
Professional-centered and Client-oriented Social work

Uz profesionāli orientētais un uz klientu centrētais sociālais darbs

Kyösti Urponen, Dr. sc. pol., Dr. h.c. (Finland)

The heart of the client-centered social work comprises a communicative ethic that highlights the client's human rights. Professional ethics originated from philosophical ethical considerations underlying norms and definitions. Social work is ethical given that it implements defined principles and adheres to well-defined norms. Customer-centered social work has succeeded in narrowing the institutional power-relations exhibited by those in professional-centered social work. The former approach is created from mutual understanding and trust is obtained from mutual communication. However, this situation is at least to some extent threatened as the evidence-based approach and its requirements expand. A key challenge for the future social work is to avert institutionalization based on expertise and, at least indirectly, subordination to institutions. When developing social work, we should constantly focus on the ethical responsibility of our clients.

Key words: Client-oriented social work, professional ethics, ethical responsibility, mutual communication.

Introduction

Historically, social-work related research and practices caused a 'struggle' between two distinct approaches. This dispute can easily be resolved by labeling the strategies as follows: 1) *a professional-centered approach* and 2) *a client-centered approach*.

These two approaches originate from a distinctive ontological and epistemological understanding of human nature, social-work's context and nature. Namely, the ontological and epistemological understandings provide a framework for how a social worker defines his/her relationship with a client along with the latter's underlying problems at the same time as the social worker identifies his/her position relative to the client.

Briefly, a professional-centered approach can be characterized by offering professional expertise beyond the client along with disclosing a power-driven way of doing things. Client-centered social work, on the other hand, emphasizes *social worker-client*

cooperation comprising shared and equal communication. The approaches diverge in terms of social work's ontological and epistemological basis, as well as in terms of its theory and practice. Differences can also be found in understanding social work's values and ethics.

When I was studying social work myself a few decades ago, the content of my teaching emphasized the features of the professional approach. Since then, the professional approach has been criticized for using expert power beyond the client. The criticism of the professional-centered social work has provoked the client-centered social work to challenge the former approach in scientific and ethical discourses (cf. for example, Dominelli, 1996; 2002; Witkin, 2017).

The strategies cannot be claimed to be true or false in themselves. Yet, the social worker needs to be aware of the situation and the very environment in which he/she lives as well as of the consequences of his/her work in relation to the client's ethical principles and social rights. The social worker must always legitimize his or her working model or performance strategy with client. The importance of this concern is on the rise when emphasizing an evidence-based approach to social work. This model restores expertise along with his/her related power relative to influence of external organizations on the relationship between the social worker and the client. Social work is situated someplace, where a struggle between different approaches exists and where two questions must be answered: Is the client always right? Does the client himself/herself solve the problems with the help of a social worker or does the social worker, as an expert, resolve the client's problems?

First, I look at the traditional professional social work, with the basic characteristics of client feedback and content in a strategy approach. In this model, the client is more often right than we have thought him/her to be. Secondly, I portray the potential of client-driven social work and provide the basic outline of the content. This highlights the question to which extent a client solves his/her own problem when opportunities are created, or resources and support are available.

Focus-group assessment of professional social work: a window to client-based social work

Client criticism of the professional approach is well reflected in a focus-group study, which Stephen M. Rose gave a lecture on (cf. Rose & Black, 1985). At the same time, criticism opens a window to a different kind of a professional client-centered approach. In a study, social work clients as a group critically evaluated and expressed their experiences as individuals of traditional occupational social work. During their focus-group discussions, they critically pointed out that professional social workers are not fully able to internalize their problem along with its nature. At the same time, in their criticism of current social work practices clients implicitly introduced some criteria for an alternative social work. The four most important social problems the clients perhaps encountered were as follows: (Rose & Black, 1985; Rose, 1992):

1. In social work, the clients first paid attention to the gap between their own world and the world of the social worker. The clients' survey responses indicated the impossibility, due to own problems, to enter a world where the social worker lives. Even after solving the problems, there are still gaps between the two real-life worlds and lifestyles. To solve their problems,

the clients urged the social workers to go through their world and get familiar with it. According to clients, sustainable solutions and changes are blocked by the social workers' unfamiliarity with the formers' real-life circumstances. Solutions require emancipatory changes not in a strange but in a familiar world, that is, the client's world along with social worker's real experiences from that environments.

2. Another point raised by the clients was about life changes and the demands that came with them. In their focus-group discussions, clients pointed out that they were not always able to accomplish the things they were desired or required to do. At the same time, however, they stressed that they did not always want actual help or advice. Sometimes it is enough to be encouraged in one's choices or to be told that the undertaking is correct.
3. The third criticism focused on the interaction and relationship between the social worker and the client. In a group discussion, clients reported distrust. Social workers did not always seem to believe or understand what clients were telling about their own life along with its details. From time to time, employees seemed to suspect that clients were hiding something or coloring their story for the gain of better benefits or greater empathy. However, their primary goal, according to themselves, was to get relief from distressing life events. For this reason, they agreed to become clients in the first place.
4. The fourth client criticism in the study focused on the social image of the social workers. From time to time, clients felt that they were referred to as statistical categories. Even worse was an overt or covert language that was stigmatizing. An example would be the description by a social worker declaring that a client is a long-term unemployed or a gravely addict individual. Characterizations are not only stigmatizing but also objectifying and reifying. The problem with the concepts and expressions used is that the spoken word contributes to a self-fulfilling prophecy. In the end, what was achieved, was defined in the beginning; yet, the predetermined goals and the promised result, remained unfulfilled.

The presented client assessments were provided by social-work clients of a particular mental health-care unit in focus-group interviews. In a focus-group study, clients are interviewed as a group. The group is characterized by experience of similar social-work services in a comparable problem situation. The group received services that could be termed professional social work.

Basic features of professional social work

Traditionally, social work has been defined as an independent profession and specialty with almost the same characteristic as that of the profession of a physician. Social work retains an own systematic theoretical basis. It includes the prestige of education and skills, too. As well as, the professional community controls the activities of its members. The members' activities are guided by professional ethical codes. In addition, professionals are united by a cohesive culture, as evidenced by the use of professional terms along with, for example, professional jokes on the web (Greenwood, 1957; Heinonen & Spearman, 2001).

Professional social work is closely linked to professional expertise, professional identity and collegiality. Along with knowledge and skills, functional tools are emphasized as part of professional social work. In traditional framework, social-work methods include case work, group work and community work, as well as therapeutic methods developed in different areas of social work. If I continue to compare social work with professional medical work, which has traditionally served as a kind of social work reference, the social worker, when discussing with his/her client, tries to do something in the same way as a medical diagnosis is achieved constructed on a situation (Greenwood, 1957; Heinonen & Spearman, 2001). In most cases, the information provided by the client is shared and reflected on within a context collected from research, theoretical knowledge and previous experience. Client's own experiences, expertise and interpretation are ignored as subjective information. Theoretical and research data are considered objective in nature.

When a problem is revealed, it is diagnosed and interpreted as well as resolved. In solving the problem, social-work methods make use of necessary interventions in the client's life realm, as is commonly stated. In a nutshell, the involvements represent something like a physician's intervention with medication or other therapeutic measures. Interventions are meant at eliminating the factors that are causing the problems. Once the causes are eliminated or alleviated, the situation is resolved.

Although the social worker is aware that he/she interacts with social phenomena in a social context, his/her mental world and world view comprise some of the same ingredients as a physician's performance when working with natural phenomena. At least the following similarities can be found in this framework of thinking. The problems are considered to include causality. They are the result of past factors. In social work, or in health care, problems are intended to be solved by interventions and measures to eliminate the causes. There is a technical interest in the application of the information. The activity is a kind of social engineering-like activity similarly to what J. Habermas (1987) depicted as a technical interest in social activity. Social engineering-like social work has without doubt to be built from many of the issues that the clients were paying attention to in the focus-group study.

When acting as an expert, a social worker emphasizes, at least implicitly, a difference to the client. When designing interventions, he also riffs on things in his mind and speech. In one way the client is given not only an objective but also an external role. Summarizing occupational social work can be illustrated by the following Fig. 1 (cf. Eskola, 1988).

In the basic concept of professional work, an expert social worker operates within an organization with regulations to assist a client in his/her life. Help is based on communication between the social worker and the client. Social-worker's assistance consists of interventions built on theory, scientific findings, regulations and professional ethics to eliminate factors that influence an individual's problematic situation. The relationship between the client and the social worker is hierarchical. A challenging phenomenon remains the target of the activities. The context of the phenomenon is of secondary importance. Expert knowledge emphasizes the understanding of the phenomenon rather than its context.

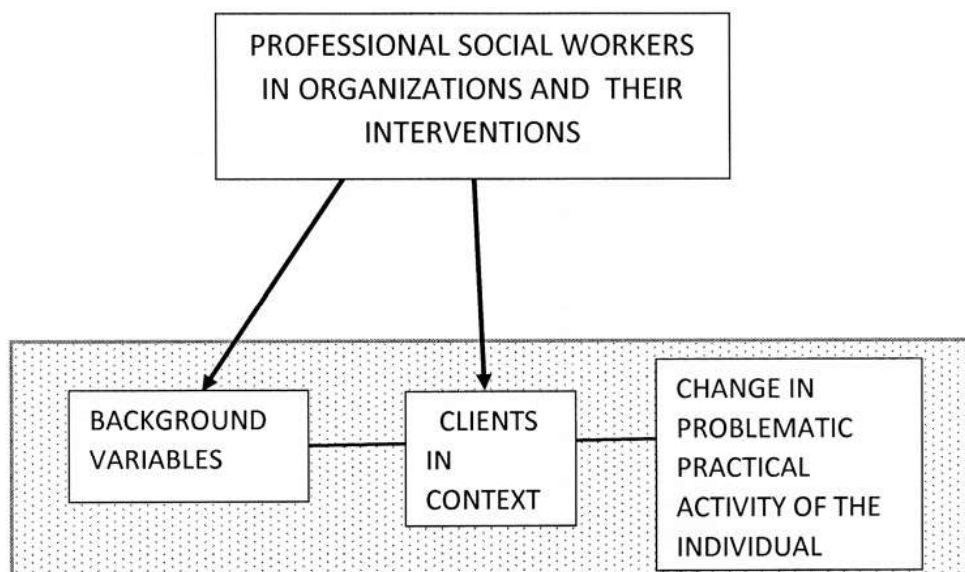


Figure 1. Professional-centered social work

The anthropological aspects of social work behind this phenomenon are of secondary nature. There exists a cultural distance between the client and the social worker. There are also some ethical aspects to consider. In his/her work, a social worker emphasizes professional ethics, which underlines the nature of professional activity, responsibility to the profession and to the people in the organization. Ethics are primarily about following professional principles and rules. Ethics is the ethics of good behavior and applying professional skills. Its primary principles do not consist of the social rights of the client and the good of the client. The ethics of the rules and their observance is emphasized, not the ethics of the consequences.

Opportunities for client-centered social work and key features of content

In client surveys, clients have criticized professional social work. Social workers have also pointed out that traditional social-work includes problems, or at least ethical shortcomings. The question remains whether the mission of social work is colored by duty or consequence of ethics. What does it mean for us to give up the requirement of obedience and begin to emphasize the consequences of our actions as regards the client's social and human rights? One clear difference between consequence-oriented and client-centered social work versus professional-centered social work is that in the former approach the standards and their monitoring are not considered to be the primary criteria (Witkin, 2003). The quality and ethics of social work are assessed in relation to the development of the interactions, the communications it enables and the consequences of the action in each historical context. Social work is a human-made construct that takes place in a particular social environment. Fig. 2 illustrates the client-centered social work (cf. Eskola, 1988):

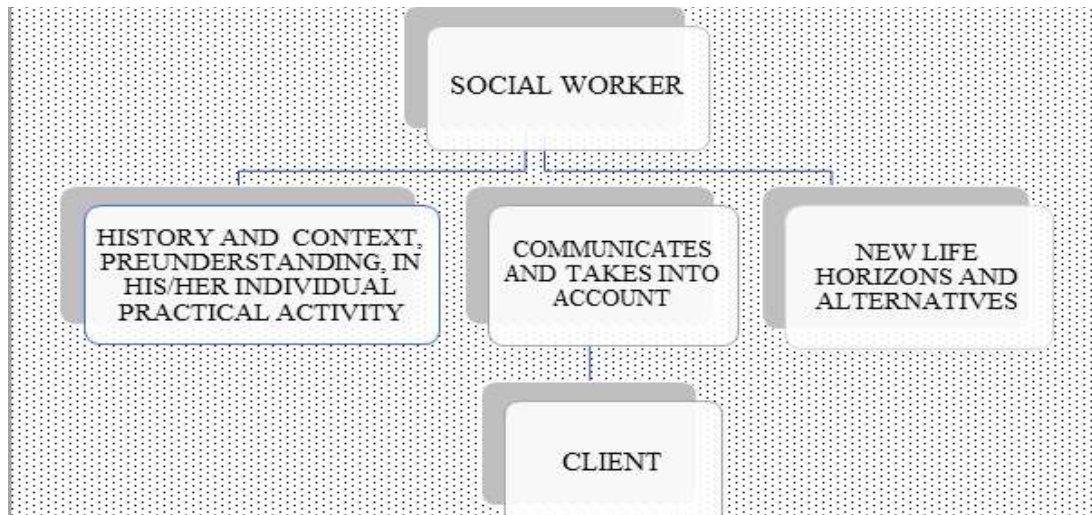


Figure 2. Client-centered social work

The two figures highlight the basics in client-centered social work compared to professional-centered social work. The key aspects of Fig. 2, compared to Fig. 1, are compressed into four aspects:

1. In client-centered social work it is thought that the social worker and the client live in the same social world of existence.
2. Yet, the client and the social worker may experience and interpret the past and the present context in slightly different ways.
3. Consequently, in practical activities, they understand things a little differently and therefore their lives diverge.
4. Looking to the future and finding a new life horizon is key for alleviating problems and improving the client's life situation.

There are interpretative and experiential differences between the social worker's and the client's worlds. It is therefore crucial to create a situation where cooperation and communication are facilitated. In other words, a process that promotes so-called communicative rationality is needed. Communicative rationality implies that people from different backgrounds and understandings create a common interpretation ground that can be accepted by all participants for further activities and collaboration (Habermas, 1987). The problem-solving process of social work is based on the communicative rationality as well as on the collaborative creation of the problem-solving process by means of shared communication. Most commonly, the problem-solving process involves eight steps (Compton *et al.*, 2005):

1. Becoming a client, in other words, the social worker and the client form a relationship with each other. At this point, trust is created as the basis for further activities. The communication eliminates prejudices and false assumptions. This step is particularly important if the client is reluctant and prejudiced towards the social worker.
2. During the information gathering and sharing phase, background knowledge related to the client's situation is obtained and the client receives information about the opportunities and practices of social work. The communication utilizes verbal and non-verbal messages.

3. The preliminary problem definition reflects the client's and social worker's interpretation of the predicament. The goal is to understand what the problem consists of and how to solve it.
4. During the assessment phase, the social worker, with the help of the client, acquires all information that will facilitate the setting of goals and the creation of a new life horizon. Issues to be resolved include, for example, specific details and consequences of the problem and its background; further, the outcome of not doing anything at all, as well as the immediately available resources are in focus of the discussion.
5. Contract processing includes negotiation, conflict resolution, detailing of future actions and impact assessment. The client and the social worker present their views. The result is a document that is accepted both by the client and the social worker. In addition, the document includes the definition of the final operational goals.
6. During the implementation phase of the action plan, the client's own resources are mobilized and supplemented by activating the necessary resources and services from outside. Implementing the program includes resource management, empowerment and advocacy. The program is implemented in cooperation with the client by respecting his / her self-determination right.
7. Evaluation is a process that is carried out at every step of the problem-solving process. The valuation assesses achievements and encountered problems. Evaluation is vital because of the uncertainty involved in solving problems. Uncertainty is caused by environmental factors. The action of the client's and the social worker causes its own problems along with conflicts related to them. Joint assessment of situations, achievements and difficulties makes it possible to correct the problem-solving process at different stages.
8. It is crucial to close the process and to evaluate its form when assessing the effectiveness of the operation. A successful way to end the process is to be able to work according to plan. Problems arise when a client must move to another service unit or due to a crashed process. A planned process-closure secures the support needed in the future. In unplanned decision-making situations, the client's situation is left without a closure. Uncertainty is surrounded by issues that plague both the client and the social worker.

The client-centered approach presently outlined addresses many of the ontological and ethical issues of professional social work. Perhaps the most important of the ontological problems is the reification the client and separation from the world of the client and the social worker. The social worker thinks that he/she is living in a separate expert world in relation to the client. In the client-centered social work, it is thought that the client and the social worker live in the same socially constructed social world and culture. They meet the social contexts from different way because of their life experiences and history. But they are together solving problems affecting the client and the community due to dysfunctional influences.

Reification is unrelated to client-centered operations because the solutions to problems are not outlined through the elimination of past causal factors. Solutions to problems are outlined through the construction of the future along with the renewal of the life horizon. It

is also important that the social worker does not solve the client's problems. It is vital to see that clients ultimately solve or not solve their problems themselves by means of their own choices. The role of a social worker is to create an environment where the client can release him/herself or at least lessen his/her problems through own choices and decision-makings.

Table 1

Social-work service-provision types and citizens' role

CITIZENS' FREEDOM TO CHOOSE SERVICES			
SOCIAL WORKERS' PROVIDED ALTERNATIVES	NUMBER	LOW	HIGH
	FEW	INTIMATE	CONSUMER
	MANY	CLIENT	CUSTOMER

Table 1 illustrates the change in the customer's position and role in situations where choices are expanding, and the number of available options raises. Inmate status is most often found in institutions. Customer-centered social work includes an individual choice along with a growing service offering. In other words, a shift in the role of the human being takes place in social work. He/she becomes a customer instead of a client. At the same time, the effectiveness of the methods increases, and problems are to be solved individually (cf. Sipilä, 2003 and Sipilä, 2019).

Conclusion

The fundamental difference between the Figures 1 and 2 is relative to the social work communicates an ontological understanding of the social reality. In Figure 1, depicting professional-centered social work, society and social communities are understood as nature-like life contexts. Life is governed by necessities such as natural laws and certain causal relationships. In client-centered social work, the picture is less deterministic and causal. There are things thought to happen voluntarily, based on the human will. Furthermore, in client-centered social work the prospect of solving the client's problem is optimistic and presumes that the future will become better as the client becomes more successful. When the client becomes empowered and able to build a new horizon of healthy living, he/she solves his/her problem by the backing of the social worker. In professional-centered social work, the social worker is thought to solve the problem.

The heart of the client-centered social work comprises a communicative ethic that highlights not only the client's rights but also his/her human rights. The question remains how we communicate and listen. The communicative ethic examines the activity and its performance as well as the consequences and results of the activity. The moral discourse is one way of creating ethics. Professional ethics originated from philosophical ethical considerations underlying norms and definitions. Social work is ethical given that it implements defined principles and adheres to well-defined norms.

Customer-centered social work has succeeded in narrowing the institutional power-relations exhibited by those in professional-centered social work. The former approach is created from mutual understanding and trust is obtained from mutual communication. However, this situation is at least to some extent threatened as the evidence-based approach and its requirements expand. A key challenge for the future social work is to avert institutionalization based on expertise and, at least indirectly, subordination to institutions. When developing social work, we should constantly focus on the ethical responsibility of our clients.

LITERATURE

1. Compton Beulah Roberts, Galaway Burt & Cournoyer Barry. (2005) *Social work processes*. Pacific Grove: Brooks/Cole Publishing, 591 p. (e-book).
2. Dominelli Lena. (1996) Deprofessionalizing social work: Anti-oppressive practice, competencies and postmodernism. In: *The British Journal of Social Work*, Vol. 26, No. 2, pp. 153-176.
3. Dominelli Lena. (2002) *Anti-oppressive social work theory and practice*. London: Palgrave Macmillan, 224 p.
4. Eskola Antti. (1988) *Blind alleys in social psychology: A search for ways out*. Amsterdam: North Holland, Elsevier Science Publishers B.V., 322 p. (Advances in Psychology, No. 48.)
5. Greenwood Ernest. (1957) Attributes of a profession. In: *Social Work*, Vol. 2, No. 3, pp. 45-55.
6. Habermas Jürgen. (1987) *Knowledge and human interests/* transl. by Jeremy J. Shapiro. Cambridge, UK; Malden, MA, USA: Polity Press, 392 p.
7. Heinonen Tuula & Spearman Len. (2001) *Social work practice: Problem solving and beyond*. Toronto: Irwin Publishing, 378 p.
8. Rose Stephen M. (Ed.). (1992) *Case management and social work practice*. White Plains, New York: Longman, Inc., 392 p.
9. Rose Stephen M. (2000) Reflections on empowerment-based practice. In: *Social Work*, Vol. 45, No. 5, pp. 403-412.
10. Rose Stephen M. (2003) [The Mission of Social Work] Sosiaalityön mission. In: Merja Laitinen & Anneli Pohjola (Eds.). [Social Work's Changing Responsibilities] *Sosiaalisen vaihtuvat vastuut*. Juva: PS-kustannus, pp. 193-205.
11. Rose Stephen M. & Black Bruce L. (1985) Advocacy and empowerment: mental health care in the community. London: Routledge & Kegan Paul, 231 p.
12. Sipilä Jorma. (2003) [Organising social care: From poorhouse to a market commodity] Hoivan organisointi: vaivaistalosta markkinatavaraksi. In: [Janus. Journal of Social Policy and Social Work Research] *Janus. Sosiaalipolitiikan Ja sosiaalityön Tutkimuksen Aikakauslehti*, Vol. 11, No. 1, pp. 23-38.
13. Sipilä Jorma (Ed). (2019) *Social care services: The key to the Scandinavian welfare model*. London: Routledge, 198 p. (Routledge Revivals.)
14. Witkin Stanley L. (2003) [The goal is to do good]. Päämääränä hyvän tekeminen. In: Merja Laitinen & Anneli Pohjola (Eds.). [Social Work's Changing Responsibilities] *Sosiaalisen vaihtuvat vastuut*. Juva: PS-kustannus, pp. 237-253.
15. Witkin Stanley L. (2017) *Transforming social work: Social constructionist reflections on contemporary and enduring issues*. London: Palgrave, 240 p. (Practice Theory in Context.)

Uz profesionāli orientētais un uz klientu centrētais sociālais darbs

Kopsavilkums

Uz klientu centrēta sociālā darba būtība ietver komunikatīvo jeb saskarsmes ētiku, kas izceļ klienta cilvēktiesības. Profesionālā ētika ir cēlusies no filosofiskās ētikas normām un definīcijām. Sociālais darbs ir ētisks, ja tas īsteno noteiktus principus un atbilst vispārzināmām normām. Uz klientu centrēts sociālais darbs mūsdienās ir samazinājis institucionālās varas attiecības, kas dominēja uz profesionāli orientētajā sociālajā darbā. Šī pieeja radās no savstarpējas sapratnes un uzticēšanās tika iegūta savstarpējā saskarsmē. Tomēr šī situācija zināmā mērā ir apdraudēta, ņemot vērā uz pierādījumiem balstītās pieejas izplatību. Izaicinājums sociālajam darbam nākotnē ir novērst institucionalizāciju, kas balstās ekspertīzē, un vismaz netiešā veidā – pakļautībā institūcijām. Attīstot sociālo darbu, mums nepārtraukti jāvērs uzmanība uz mūsu klientu ētisko atbildību.

Atslēgas vārdi: Uz klientu centrētais sociālais darbs, profesionālā ētika, ētiskā atbildība, savstarpēja komunikācija.



Dr. sc. pol., Dr. h.c., prof. emeritus **Kyösti Urponen**

Dr. h.c. at University of Tallinn (Estonia), *Dr. h.c.* at University of Klaipeda (Lithuania), *Prof. emeritus* in Social Work at University of Lapland (Finland)

Dr. h.c. Tallinas Universitātē (Igaunija), *Dr. h.c.* Klaipēdas Universitātē (Lietuvā), *Prof. emeritus* sociālajā darbā Laplandes Universitātē (Somija)

Address: P.O. Box 122, FIN-96101 Rovaniemi, Finland

E-mail: kyosti.urponen@ulapland.fi