous in our use of specific terms, which is a theme covered in the following section.

Defining key terms: *generic,* generalist and specialist

The following account describes a number of conceptualisations in an attempt to be rigorous and consistent and coherent in the use of these terms.

Eclectic. Where *genericism* relates to skills and interventions, I want to suggest that the term *eclectic* better describes the areas of knowledge, and wide range of theories, that social work draws on - and often adapts in order to relate abstract theories to the situations encountered in practice. The adaptability and transferability that eclecticism embodies is taken up by Drury Hudson:

> True eclecticism requires the ability to be fully informed in relation to a variety of theories and to be able to switch from one practice theory to another in an effort to meet the particular demands of each unique problem, situation, or client.
> (Drury Hudson 1997: 38-39)

However, it is important to identify the knowledge and skills that are included within the phrase 'the eclectic nature of social work's knowledge base' (Loewenberg 1984: 310). Elsewhere I have identified eleven knowledge disciplines that social work draws on and adapts, plus seventy-two generalist skills and interventions (Trevithick 2011). In this task, I have defined a number of key terms, such as *knowledge, theory, skill*, *intervention* and *transferability,* in order to provide a degree of conceptual consistency in the use of these terms. The perspective I have adopted states that all actions are intellectual in character. They may reflect particular areas of knowledge or specific *skills* and *interventions* – but whatever form they take, an intellectual element is always a feature, which makes it important for social workers to claim the rich intellectual heritage that informs our work. In order to bring theory and practice into a close dialogue, I define an *intervention* as *knowledge, skills and values in action*. [3]

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[3] See Trevithick, P. (2011) *Social Work Skills and Knowledge: A Practice Handbook.* 3rd edn. Maidenhead: Open University Press.
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Generic. As already stated, the term *generic* has been used to refer to different aspects of social work. Barker takes up this point:

> The concept of *generic* social work practice is full of appeal and can be variously interpreted. Here it refers to one social worker who is trained, able to understand, and appropriately respond to, a wide range of individual, family, small group and community needs.
> (Barker 1975: 193)

A different version places the emphasis on the application of knowledge, skills and values. For Stevenson, the term *generic* 'rests on the assumption that social work has a common basis, in which values, knowledge and skills can be applied to a range of situations' (2005: 570) – a perspective shared by Wilson *et al* who describe the term *generic* as 'a common foundation to all social work practice' (2009: 698).

Generalist. I want to suggest that the term generalist is a more accurate term than *generic* to describe the acquisition and application of a broad spectrum of knowledge and skills that can be used to address the range of different situations regularly encountered in social work. As such, generalist knowledge and skill embody a 'foundation upon which specializations that have professional and intellectual coherence can be built' (Stevenson 2005: 581). This foundation has the advantage of being more transferable than the more in-depth knowledge and skills that are central to specialist practice. Indeed, even as a specialist, it is very likely that a practitioner will use a number of generalist skills because of their *transferability*. It is also important to stress that within this generalist category, advanced levels of knowledge and skills can be acquired. The use of the term generalist has another advantage because, like the term specialist*,* it is regularly used in other disciplines, particularly medicine and nursing, although in medical practice this includes a clinical dimension, such as whether and how to give an injection. In social work, the implementation of generalist knowledge and skills almost is almost always focused on the use of communication skills, which can take the form of verbal, non-verbal, writing or action skills. These are used in a range of different contexts and often outside a clinical context – making it difficult to include an independent evaluation of the quality and relevance of the knowledge and skill that shape a particular intervention.

Specialist. This more accurate definition of generalist knowledge and skill allows us to contrast this with specialist practice:

> Specialist *practice* . . . can mean either a division of labour or superior knowledge and skill about a client group, problem area, methods or settings. The specialist practitioner can be at the front line or specialism can extend up the organization. . . .
> (Parsloe 2000: 145)

In the emphasis that I want to put forward, the acquisition of 'superior knowledge and skill' is not only acquired through extensive practice experience but through additional training. This may be in relation to a particular theory or practice approach, or in relation to a specific client group or particular problem area. It constitutes learning that is consolidated through critical reflection, ongoing and relevant practice experience and access to regular quality supervision. Some examples of specialist training include training that is focused on different practice approaches, such as cognitive-behavioural approaches, or solution focused work. For example, the ability to use the technique of *systematic desensitization* calls for specialist training and a sound understanding of the principles that underpin cognitive-behavioural approaches. However, the interpretation placed on people's thoughts, feelings and actions from a cognitive-behavioural perspective is likely to be different from the interpretation put forward by a generalist practitioner. These different perspectives can be beneficial but can also lead to tensions. Specialisation also runs the risk of practitioners becoming over-focused on a particular approach at the expense of keeping abreast of a more generalist perspective.

In social work, the extent to which statutory and non-statutory agencies promote specialist services can vary but in general, they can often be found in areas such as mental health, fostering and adoption, services for disabled people, palliative care, and some children's services – often in response to the specific needs of a particular group of people. However, the setting alone may not be a good basis on which to judge the extent of practitioners' specialist knowledge and skill. For example, some practitioners may acquire additional training yet fail to demonstrate 'superior knowledge and skill'. This may be due to a lack of rigor in the assessment process or it could reflect a situation where practitioners have become de-skilled because they have been unable to retain the level of practice needed (Dustin 2007: Carey 2008). Nevertheless, the more in-depth knowledge and skill that is required in some practice situations can be best served by the development of specialist services.

It is important to stress that that any division between these two areas of practice can be quite arbitrary because even in relation to specialist services, it is likely that a range of generalist skills will be deployed, such as welcoming skills, listening and observation skills, the skills that are central to information gathering, or when reading people's non-verbal forms of communication, and so forth. From this perspective, the use of generalist and specialist knowledge and skills overlap and both can reflect the ability to deploy interventions along a continuum that represents basic abilities to more advanced levels of competence. Thus, it is possible for a generalist practitioner to have developed an advanced level of generalist knowledge and skills and for a skilled specialist practitioner to be less competent in a generalist capacity – although together they constitute a formidable multi-level knowledge and skills mix. Given this continuum, it may be valuable to introduce a term to reflect the acquisition of additional knowledge and skills gained by a generalist practitioner, such as the title *advanced* generalist or generalist-specialist in relation to a particular area of practice.

When to specialise?

In the past, there has been a lack of clarity about at what point – if at all - social workers should specialise, and how this might link to the notion of professional development and career progression. Again, considerable variation can be seen in the approach adopted by different local authorities in relation to the provision of specialist services and the opportunities available for staff to pursue specialist training, including applying for post-qualifying programmes (PQ). Part of this ambivalence is due to the fact that there has been little research into whether the different generalist or specialist practices have different or better outcomes (Parsloe 2000: 145). Nevertheless, there are currently 331 approved university PQ courses (GSCC 2010: 2), covering five specialist areas: children and young people; adult social care; mental health; practice education; and leadership and management (GSCC 2010: 25).

This wide variation in the opportunities available led the Social Work Task Force to call for a 'single, nationally recognised career structure' that would include a national framework for the continuing professional development of social workers. This proposal is represented in a *Professional Capabilities Framework for Social Work* which aims to 'set out, for the first time, consistent expectations of social workers at every point of their career' (SWRB 2009: 3). This new structure is designed to incorporate a new single, modular Masters-Level PQ award in specialist practice as an integral part of a 'hybrid model', that is, one that 'supports social workers to access a wide variety of learning and development opportunities, dependent on individual learning needs and styles, throughout their careers, with national recognition and portability' (SWRB 2010: 34). It is proposed that this framework will be used to inform the standards of education and training and the development of a new curriculum framework, designed to promote high quality education and training. It is too early to speculate what these changes might mean for the 271 approved degree courses currently in existence in the United Kingdom because, like local authorities, these too have been in the position to exercise considerable variation in how they interpret the requirements laid down for social work education and training. An example is the wide variation that is evident in the recruitment and selection processes that different programmes adopt. It is interesting to note that in relation to England, three separate documents indicate the requirements laid down in relation to

social work training: namely the Benchmark Statement (QAA 2008), National Occupational Standards (TOPPS 2002) and Department of Health requirements (DH 2002). With regard to Wales, Scotland and Northern Ireland, these requirements are integrated in a single document. These include: *Raising Standards: The Qualification Framework for the Social Care Sector in Wales* (Care Council for Wales 2003); *The Framework for Social Work Education in Scotland* (Scottish Social Services Council 2003); and the *Northern Ireland Framework for the Degree in Social Work* (Department of Health Social Services and Public Safety 2003)*.* All mention – mainly only once - the term *generic* but with no detailed account of what this term means.

An important feature of the new proposed structure for England is that 'there should be progression routes available to high quality, specialist social workers which do not remove them from the frontline' (SWRB 2010: 7). The importance of social workers being able to 'extend and deepen' their specialist skills and knowledge (SWRB 2010b: 33) is featured strongly in the recommendations, which includes social workers being able to access 'regular and appropriate social work supervision' and also the opportunity to access research and practice guidance (SWRB 2010: 20).

The burden of a vast knowledge and skill base

This vast knowledge pool that is evident in both generalist and specialist areas of practice is not without its difficulties and presents a situation where an 'unrestrained freedom to choose from a large number of different theories . . . (can) put too large a burden on the individual social worker' (Loewenberg 1984: 310). This problem is rendered more complex where new theories continue to be added, sometimes with little attempt to shape these in ways that can 'guide practice decisions' (Reid 1978: 378) and the situations regularly encountered in direct practice. Munro tentatively takes up this point:

> Children need social workers to have a wide range of knowledge, skills and values. In looking
> in more depth in what is required, the review has been struck by the scale of relevant skills
> and knowledge required/necessary and questions how much an individual can achieve. . . . the
> review questions whether it is realistic to expect each frontline worker to cover such a wide
> range of skills and knowledge . . .
> (Munro 2011: 50)

I have considerable sympathy with Munro's position and if asked to identify the theories that I might exclude, I would not include in-depth coverage of practice approaches, such as cognitive-behavioural approaches, client-centred, psychosocial, solution focused, ecological approaches, etc. – beyond introducing students to the main concepts that underpin these practice approaches and their 'parent' disciplines. I say this because I believe that an eclectic training programme should focus on perfecting a foundation based on generalist *knowledge* and *skill*, and to concentrate in much greater detail on how knowledge and skills can be better integrated in ways that 'speak' to the situations regularly encountered in social work. In relation to the skills base of social work, and the interventions that constitute the implementation of certain skills, as stated earlier this difficulty is less evident because this area of practice has not yet become a 'skills and interventions pile'.
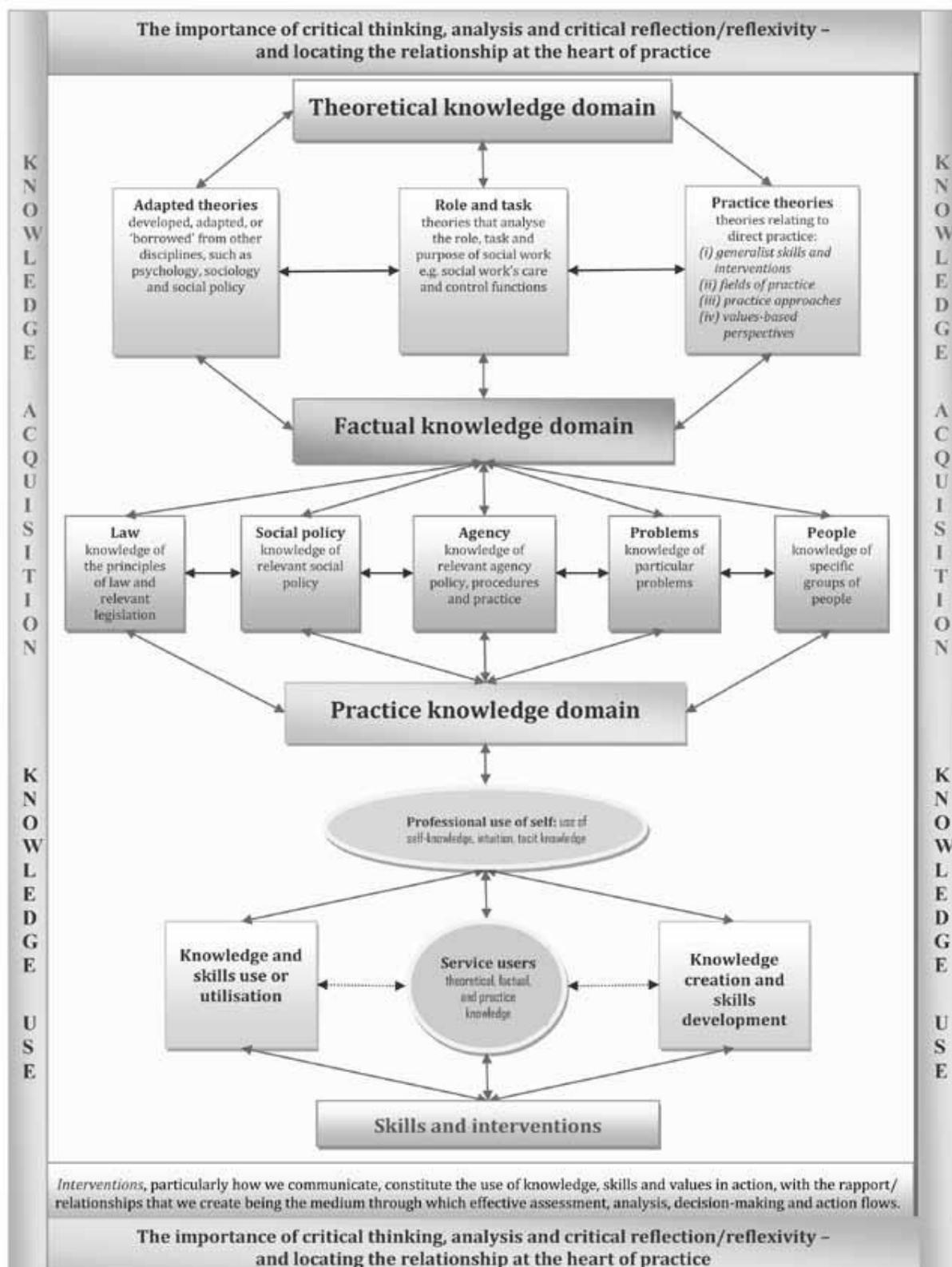
One way to approach to this growing body of knowledge would be for the social work community to arrive at some kind of consensus that attempts identify those theories that are considered most relevant to contemporary practice concerns and to eliminate those 'specialist topics that workers will not often encounter' (Munro 2011: 50). If we are unable to do this, there is the risk that the government will attempt to do so, which is what in effect happened when the new degree was introduced when the Department of Health stipulated 'specific learning and assessment had to be provided in five key areas' (Department of Health 2002: 3).

In addition, a different strategy to ensure that social work's knowledge-base does not become an overwhelming 'knowledge pile', would be to categorise subjects and themes in order to provide a 'users' map of the knowledge-base of professional practice' in social work (Eraut 1994: 50). The

Knowledge and Skills Framework that I have developed is designed to meet this need (see Figure 1) and also to integrate knowledge and skills in a coherent conceptualisation.

Knowledge and Skills Framework

This *Knowledge and Skills Framework* attempts to order the growing number of theories and perspectives abounding in social work - and to link these in ways that integrate theory and practice. It categorises knowledge in terms of three domains - *theoretical*, *factual,* and *practice knowledge.* A perspective that underpins the need for a framework of this kind is the lack of clarity that exists

about what constitutes the knowledge and skills base of social work – a situation where 'there is no universally accepted idea of valid knowledge, skills or expertise for social workers' (Asquith *et al.* 2005: 2). The *framework* emphasises the importance of thinking, sometimes referred to as critical thinking, and critical reflection or reflexivity (Sheppard, 1998). Its first two domains, on *theoretical* and *factual knowledge,* focus on *knowing how* and concern knowledge acquisition. The *practice knowledge* domain concentrates on the skills and interventions that translate knowledge into practice. Historically, the main skills or interventions used in social work have been grouped under the heading *communication skills* (Koprowska, 2010; Lishman, 2009). However, this has tended to mask the range of interventions that fall within this heading – interventions that may be verbal or non-verbal in character, or involve a different range of activities that fall within the realm of action skills, including those involving the written word. A central feature of the *framework* is an awareness of how practitioners present themselves as 'professional social workers', such as how the use of self-knowledge, including intuition and tacit knowledge, are used to inform practitioners' communication with clients. From this perspective, the skills learnt - and interventions used - constitute 'knowledge, skills, and values in action' (Trevithick 2011). A further feature of this framework recognises the knowledge that services users, carers and other interested parties bring to the encounter – and how these areas of knowledge can also be conceptualised in terms of the theoretical, factual, and practice knowledge that these individuals have acquired. As such, it represents 'a model in which interpersonal skills, grounded in theory and knowledge, are at the heart of the enterprize' (Stevenson 2005: 581). It is interesting to note that the headings and sub-headings that feature in this framework are consistent with themes covered in the proposed Professional Capabilities Framework. (For further coverage, see Trevithick, 2008, 2011).

How to assess the quality of knowledge and skills acquired

The task of setting out 'consistent expectations of social workers at every point of their career' (SWRB 2009: 3) is important but a formidable one. It is a task that I believe calls for social work knowledge and social work skills to be assessed and evaluated differently. The main reason for suggesting this separation is because some students and practitioners can demonstrate the capacity for abstract conceptualisations, analysis and synthesis yet demonstrate limited abilities in the area of social work skills and interventions. Also, the opposite can occur with some students and practitioners being highly intuitive and proficient in their ability to engage and communicate with others, yet indicate limited ability when attempting to grapple with complex theoretical conceptualisations. The task of social work education and training, and continuing professional development, has to be one that leads to the integration of knowledge and skill but I would argue that to achieve this end calls for an evaluation process to be introduced that has the capacity to identify progress in these two areas.

Knowledge acquisition

An approach to knowledge acquisition that could be valuable when attempting to assess the extent to which students have developed the ability to 'analyse and synthesise knowledge gathered for problem-solving purposes' (QAA 2008: 11) could be the work of Bloom and his colleagues. Their first text, *Taxonomy of Educational Objectives* (Bloom *et. al.* 1956; 1994), has been highly influential in the area of education and also used in the context of professional training programmes. This hierarchical classification[4] was developed in order to assess changes in terms of students' intellectual capabilities. Briefly, a key focus of this work was to provide a tool that could classify educational objectives and identify how to enable students to progress from basic knowledge acquisition by rote, described by Howe 1996: 92 as 'performing surface responses', to the complexities involved in evaluation and synthesis. A different conceptualisation that attempts to identify the stages of learning can be found in the work of Biggs and colleagues who developed a taxonomy entitled SOLO, which stands for *Structure of the Observed Learning Outcome*. This was developed in order to provide 'a systematic way of describing how a learner's performance grows in complexity when mastering many academic tasks' (Biggs and Tang 2007: 76). (For an example of the use of SOLO, see Platt 2011).

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[4] A classification system is called a *taxonomy* because it adhered to a set of key principles arranged in a hierarchy.

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Skill acquisition

A publication that is focused on skill acquisition can be found in the work of Dreyfus and Dreyfus (1986) in their seminal text (1986) *Mind over Machine: The Power of Human Intuition and Expertise in the Era of the Computer*. This describes a five-stage model of skills development that ranges from *novice*, *advanced beginner*, *competent*, *proficient* and *expert*. This conceptualisation has been influential in relation to professional development in nursing (Benner 1984) and social work (Fook *et al.* 2000; (Sheppard *et al* 2000: 468), particularly in relation to the role of intuition and tacit knowledge in reasoning processes, a point taken up by Munro:

> The work of Dreyfus and Dreyfus on how people develop expertise shows how they build up intuitive understanding and tacit knowledge. They may use procedures to get started as novices but need to move beyond this to achieve mastery. Social workers in a culture where procedural compliance is expected, and deviation is met with blame, are discouraged from building up that expertise.
> (Munro 2011: 62)

My interest in the work of Dreyfus and Dreyfus has focused in greater detail on the acquisition of social work skills and interventions, where I have attempted to identify the extent to which students developed their skills over the course of a 10-week module on social work skills. This work has concentrated on the importance of listening and observations skills, on the importance of students being aware of the 'default' positions they adopt in relation to their facial expression, body language, tone of voice, speed of speech, choice of words, and other verbal and non-verbal forms of communication. The purpose of this work has been to encourage the development of responses that are not rule-based, distant or superficial in character, which is often demonstrated in first-year students (*novice*) but instead demonstrate a more sophisticated understanding, and capacity to test hypotheses, based on the clues that may be evident in the communication taking place (moving along the continuum toward *proficient* communication skills).

Conclusion

This chapter has looked at a range of different influences that have shaped the generalist-specialist debate, beginning with the conundrum that is evident in the lack of clarity and rigour in the use of key terms. The history of this debate is important because we appear to be suspended between two trends. On the one hand, like the pre-Seebohm era, we may be quickly approaching a situation where the majority of employees working with vulnerable people are unqualified practitioners. On the other hand, the work of the Social Work Reform Board is deeply engaged in taking forward the fifteen recommendations of the Task Force and the task of *'building safe, confident future',* based on a single, nationally recognised career structure for social work. The proposal put forward in the *Professional Capabilities Framework for Social Work* has yet to identify where the line between generalist and specialist training will be drawn. My own view is that the focus of the three-year degree should be concentrated on enabling students to perfect their generalist knowledge and skill in key areas, and include a strong focus on the issue of transferability and identifying the link between theory and practice.

At the same time, *The Munro Review of Child Protection* is underway, with the task of understanding why 'previous well-intentioned reforms have not resulted in the expected level of improvements'. It also has the task of setting out 'for discussion the characteristics of an effective child protection system, and the reforms that might help to create such a system' (Munro 2010: 3). Meanwhile, work with problems that are multi-faceted, complex and entrenched – requiring in-depth knowledge and skill - are being cut back. Within this complex and uncertain picture sits the debate about generalist and specialist practice. In exploring this theme, I have stressed the need to be rigorous in our use of key terms, and the importance of separating out and naming the specific features that are included in the term *knowledge and skill,* or generalist and specialist practice, stating that knowledge and skills that have no name, cannot be integrated – nor can they become a feature of generalist and specialist practice in ways that represent *'*two ends of a rainbow of learning' (Coulshed 1988: 159). In an attempt to address this lack of conceptual rigour, I have formulated a *Knowledge and Skills*

Practice Framework designed to integrate knowledge and skills and to represent conceptual map upon which 'professional and intellectual coherence can be built' (Stevenson 2005: 581).

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