REFERRALS, REFERRERS AND THE SYSTEM OF CONCERN

A chapter about good beginnings.....designed to lead to quicker endings!

What does the request for a piece of work to be done mean? How do we respond to it? What are the principles which we use to be able to guide the process which we engage in when someone makes a request of us? Supporting the principles which we use are a number of important basic tenets. In setting these out we draw the reader's attention to the important point that we are here presenting practices which arise from a systemic frame of reference. Everything which we say is based in this framework and is therefore suggested as something useful to consider. We are not making claims for objectivity and enduring truths about how to work. We are presenting outlines of what we have found to be useful from time to time. These are modified and elaborated in relation to the particular circumstances of the unique nature of each referral.

1. It is our hope that we can work as briefly and as quickly as possible.

2. We want to do everything to achieve the maximum for those who call us.

3. We try to ensure that our practice is as aesthetic as we can make it from the very outset.

4. Our attention, when working, is focused on those who are part of the "system" which is calling us. Whether any work we do is good and useful or not depends on how those who are making the request see us and how they interpret what we do. Our intentions are only part of what we attend to. It is more important to give close attention to the ways in which we are ***perceived*** and adapting what we do to fit with those perceptions.

Why is it important to think about this? Everything which a worker does or does not do, will influence the direction of the work and thus be an "intervention". "Well begun is half done". Whenever the first contact is handled caringly and professionally it has the potential for either making any further contact unnecessary or shortening the time and involvement which a problem resolution or symptom may take to resolve.

ETHICS, AESTHETICS AND POSITIVE ACTION - BEYOND OPPRESSION.....

> "We are here concerned with the way that professionals working with human beings in relationship guide their practice. Overall the domain of aesthetics is given a position of primacy.....In the aesthetic domain professionals in human relations are also conscious of the ethical dimension of their activities.....a systemic professional is necessarily playing out of moral commitment." [1]

We are here taking the position that we cannot set morality and ethics to one side and appeal to them from time to time. Rather we take the view that every action we engage in is part of the ethical process of co-creating good and fruitful lives for the people who come to us. To do this is to take into account the particular details of each request and what is necessary for the co-creation of what is good for them through the minute by minute ways in which we relate with these re-questing people.

The requests for help, that we receive, often arise in circumstances which involve power, discrimination and ways of living which can be seen or experienced as oppressive. Following ideas about power, particularly those which we have found in the writings of Michel Foucault, we see "problems" and the attendant request for us to do something about them in a particular way. "Problems" often arise in those situations where those who are designated as problematic are under scrutiny. The forms of scrutiny are related to different societies and cultures and the ways in which they are related with each other. Foucault describes this process of watching graphically as,

> "a faceless gaze that transformed the whole social body into a field of perception: thousands of eyes posted everywhere, mobile attention, ever on alert, a long, hierarchised network".

The scrutiny involves some people exercising power over others through definitions of what is normal and therefore part of society and of what is abnormal and therefore to be excluded from society. Thus, for example, the sort of situation can arise whereby a woman seeks to pursue her interests in a career and is heavily described both by her family and her husband as irresponsible for leaving her children and disloyal to her husband for not relying on him, Such a person becomes depressed and is then diagnosed as in need of treatment. As helpers we often confirm this "collusion" of events by the way we accept or relate with the request for help. Other examples can be seen when people from one culture living in another culture are diagnosed as in need of treatment as they follow the values of their own culture which are not accepted in the culture of the host community. In Britain, for example, it has been found that black people are more likely to be diagnosed as mentally ill and admitted to hospital than white people. Countless examples of this sort can be cited. Michael White and David Epston have both written widely about the way in which people who seek help do so in response to problematic aspects of our "normal" culture or society.

> "I've worked with Vietnam veterans who have been diagnosed with Post Traumatic Stress Disorder - nicely pathologising of great number of these men who cannot reconcile themselves with, who cannot

> countenance what they witnessed and what they did in the theatre of war. For them, a diagnosis of "Violated Compassion" seems to provide a far more experience near description of what they are suffering from, one that emphasises context, one that certainly implicates, but one that presents options for action of the nature of redress." [2]

There are many aspects to all this. Not only do problems arise out of situations of oppression and aspects of our culture and life which are forms of the exercise of power, but once problems are referred for help new forms of domination can overtake the lives of those involved in the referring process. One example of this is contained in the work of an Irish group of therapists, Imelda McCarthy, Nollaig Byrne and Phil Kearney working with referrals where sexual abuse has occurred in families. They draw our attention, in a graphic piece of writing, to the way in which power comes to take over people's lives once a referral happens. They speak of the way in which professionals come to behave like colonial powers in the lives of people, for example, in cases such as incest.

> ".....a protective 'State" fragments a families social world into damaged daughters, conspiratorial mothers, and dangerous fathers. Unchecked, such a scenario creates little space for the emergence of a consensual co-operative domain." [3]

These brief examples highlight that we give detailed attention to who is calling. Is the person a man who wants something done about a woman? Is the caller a woman who thinks she has problems? Is the request brought by a mother with problems with a child? Is the request from someone of a different culture or race? Is the request concerning someone of a different religion? Or is the request from a person of a different sexual orientation.

These considerations are central to and underlie all the activities which we describe in this chapter. It is not so much that we think that ethics re something aside from our practice. We take the position that

ethics are central and integral to every action which we do or do not take. All that we do is related to the attempt to try and achieve practices which are imbued with the perspectives related in this section. We know that we never arrive at achieving what we want, but we try to give repeated attention to issues of power and experiences of oppression and how we relate to people referring and referred to in requests for work to be done by us.

WHERE DO WE BEGIN?
THE AGENCY CONTEXT OF THE WORKER

The particular context in which a professional works makes one of the essential differences to the way in which a request for a piece of work to be done is seen, responded to and managed. All agencies have certain frameworks of opportunity and constraint about what sorts of requests it is possible to respond to, and the way in which the response is managed.

Applying a systemic perspective to our work we begin with an understanding and respect for our context and our place in that context. You may be an educational psychologist in a school, the social worker in a local government agency, the psychiatrist in a hospital or local clinic, a therapist in a private or public agency or in private practice, a priest in a parish. Whatever professional role we occupy we all have to give careful attention to the expectations and requirements of our working context. It is helpful to consider why the referral has come to you or your context and to understand what differences it makes that the referral has come to your particular context.

The questions which the worker in any agency has to ask, relates to how the **referral fits with the agency task and the services it offers**. What are the procedures which the agency requires to satisfy its own requirements? Is the request one which requires action in the ***"domain of production"*** [4]**?** For instance, when there is information in the referral that a child has been abused then this could involve action to protect the child. Alternatively, is the request one which needs to be responded to

immediately or after discussion? An example of this may be where an assessment of the gravity of the situation needs to take place, as when someone is threatening suicide. Does there need to be an initial interview where work can be done which will enable an allocation group to decide what the appropriate action is in this particular case? Does there need to be a further discussion with the referrer before any other action can take place?

These considerations provide some of the frames which it is the systemic worker's role to consider and be guided by. At the same time the systemic worker has a number of important notions in mind when the request for a piece of work arrives. Thus she will attempt to carry out the initial encounter with these notions in mind.

POSTURES FOR RELATING WITH THE PEOPLE MAKING THE REQUEST

The request is a **gracious invitation** by someone for a piece of work to be done. This can be viewed in a number of ways. It can be seen as an invitation to a dance, as an invitation to participate in a particular drama with its own dramatis personae and unfolding plot; an invitation which enables the professional to be able to continue the particular work she has chosen to do; an invitation to be involved in the life stories, ideas and patterns of action and relationships both of the referring and the referred person. The notion of gracious invitation is intended to be one that relates to the whole range of requests which any human relations professional may receive, no matter how complex, potentially fraught or unpleasant some aspects of the task arising from the request may seem.

Viewing what seems to be an unpleasant task in the context of a gracious request creates a posture in the worker more likely to result in a fruitful outcome for all concerned. The attitude which the practitioner adopts will make a qualitative difference to the procedure of the case and to the outcome which may result. Taking the posture that the request is a gracious invitation leads to practitioners employing imaginative action to reframe and relate to the task with respect, elegance and attention to the unique details of a particular situation. This has a dramatic effect, in our view. We find that people who are referring or being referred have the experience of en-noblement. Gracious invitations and requests come

form people who are noble and generous in their offering of an invitation. Our response in the terms in which they do this results in en-nobling as a meaning and experience that emerges through the way we meet each other in these re-questing conversations.

The request for a piece of work to be done can also be viewed as a new attempt to create a solution by the group of those concerned with a problem or situation which is difficult. Prior to referrals being made to agencies, work will have been done by the referrers, the family or the individual making the request. The referrers will have entered into a relationship with the client or client system. We prefer to see the person referring as someone who is attempting to create new re-solutions or possibilities through the process of making the referral. The referring person is the **first among many** we will meet who has taken a **new action to try and create a re-solution of the difficulties** which people in the system have been struggling to overcome. We like to relate to this person as our first contact in a group of others who are concerned and thus working together to create something better. So, the principle that we use here is that those involved as referrers and those connected with them are, as it were, the problem dis-solving group [5]. **Furthermore, they are already on the road to solving and overcoming difficulties through the process of making the referral. Thus we take a position of thinking how we can co-operate with what they are already attempting to do?**

Another consideration which we have found central to this part of our work is connected with the understanding that a referral entails, for the referrer, a family or an individual and those involved, of a move from being private to being public. It is the move from the private to the public domain. The people involved have been in a domain of relating to the client in a private and confidential way. When the request comes from a family or an individual they are creating an opening for their lives which have hitherto been private to come into the public domain. Though the work done will be confidential it nonetheless means that life is now brought into opening questioning in a way that has not happened before. For professionals by referring on, their privacy becomes public and the work undertaken so far comes under scrutiny. In our experience the closer agencies are to each other in

their designated tasks the more difficult this process becomes. For example, if a social worker sees herself as a therapist as well as a social worker then referring to another therapist is more difficult. Often referrals within different parts of the same agency appear to produce more problems than referrals across agencies. Inpatient wards often find it difficult to discharge patients and ask an outpatient team to take over, unless there is a policy within a unit that this is the norm. In the case of an initiative taken by a social services agency to provide a specialist service for those more puzzling and troubled adolescents to prevent them having to go to treatment units outside of the district they lived in, referrals from health service agencies and schools and educational agencies worked well. Referrals from other social workers, who were members of the same agency, worked less well. In assessing why we found that insufficient attention had been paid to this move from the private to the public domain. What was private became public and felt, both for other professionals and their clients, like "hanging dirty linen" in public. When seeing individual clients or families this feeling of public scrutiny can be deeply felt. Our approach gives careful attention to this sensitivity. Thus being very tentative and exploratory about the way forward, and giving detailed attention to any expectations that those who refer may have, and an awareness of the referrers' anxieties can lead to better and co-operative work in the context of a gracious invitation.

Invitations lead to particular responses. Our choice of response can make a substantial difference to our relationship with everyone involved and thus to the outcome of our work. A response that we have found fruitful is to make the move from discussing the reason for the referral/invitation as a **problem** as to discussing it as one of **concern**. Why? Asking about the concerns which people have often brings about a different response from discussing problems. **Concern** can carry with it a positive, affirmative attitude whereas "problem" carries with it the identification of what is negative. **"Concern"** puts the reason for the request in the context of something positive, "problem" often puts the request in the context of an accusation or negative and critical comments. Using the word **concern** puts the problem in a relationship whereas using the word "problem" often often leads to identifying something being wrong as located **in a person**.

CLIENT EXPECTATIONS AND CLIENT'S IDEAS ABOUT THE AGENCY AND WORKER.

The systemic worker is interested in looking at all requests from a number of different angles. The angle which it is common to use is to look at **the context from within which the referral arises**. Within that context it is useful to arrive at some understanding of the events and stories that have led the referrer and referred to choose your agency and you as a worker. What are their expectations of you and what are their preconceived ideas of what you will do as a worker? This entails getting a picture of their ideas, beliefs and assumptions about you and your agency are. People referring will interpret the actions you take in accordance with their assumptions about you. Here we are identifying one of the primary criteria which a worker uses to be able to decide what action to take. Being able to be effective and achieve the hopes and expectations of those who ask us to do a piece of work is facilitated by being able to be clear, from the moment we receive a request, as to what the ideas those involved in the genesis and maintenance of the problem have about us. **What works is what works for them** not what works for us.

How do we arrive at a picture of the beliefs and stories brought by the people asking us to do a piece of work? It is a basic assumption that we use that most often that requests for work arise because a number of people are involved in a situation where attempts have already been made to cope with or overcome a difficulty or change something. As people go on trying to sort out dilemmas and difficulties the form of problems and the person who most centrally is identified with them comes more and more into focus. This comes about through many processes. Central is the natural desire which people have to be caring and thus to relieve suffering and to change difficult situations. In addition, professional training often tends to focus on the individual and the person's particular symptoms or problems. Therefore the request usually relates to symptoms and individuals, "Please see Jane, she's refusing to eat, and I am

frightened she might be anorectic", or "Kindly investigate and advise some course of action" or "Please can you arrange for some deep intensive therapy for this poor damaged and abused child" or "This child is disruptive in class and has been stealing from the local shop, please can you see him before he is excluded". "Please help this child cope with and come to terms with her rejecting alcoholic mother". "Please can you see me for violence between my partner and myself?" "I need to come for some counselling because I am not getting on well at work and there is something wrong with me." "Can you please help, I have been deeply depressed since the death of my mother and I should have gotten over it by now". "Please see our son, he has been suicidal."

Thus the request usually takes the form denoting that action needs to be taken about some individual, group of individuals, family, significant relations.

The request may be motivated by a variety of ideas:

* child protection - take action about the parents and ensure the child's safety;
* a request for some additional service for an elderly person - take action to assess the need and advise;
* a request for action under mental health legislation - assess and take appropriate action; a request for special schooling - assess and act;
* a request for some therapeutic action - assess and produce some plan.

These examples of the request have a number of things in common. Some of these are:

* the reason for the request as a **problem** which belongs to or is located in a particular individual; there is something wrong with me or there is something about that person.
* the problem is also identified as a being a quality or attribution of a particular person: she is a non eater, he is an alcoholic, she is deeply damaged.
* there is an implicit form of action and response expected. Most frequently this is for you to see the individual and do something about what is within that individual.
* the problem is not mine but the person designated with the name of the problem. Do

something about that person.

Doing useful work involves being able to move beyond the way in which the problem is presented. It entails understanding and identifying the position and difficulties encountered by those who are asking for the work to be done. This is most fruitfully done by creating a relationship with the person requesting some form of work. Through the relationship the referrer will experience that us as workers respects and values their care and their judgement that a piece of work needs to be done.

In the event of a referrer being another professional it may be helpful to clarify with the referrer what their contextual duties are, as these can often create constraints that have made the work that the referrer has been doing difficult, or have necessitated referral. One way of doing this is to explore the rights, duties and obligations of the referrer. Similarly, we will usually clarify what our rights, duties and obligations may be. This process often helps makes sense of why the referral has been made, and how to go forward in a way that is best for all involved. It also eases the move from private to public domains in a respectful way. When exploring the problems for the referrer we have found it helpful to enter the world of the referrer through the use of their language. As workers we use the language, concepts and ideas quite literally, but explore the meaning of the words and the concepts with the referrer. For example we will ask questions like, "What has led you to think of the person you are referring as depressed?" "What happens when you feel frustrated and that the client is resisting you?" "What has been the effect of your giving advice to the mother on how to take care of her children"

A PRIMARY CLIENT/CUSTOMER : THE PERSON MAKING AN INITIAL REQUEST

What we have learnt through much trial and error, is that it is useful to begin with the person who makes the initial request. A working rule is that the person who calls or writes is the person who has a concern, which is the first area of focus for the systemic worker.

"What we call the beginning is often the end

And to make an end is to make a beginning

The end is where we start from. " [6]

We start with the end which the person who makes the request gives us. It is a bit like beginning with the loose end hanging from a tangled ball of wool. Frequently, we find that the person who calls is one of a number of people who have been struggling with the problem and have found that their endeavours have in some way or another not achieved what was hoped for or required. This is one of the immediate points of attention in taking a referral. Using the idiom of the form of the request we follow closely what has happened in terms of the identified problem thus far and what has happened more recently that the request is now being made. We try to create a **story of the history whereby the request** has been arrived at.

REFERRAL MEETINGS

We have found it useful to distinguish between when a referral is made by one person asking us to see someone else and when a family, couple or individual are referring themselves. Here we are describing how we go about having a referral meeting when the request for help comes form someone like another professional. We call this approach having a referral meeting with the referrer.

REFERRAL MEETING WHEN REQUESTS COME FROM ANOTHER PROFESSIONAL

Having received a referral, it is often very fruitful to ring the referrer and engage them in a conversation about the referral. This conversation may be done over the phone. More often, and especially if it is a particularly complex situation with a number of professionals, agencies or others involved, we call the referring person to arrange a meeting. This meeting is what we call a **referral meeting** and it is designed to take the request on to the next stage of the work, clarifying the concerns and expectations of all those involved and to explain the way that we work.

Within that initial phone call a systemic worker should, in our experience, show an interest by thanking the referrer for their thoughtful referral of the client, and asking whether the referrer has some time to discuss the referral. The questions which we discuss are similar whether we meet the referrer or have a discussion over the telephone. We give some instances below. If we want to meet with the referrer we suggest that it would be more appropriate to meet to discuss their concerns and how to proceed. In our experience it is preferable when meeting with the referrer to take the time to go to their place of work to discuss the referral. We do this when it is another professional referring and also when it is a member of a family referring themselves. We can go to their home for an initial referral meeting.

At this first meeting with a referrer, it is important to try and answer some of the questions, posed in the earlier part of this chapter. What does the referrer want from the work that is done? What is their interest in the client, what is their story of their relationship with the client? The early Milan group [7] wrote some interesting papers on some of the pitfalls you can fall into if these questions are not asked. Sometimes there appear to be ulterior motives or confusions about what the referral is for. For example, there is a desire that all the work fails so that an alternative line of action can be taken. In one such case, at the referral meeting we were told that the referrer wanted the adolescent placed in a therapeutic unit for a couple of years, but his line manager had suggested the referral to us to try and prevent this. Had we not asked the questions at the referral meeting about the journey and history of the problem we would not have asked the line manager of the social worker to the initial meeting and would have found our work very hampered by the referrer who did not really want us there anyway. What are the stories about you as a worker that will influence how others perceive what you do? At this initial meeting it is also useful to question what the affordances and constraints have been in working with this client, are they agency affordances and constraints; for example management considerations, financial considerations or are they to do with the relationships between the people involved in the case? It is also helpful to clarify what your agency's, or your professional, constraints and affordances are likely to be in the case. This part of the work, in our experience, helps the referrer overcome some of the fears of being exposed when moving from the private domain of their work with the family and into

the more public domain of another person or agency becoming involved.

Another aim of this meeting is to get some information about whom to invite to the next meeting. The context for the next meeting is set by saying that with this sort of problem often a number of people are very concerned and spending quite a lot of energy trying to resolve things or contain them. What we would ideally like is to arrange a meeting with all of these people so that we can work together to find a way forward. Who to invite will be answered by tracking the journey of the problem and who the problems have been discussed with and in what context. Who first noticed it as a problem? Who did they talk to? Who else has been involved? Are the school or the parents concerned? Is there a neighbour or a friend who is also worried or involved? Have the police or social services or the general practitioner been contacted about the problem? This process begins to locate the concern in relation to time and the significant person involved. The following questions may be asked:

* in which conversations were the concerns and difficulties identified?
* with whom, and at what point in time did the idea that a referral should be made come about?
* who are the people who are the focus of concern?
* who else may be involved or may make a useful contribution to going forward in the future?

This process begins a new story transforming problems into concerns, shifting the attention of all involved away from only individuals to understanding the ways of relating of everyone in the network of concern. Having created a list with the referrer, it is useful to ask the referrer where they think the meeting should be held. We usually suggest the offices of the referrer or a convenient place for those likely to be attending. The reason for this is that the **context of place** [8] is important. If the meeting is held at our context, then we may be giving a message that we are taking on the work. This may or may not be the case, but the systemic adage - every meeting should, if possible, be the last - is useful. Hopefully at the end of a meeting there may be no necessity for further work, or that the other workers have new stories of the situation so that they feel that they can continue the work themselves.

After a mutually convenient date has been decided, there should also be a discussion with the referrer about who would be the most appropriate person to convene the next meeting and invite the participants. It is usually helpful if the referrer or convenor of the next meeting talks to the identified client and their family, with whom they already have a relationship. Often the referrer is happy to invite all the relevant people they know as this maintains their involvement and through their actions shows responsibility and concern for the way forward. We usually work with the referring person in thinking through the description and wording of the invitation, the purpose, and the meaning of the of the meeting to others.

ELEMENTS OF A REFERRAL MEETING

Here is an example of the sort of process that often takes place.

A referral letter arrived from a social worker to a Child Psychiatric Service asking for a psychiatric assessment of a five year old child. The child had been in out and out of hospital for "failure to thrive" and had a number of periods in the care of social services. It was felt important to telephone the social worker to explore the co-mission within the referral letter and to find out what her concerns were and who else was involved in the case. During the conversation it became apparent that there were two paediatricians, foster parents, social services and a guardian ad litem involved. It was decided that, in considering further work with this child and his family, it would be extremely useful to include the members of the professional network, together with the foster parents and the family in the initial meeting. First we discussed how to go about inviting people to the meeting and how to describe the context and the purpose of the meeting. We decided to describe the context as a meeting to enable all those who were concerned about the child and involved in creating a way forward to know of each other's concerns and then to be able to work out the best course of action for the future. This could most effectively be done after hearing each other's reservations and then exploring strengths and possibilities.

The social worker agreed to discuss the idea of the meeting with those involved and arranged a mutually agreeable time. A particular consideration in this example was that we decided to invite the

manager of the social worker to the meeting. Often we will include in the discussion who might have responsibilities for making or carrying out decisions that might be made at a first meeting. We find that it is better to include such people at the first meeting, so that they can participate in the processes of discussion and thus be committed by participating with others in making decisions.

SELF REFERRALS: RELATING FRUITFULLY

We use the same principles which we have just described for relating to people who refer themselves. We thank them for referring to us. If possible we will then go ahead and have a discussion with them on the telephone about the history of events that led to their request to ask us for assistance. We ascertain who might be involved and who might be concerned. We briefly discuss their relationships with each other. We ask important questions about the severity of the situation to make sure that we know whether to take action in the domain of production or not.

In this process we find it useful to discuss the possibility of meeting with others who are involved or concerned who may be part of the group that would be important for the purposes of creating re-solutions and ways forward. We then make an invitation for the person/s calling to meet with us and to invite those others who they think might be important and useful for the future. We usually frame the first meeting as an exploratory one designed to understand concerns and then to create the most fruitful way forward. We avoid talking about therapy at this stage. We explain that we would like to invite others since they have important information which may help in overcoming difficulties and they can be of help to us in our work. We usually accept who they decide should come to the meeting once we have issued our invitation. We work with whoever comes to the meeting and we profoundly respect the choices that the person who set up the meeting makes. We assume that people are experts in their own lives and that they understand best who to bring to an initial meeting.

TALKING ABOUT WHAT WE DO: PRACTICE AS LIVED THEORY.

The initial contact is to get a picture of who is concerned and who is involved. We call this the **SYSTEM IN FOCUS** or those who are in the **SYSTEM OF CONCERN**. This has been described by other writers in a number of ways. Bella Borwick (personal communication) talks about the **SYSTEM OF INFLUENCE**; Goolishian and Anderson talk about the **PROBLEM-ORGANIZING, PROBLEM DIS-SOLVING SYSTEM**. The problem- organizing system they say is the one that needs to be changed into the problem resolving system. Common to each of these ways of describing is that we address the group of people which is most involved and concerned over the problem, and which is interested in trying to bring some solution to it. Who we include in this group can often be easily identified through interviewing about the history of the problem and the request for assistance. Who first started talking about this as a problem? Who did they talk to? What were the ideas discussed? Who was it that first thought help was needed and how did this come about? We find that it is essential to look at the process of who talked to whom about there being a problem, who agreed and who else then became part of this process.

THE BIRTH OF PROBLEMS :

One of the principles underlying our thinking as workers at this stage is that a problem is not a problem until someone has done something which is deemed unsatisfactory and someone has identified this as a problem. The problem is "brought forth in language" and other people have accepted and through their acceptance confirmed that the issue at stake is a problem. Here, Maturana has been most helpful; he calls this the "Bringing Forth of Pathology" [9]. Through the description and naming of something, be it behaviour, feelings or a person, as a problem this then takes on the nature of a problem. This has consequences for everyone involved in this process, for either through their attempts to solve the problem thus named or through their failure to solve the problem, they become part of the system which is in focus for the piece of work that needs to be done.

ARCS AND CIRCUITRY

The request for a piece of work to be done comes from one person and we find it useful to be able to distinguish between that person and all the others who may be involved. Every request involves a whole group of people all of whom need to be considered as part of the customer system. Members of this co-missioning system are likely to have different ideas about and expectations of the referral, with a different relationship to the request. This may not be immediately obvious. Sometimes a request is made for us to do something for someone else without that person or persons' consent. Thus they may have no interest to receive your services. Frequently, they may have an actual antipathy to any involvement which you may wish to offer.

There is then an important distinction to be drawn between those who make a request and those about whom the request is made. Phil Kingston [10] has analyzed the question of motivation in relation to requests for work and has identified that the so called "unmotivated clients" are frequently those who do not see the problem as others see it or who think that if there is a problem, request for help is not what they want or are interested in.

An audit done at the Bethel Hospital in Norwich showed that people least likely to attend were those who had been to see a school doctor or health visitor for health screening or developmental checks for their children. At such a meeting a problem had been identified by the professional and a referral made. Neither the mother nor the child had felt there was a problem. If the family go to the general practitioner/family doctor and request and initiate a referral because they are concerned about some problem then the motivation for attending to explore the problem is high.

When setting the scene and creating the context for a piece of work we give attention to the whole system that is part of the group struggling with the problem; we take into account the position of

everyone in that system and devise the approach so as to create solutions which fit with the position that they start from, rather than working against them from the beginning and creating resistance in them.

So we avoid creating a "DDT fix it like solution" [11], for in the long run that will only hold up the work and take longer or lead to failure. "Fix it" solutions are those identified by Gregory Bateson whereby we identify the problem, isolate its causes and treat them. In doing so we ignore the complexity of the networks and what he calls the circuits of interactions and relationships out of which the problem arises. Following Bateson, we could say that problems exist as part of an ecology of an interacting system. In our work we find it fruitful to give attention to that ecology, not only to isolate the problem and its causes. Ignoring the ecology in which the problem exists can often result in unfortunate consequences. The problem lives through a complex set of interacting people and circumstances. Only if we give attention to that complexity , can we create a solution which will be the beginning of a growing solution creating system. Thus change will lead to more change. This in turn engages the capacity to solve new problems as they arise through a change in the "lived experience" of those involved through their interactions with each other.

TOWARDS DEEPENING YOUR UNDERSTANDING

We list some references for you to go to for further study and to deepen your skills as a practitioner.

Learning about ideas about the way problems are created through language.....

MENDEZ CARMEN LUZ, THE BRINGING FORTH OF PATHOLOGY
CODDOU FERNANDO & The Irish Journal of Psychology, 1989, 9, 1, 144-172.
MATURANA HUMBERTO

A complicated and very full paper which outlines a range of basic ideas of Humberto Maturana.

PALAZZOLI M.S, BOSCOLO L, CECCHIN G & PRATA G — The Problem of the Referring Person. The Journal of Marital and Family Therapy 1980 Vol 6:3-9

An important paper in the early days of giving attention to the networks of referring persons. It is a product of its time and many ideas in it now look too negative. It is useful for ideas in the paper which stimulate us to think more positively. If you want to know some basic ideas first influencing the Milan approach in which they discovered that we need to take the referrer seriously. We go beyond these papers which at least have the virtue of taking the referring person seriously. We think that it is less useful to think if the referring person as a problem; we find it more useful to think about the referring person as an ally and how we can join with them. However we find many of the ideas in this paper have been indispensable to the development of our thinking.

PALAZZOLI M.S — The Problem of the Sibling as the Referring Person. Journal of Marital and Family Therapy 1985 Vol 11 No 1, 21-34

This paper discusses ideas of how to relate to families when a sibling refers the family or a member of the family for treatment.

Learning about the move from Family Therapy and concentrating on the family as the system which we work with to taking seriously the way reality ad the reality of problems is created in language

ANDERSON H & GOOLISHIAN H.A. — Human Systems as Linguistic Systems: Preliminary and Evolving Ideas about the Implications for Clinical Theory. FAMILY PROCESS 1988 Vol 27:4 371-393

Questioning about basic information that may be useful especially when it is a family member or person referring themselves and there is no one else ostensibly involved

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"If you use DDT to kill insects, you may succeed inn reducing the insect population so far that the insectivores will starve. You will then have to use more DDT than before to kill the insects which the birds no longer eat. More probably, you will kill of the birds in the first round when they eat the poisoned insects. If the DDT kills off the dogs you will have to have more police to keep down the burglars. The burglars will have to become better armed and more cunning.....and so on.

That is the sort of world we live in- our world of circuit structures - and love can survive only if wisdom (i.e. a sense or recognition of the fact of circuitry) has an effective voice."