

Power With Helping: Providing Practical Support¹

Effective *practical support* is NOT a short cut to a constructive helping interaction. Provision of quality practical support is often more demanding, technically-skilled and complex than other helping processes.

Practical support can include provision of:

- Information
- Practical resources
- Referral

Practical support has been conventionally seen as a *side activity* - not *real* counselling. In fact, practical support can be a critical trust building activity. If the worker responds to a practical need efficiently and effectively, the person may feel more willing to open up about a deeper problem.

Responding to Requests for Information

Information provision would seem a fairly safe thing to do ... after all ***Information is Power***. Surely ANY information provision is *empowering* of the person ... a *good* thing to do! If accepting the idea that *information is power*, the key question that arises is *power for whom?* **Information provision can be used to take power away from someone, as well as to empower them.** For example:

Someone phones you to ask about ways to respond to their pregnancy. You provide a whole lot of information about how to avoid getting pregnant (ie. what they COULD have done)! They end the call before you have a chance to discuss their pregnancy.

How do you think this might make the person feel? The person could well go away, with information they cannot use at the moment, which makes them feel stupid, and doesn't assist them with their situation at all. They may no longer trust you ... and your interaction may have made them more cautious about approaching **anyone** in a helping role (either now, or in the future).

How might it make you feel? You may feel that you gave the person useful information, that they could use in future. Why did you do this? Maybe, you were avoiding dealing with the **real** information request of the person, for reasons of your own. Or, perhaps responding to their request would place you in dangerous legal territory? Or, maybe your agency's policy prohibits you from offering certain options that you think the person might need? Regardless of the overt or covert reason for your response, **your approach has empowered you, rather than the person.**

Yet, many workers go away from interactions like this feeling OK, because *at least they were able to offer the person something before they hung up!* But is this the case? Whose needs are you seeking to meet, when you provide information? If the person went away feeling mistrust for you, it may well be that they mistrust the information you gave as

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well. And, what's worse ... they may mistrust anyone else who gives them the same information!

Much of the information we provide is not factual in the strict sense of the word. A *fact* is something that is supported by all the available evidence. Generally, when we are providing answers to factual questions, there is some level of judgment in our response. This certainly applies to many medical, legal and financial questions.

The extent to which your response to someone's factual question is empowering for them, depends upon the way you treat any evidence in your response:

An opinion is a personal view, for which evidence is not stated, which may or may not be shared by the person.

Giving advice involves adding your personalised view to information in a manner that suggests that one particular point of view should be taken. The evidence for other points of view is not given, or is given in a way that discounts it!

Information provision is about contributing ideas which are strongly supported by the existing evidence, which you have good reason to believe, are true. Alternately, information can involve provision of data about a number of different views and the level of evidence to support each.

Imposing your opinion on a person could constitute an abuse of your power. **Giving advice** runs the risk of undermining their power. **Providing information** is about sharing power with the person. This contributes to their empowerment, provided that the information directly responds to the person's perception of their needs and is appropriate to their background and frame of reference.

Apparently simple information requests can be complex. The following is based on the outcomes of a workshop exercise² where participants were asked to respond to a person's stated information needs. The information provided by different workers reflected the possible complexity of even the most apparently simple information need:

Scenario: A person requests "information about visiting a friend in prison".		
Some Worker Assumptions	Some Worker Inclinations	Possible Information Required
<ul style="list-style-type: none"> ▪ The person wanted to visit the prison. ▪ The prisoner was their <i>friend</i> (not <i>enemy</i>, or <i>partner</i>). ▪ The person wanted specific information. ▪ The person had no other way to find out. ▪ The person had no information already. ▪ The person needed detailed information. ▪ The person needed a particular piece of information. ▪ The person really wanted to talk about a problem. 	<ul style="list-style-type: none"> ▪ Treat this as an urgent need and go into overload gathering maximum possible information. ▪ Treat this as an urgent need and drop everything else to gather information quickly. ▪ Check their knowledge base. ▪ Offer choice between information and referral. ▪ Give the answer/number. ▪ Clarify the problem/ information needed. 	<ul style="list-style-type: none"> ▪ Transport. ▪ Visiting hours. ▪ Things to take. ▪ Emotional support. ▪ Phone numbers. ▪ Accommodation. ▪ Finance. ▪ Childcare. ▪ Reference. ▪ Parole limits.

² Short Term Counselling workshop, Brisbane 22-23 May 1996.

Any or all of the assumptions made by various workers in the group may have been correct or incorrect. The danger is that if these were not identified and explored, the worker could spend a large amount of time responding to **their assumptions** about the information request, and not even meet the person's needs.

For example:

- The person may have had all the information needed about prison protocols and visiting hours. All they needed to know was whether there were limits on who could visit a prisoner in maximum security (e.g. friends versus family members).
- The prisoner might be the person's partner. Having been sentenced to 20 years, the person's underlying need was actually to talk about whether they should 'be faithful' to their partner whilst they served their time. They were only making the information request as a trust-building exercise - to see how you would respond and whether they wanted to divulge the 'real' problem.

Similarly, it would be easy for the worker to check their assumptions and gather all the information the person sought. But, if the **flanking issues** were not explored, this information would be of limited usefulness. Worse, the person might even be *set up for failure*.

For example:

- The prison might be 40km away. Without transport, the information is not useful (ie. use-able).
- If they turn up at the prison with their child, and children are not allowed in this particular part of the prison, then they might be turned away.
- If they are a former prisoner themselves, and still on parole, then they may not be allowed to see their friend.

Information is useful to people when ...

- ... The information given is consistent with their frame of reference/values/culture.
- ... The information given is concrete and focused.
- ... The information given is specific to their current, stated needs.
- ... The quantity of information given is manageable for them.
- ... The information is given in a format that they can use.

There is considerable anecdotal evidence that much of the information provided by community services agencies is not used. **Providing information has not been useful, until the person has made use of it!**

Giving information that falls outside someone's frame of reference is, at best, a waste of time.

Giving broad, generalised information demands a significant commitment from the person, after your discussion, to find out the details themselves. (This also requires a skills level that they may or may not have.)

Feeling overwhelmed by an *information overload* can be depowering. Giving people too much information can daunt them ... again, it involves them doing further work after your conversation to sift through the data. They may or may not be skilled/motivated/confident to do this. Being given information in unfamiliar language, too, can make someone feel more inadequate than when they made the information request!

Giving information about areas outside their current concern runs the risk of being lost or forgotten. (It can be useful to tell people about the kinds of information you COULD give in future ... this is different to giving information beyond their current concern, now.)

If you are giving written information, check the person's language *comfort zone* and literacy level. It is especially important, with written information, that you check that the data actually answers the person's **specific** question, in sufficient detail for their needs. Check too, that any referral sources are current, including details such as phone numbers. Relying on written information to meet someone's needs is a high risk strategy. (How many pamphlets, newsletters, or articles have you received in the last 5 years that you are still intending to read?)

Practical Resource Provision

Practical resource provision includes providing goods and services such as money, food or housing.

Values determine the attitude with which practical resources are provided. Do you believe people have a **right** to the resources you can provide? Or, is this **charity**? Do you seek to offer as much as possible, or do you minimise resource distribution? Why? Your answers to these ideological questions will profoundly affect **how** you provide services, and your expectations of the person:

- If you believe that the resources you offer are things that everybody in society should have, without question (ie. a *right*), you will seek to maximise the resources you can give to each person. You will not expect them to be grateful, because this is the least of their entitlements!
- If you believe that providing resources is a generous act (on your behalf, or on behalf of whoever funded the services), you will probably consider the resources a *gift* to the person. It is reasonable to expect people to be thankful for gifts, and to show appropriate appreciation. Their attitude may well influence how much you give them!

The values that underlie your service provision will profoundly affect the attitude you show to the person. This, in turn, will influence your ability to build trust with them. If your values are compatible with theirs, trust is likely to be built more readily than if your values are incompatible. Where your values are incompatible, it is particularly important to be conscious of this, and to focus on the skills recommended for building trust/comfort.

Effective Referral

Like information provision, referral is only useful, if it is used. Therefore, its usefulness (or otherwise) is determined by the person, not the worker. The person will only use information or referral if they perceive that it is useful to them! An interesting study done many years ago, found that only 10% of referrals given to young people, were actually used³.

All too often, workers respond to information requests, or initiate referral, to meet their own needs. Information and referral are commonly seen as a quick and easy activity. Often, they are provided in order to make a worker feel that they have done something useful. Sometimes, they are provided to save worker time.

³ Unfortunately, I've lost the source for this study which was undertaken in South Australia in the 1980's.

Providing information or referral is not a neutral activity. **People can experience referral as rejection** - *You don't want to talk with me about this ... that's why you're sending me to someone else!* The illusion that you have *helped* someone can preclude provision of further counselling or support - again, potentially leaving persons believing that workers are *useless*. They may be less inclined to seek help as a result of this negative experience. (Come to think of it, whose needs are you meeting? Are you considering a referral because another source can genuinely help the person ... or because you want to feel you've done something? Referral can be a *cheat's way of saying "no" without feeling guilty!!*)

Case Study

Felicity is a single mother with 3 young children who is having serious financial problems. She is a vegetarian, and discloses that she largely feeds herself and her children from discarded fruit and vegetables from the waste bin behind the local fresh produce store. You are horrified, and immediately arrange a food voucher for her. You are careful to ensure that it is from an organisation associated with a food cooperative, where she can access fresh food.

That evening after work, you notice the food voucher on the ground, outside your agency. You are unsure whether Felicity has accidentally dropped it, or whether she has thrown it away. Regardless, this referral for practical support has produced no useful outcomes for Felicity's family.

In fact, Felicity has received food vouchers to charity organisations before. The organisations gave little choice about the food she received, and it was mostly tinned and processed foods - which she considered unhealthy and was not willing to feed her children. Felicity had never heard of a food cooperative, so she didn't understand the implications when you said she could use the voucher to access food from the coop.

There were two key problems with the way this ineffective referral occurred:

1. The worker did not check whether, in fact, Felicity was seeking food. Whilst she would have welcomed free healthy food, this was not Felicity's key motivation for seeking help. She was talking about collecting food from bins in order to demonstrate her need for help with housing! The worker's own reaction to the idea of feeding children discarded food, led to the referral.
2. The worker did not explore Felicity's food needs, or previous experiences of food vouchers. They simply assumed that Felicity knew what a food cooperative was! In fact, Felicity may have found membership of the food cooperative very helpful ... but the worker did not find this out.

Referral is not a values-neutral activity – the values of the referral source could have a profound effect on the person ... and even undermine efforts previously undertaken toward their empowerment. This is particularly likely in the case of developmental referral.

There are 2 types of referral, which are generally quite differently motivated, and give different messages to the person you are talking with:

1. **Functional Referral** is the referral of a person to an agency or person who can provide for **physical or practical needs** (e.g. money housing, benefits, food, facts). Whilst there might be some values conflicts involved with this type of referral (e.g. the likely treatment of someone within the social security system), it is generally an area where you cannot provide a response to the specific need of the person, and an area in which limited referral options exist.

In order to be able to undertake this type of referral effectively, a worker needs to be up to date with the practical conditions and processes for accessing resources. Directories, internet and the phone book are helpful resources. Don't give people the run around ... make sure you **know** that your referral will produce results!

2. **Developmental Referral** is the type of referral that concentrates on enabling the person to **make changes in themselves or their life**. Most often, developmental referrals are concerned with counselling/therapy, problem solving or personal development. This type of referral is a minefield for the worker concerned with values.

In order to be able to undertake this type of referral effectively, a helper needs to have considered and responded to a number of key questions. You may find you need to raise policy issues within your agency as part of this process.

Practical Questions for Workers Offering Developmental Referral

- What makes you believe that this person needs further counselling/therapy?
- What do you think the person will gain as a result of the referral?
- Are you referring on the basis that the person has a problem, or because they are a problem to someone else? (e.g. society? you?)
- Are you referring on the basis that the problem is within the person's individual control, or might this be a problem imposed on them by social values/norms? or, by others' behaviour toward them?
- What is your view of the person to whom you are referring, in terms of their - values base? skills base? information base? the effectiveness of their approach?
- Are you assuming that *professional* support will inevitably be helpful in some way? Have you weighed your assumption against the harmful possibilities?
 - Are you sure that they have more knowledge/skills/information to offer the person than you have?
 - Have you considered the risk that the person will not make use of the referral, and will therefore have less support than if you had worked with them?

Policy Questions for Organisations Allowing Developmental Referral

- Have you considered a policy in response to the *social control/power over/treatment oriented* approach of many helping professionals? Would you consider placing limitations on the autonomy of workers in selecting referral outlets? Why? What if these values are inconsistent with your agency values?
- Are you a welfare agency? What are the implications of your answer for the manner in which you view people, and they view you?
- Have you considered the pragmatics of being an effective referral agency? Do you consider **follow-up** of all people referred an integral part of your process? If so, how should this occur? If not, what alternate mechanisms do you have in place to generate quality control in your referrals, from a consumer perspective?
- What role should people's feedback play in future use of referral resources? Why?
- How much staff time are you prepared to devote to the development of a name-specific referral resource bank of values-consistent people? How much staff time are you prepared to devote to follow-up of people referred? How does this weigh up against the option of training/enabling staff to undertake developmental work with consumers?
- Is it viable for you to offer developmental referral? Why? Why not? If not, what are the alternatives in your response to peoples' presenting needs/wants?

Employing some or all of the following strategies might assist a person in feeling more positive about a referral. Most of the principles apply equally to information provision.

Effective information and referral ...

Is very specific to the person's need.

(Don't refer to a public housing agency, when what they need is a bed tonight.)

Is proportional to the person's level of need.

(Don't refer to a psychiatrist, when all they want is to know how to use a condom!)

Is timely.

(People in crisis are often more likely to make use of information or referral.)

Is based in a trust relationship.

(Ensure that there is sufficient trust that the person will come back to you, without feeling a *failure*, if the resources are not useful.)

Is presented as a possibility, rather than an answer

(*Here's an idea*, rather than *You should ...*)

Is asked for, not imposed.

(This can be an indirect or implied request, provided you check it out.)

Is designed to meet the person's need.

(As distinct from making the worker feel they have achieved something when they couldn't provide help.)

Comes with an explanation of exactly what the agency can (and can't) offer.

(Including information such as cost, limits on confidentiality or waiting times.)

Comes with a positive recommendation.

(You have checked out, or heard feedback about, the referral source.)

Is personalised.

(Refer to a specific person, not an organisation.)

Includes transition arrangements.

(e.g. phone introduction, outline of their story (with permission) so they don't have to repeat it or public transport details/directions.)

“Do Unto Others ...”

Perhaps the most useful test of what does, and doesn't, work is to reflect on your personal experiences ... that is, unless you think that *clients* are somehow *different* to you?!

Remember a real situation when you were given genuinely useful information or referral. This does not need to be a professional/helping situation - the information may have come from a bus driver or shop keeper or personal friend. Picture yourself in the situation. Picture the person who helped you. Now ... write down 10 **concrete/specific things that they did or said**, which contributed to you accepting the information or referral:

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

Conversely, you could reflect on a personal example of ineffective practical support:

This time, remember a situation where you were given information or referral that you **didn't use**. Picture yourself in the situation. Picture the person who gave the info/referral. Now ... write down 10 **concrete/specific things that they did or said**, which *put you off* accepting the information or acting on the referral:

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

This is your “dangers” list, and a reminder of just how easily information or referral can be ineffective.

The Practicalities of Practical Support

1. **Information provision does not necessarily lead to information use.** It can be valuable to conduct low-key self-managed planning about how the information can be used, as part of the information provision process.
2. **Referral doesn't always work.** Often people need added reassurance about the value of a referral, contact over the phone (an introduction) to be confident about making use of the referral, or, where confidence is very low, the involvement of the helper in the first visit.
3. **Referral can be experienced as rejection.** If talking with you in the first instance was a significant risk for the person, then they may react particularly badly to you, effectively, saying *I'm not willing to talk to you ... you should talk with someone else*. There is no simple answer to the risk that the person will experience referral as a rejection. Being aware of the possibility is helpful. Sometimes, naming your fear to the person can be a good strategy (e.g. *I can feel that it was really scary for you to mention this to me ... and I'm worried that you might take my suggestion the wrong way*). Another approach that sometimes works is to personalise your referral (e.g. *This is obviously a really big issue. I'm really glad you talked to me about it. The bummer is that I really don't know much about ... But I know this great woman, Bev, who's much more clued in about it. How would you feel about me introducing you?*) Giving the person the chance to talk about their feelings about the referral can be helpful too ... don't avoid this out of fear of their reaction!
4. **Don't forget practice runs.** They can be very useful in allowing people to gain confidence in their skills to approach a new person/agency. You could role play their first interaction with the person to whom you've referred them, or rehearse a telephone call. (Remember, it might have taken every bit of nerve they had, to contact you in the first place!)
5. **Does the person have all the information and resources they may need to make use of the referral?** This is particularly important if people are fairly unconfident, or have limited life skills. (e.g. *Do they know how to use the phone book? Have you given them the precise organisational need, as it appears in the phone book? Do they know how to find out which bus route to use to get there... or to use a Street Directory? Do they have the exact time, date, address and name of the person they are to see - written down? - in a safe place?*)
6. **Have you considered the possible need for advocacy on behalf of the person?** This is likely to be relevant where the person's situation is caused, or contributed to, by someone else (e.g. a Government Department). Whilst referral to the Ombudsman or an Appeals structure might be relevant, it is important under these circumstances to ensure that you don't effectively *blame the victim*. **Advocacy is the process of translating, with the person themselves, their views to others with some power over them.** Whilst advocacy aims to foster the development of resources, knowledge and skills such that the person can assert themselves, negotiate their claims and participate in the processes affecting their lives, the skills required to do this successfully are extensive. To expect a person to undertake significant dealings against the system prior to developing these skills is to potentially *set them up for failure*. Accordingly, it may mean acting, at least in part, on their behalf with authorities. This particularly applies where the time frame for action (or appeal) is too short to allow

time to provide the person with all the personal development, skills/knowledge/resources and confidence they need to develop a strategy to deal with *the system*. **This is a situation where it may be legitimate to agree to act on behalf of people, individually or collectively. There is a big difference between encouraging dependency and setting someone up for failure.** It might even be irresponsible and disempowering not to act on someone's behalf in some circumstances!

In Summary

Information Provision:

- Assess your motivation for providing information
- Ensure answers to *factual* questions is *factual*
- Assess consistency of information with the person's culture & values
- Ensure provision of an appropriate level/quantity/type of information
- Ask person to restate information to ensure comprehension
- Assess person's literacy level

Practical Assistance:

- Assess your motivation for providing \$\$, food, etc.
- Assess advantages and disadvantages of assistance

Referral:

- Assess your motivation for making a referral
- Assess advantages and disadvantages of referral
- Assess *rejection impact* of referral
- Identify your expectations/assumptions/values re: referral
- Assess person's expectations/values re: referral
- Assess person's motivation to act on referral
- Assess the skills/values/knowledge of referral source
- Offer substantial transition support

All:

- Establish follow-up arrangements/options
- Determine the need for advocacy

And ... don't assume that practical support marks the end of your work with the person!