Social Work
A Helping Profession

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Imagine a society without human suffering. Do you envision a society in which all members have the basic necessities of life and sufficient resources and opportunities to achieve their educational dreams and career aspirations? Are you picturing healthy, competent individuals who have access to needed health care and other social provisions to enhance their lives? Is it a society in which racism and discrimination are absent and in which cultural and racial diversities are celebrated? Can you see a match between society’s resources and needs on one hand and its citizens’ resources and needs on the other? If so, then you have imagined a society that doesn’t need social workers.

Human societies are not perfect. Social problems emerge that require societal solutions, and human needs arise that must be satisfied. Are you willing to confront the realities of these social problems and human needs? Are you concerned with the plight of the many who endure the strife and hardship of poverty and homelessness and the tears of hunger and pain? Do you question a society in which children have babies and infants are born addicted to drugs? Are you offended when illness and disease go untreated because health care is not affordable? Are you intolerant of the pervasive violence that touches familial and intergroup relationships? Do you challenge the inequity of personal and institutional discrimination that denies certain populations, based only on their skin color or disability, the realization of their fullest potential, and their right to participate in mainstream life? Do you want to be involved in shaping a society that strives to ensure a high quality of life and social justice and human rights for all societal members? Welcome to the social work profession!

All citizens of a society should enjoy the full benefits that society offers. A society, in turn, flourishes when its citizens contribute their fullest potential. The interruption of normal developmental processes by personal crises, poverty, unemployment, poor health, and inadequate education jeopardizes the well-being of citizens. The prevalence of inequity, discrimination, violations of human rights, and other forms of social injustice compromise the well-being of society.

Social workers respond to both the demands of living in a changing society and the call for social justice to promote human rights. In practice, social workers address social concerns that threaten the structures of society and redress social conditions that adversely affect the well-being of people and society. The new international definition of social work, adopted by the International Federation of Social Workers (IFSW) and endorsed by the National Association of Social Workers (NASW) in 2000, indicates:

The social work profession promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being. Utilising theories of human behaviour and social systems, social work intervenes at the points where people interact with their environments. Principles of human rights and social justice are fundamental to social work. (IFSW, 2004, Definition section, ¶1)

In essence, social work activities empower client systems to enhance their competence and enable social structures to relieve human suffering and remedy social problems. According to the IFSW, “the holistic focus of social work is universal, but the priorities of social work practice will vary from country to country and from time to time depending on cultural, historical, and socioeconomic conditions” (Practice section, ¶1).

Social work emerged as a profession early in the twentieth century and today is the profession charged with fulfilling the social welfare mandate to promote well-being and quality of life. Thus, social work encompasses activities
directed at improving human and social conditions and alleviating human distress and social problems. As caring professionals, social workers work with people to enhance their competence and functioning, to access social supports and resources, to create humane and responsive social services, and to expand the structures of society that provide opportunities for all citizens.

This chapter addresses several questions that provide an orientation to social work and social welfare, including:

- Who are social workers?
- What do they do in their day-to-day social work activities?
- What is the purpose of social work?
- How are social work and social welfare related?
- How is social work an empowering profession?

WHO ARE SOCIAL WORKERS?

What leads you to think about choosing social work as your profession? If you’re like most social workers, you want to work with people, you want to do something that counts, you want to have a career that makes a difference. Which of your personal qualities lend themselves to working closely with other people? If you’re like most social workers, you possess personal qualities that will enhance your competence as a professional.

Caring Professionals

People enter helping professions such as social work for many different reasons. For many, their motivation is an unselfish regard for others. Others want to make a difference by bettering the human condition and promoting social justice. Yet others enter the field to reciprocate for help they themselves once received. Even considering these different reasons for entering the profession, almost without exception, social work professionals demonstrate caring.

Often, social workers describe themselves as professional “helpers”—helping others resolve problems and obtain resources, providing support during crises, and facilitating social responses to needs. They are professionals to the degree that they have mastered the requisite knowledge base, have developed competencies in the required skills, and adhere to the values and ethics of the social work profession.

Social work professionals share similar orientations toward values. They hold others in positive regard and demonstrate a genuine concern about the well-being of others. Altruism, or an unselfish regard for others, energizes their other-directedness. Moreover, effective helping professionals are optimistic about the potential for change and about life in general. Realistic hopefulness motivates change processes. Above all, they have a vision of the future based on the ideal of social justice.

Our personal qualities make a difference in our ability to work effectively with others. Among these essential personal qualities are warmth, honesty, genuineness, openness, courage, hopefulness, humility, concern, and sensitivity. These qualities are indispensable for establishing rapport and building relationships with colleagues and clients alike.

Social workers value working in partnerships with both their clients and their colleagues. Social work practice involves facilitating change—in other words, working with others, not doing something to them or for them.
Empowering practitioners appreciate differences, celebrate diversity, and value people for their own uniqueness. Effective social workers are trustworthy, act responsibly, demonstrate sound judgment, and are accountable for their actions.

**WHAT DO SOCIAL WORKERS DO?**

Social work provides opportunities to work in many different settings with people whose problems, issues, and needs are diverse. As you will note in the examples that follow, there are common threads as well as distinguishing characteristics in what social workers do in their day-to-day practice of social work.

**Voices from the Field**

Professor George Johnston invited several graduates of the social work program to participate in a panel presentation for introductory social work students. He asked the practitioners to describe something about what they do in their day-to-day social work activities. Participating social workers include Joannie Devereaux, from the Nursing and Retirement Center; Karen Ostlund, a legislative caseworker with the local congressional office; Mike Nicolas, a social worker with County General Hospital’s hospice unit; and Mary Ann Grant, a social worker with a rape crisis program.

Joannie Devereaux describes her practice in a nursing home:

> The Nursing and Retirement Center is a long-term-care facility. We currently have over 200 residents. Most of the residents are older adults. However, recently the center has added a program for younger persons who have disabilities that interfere with their living independently. One wing of the center houses a program for residents with Alzheimer’s disease.

> As one of three social workers at the center, I work mainly with the older adults in our program. One of the things I really like about my job is its variety. I am involved in a lot of different activities, such as admitting new residents, counseling with residents and their families, preparing social histories, participating at the interdisciplinary team care-plan review, and leading staff development in-service workshops. Recently we’ve begun a support group for family members of our residents with Alzheimer’s disease. I cofacilitate the meetings along with the family member who has participated in the planning process for the group.

> I’m also involved in professional activities in the community. I chair a professional group of nursing home social workers that meets monthly to review issues that are critical to long-term care. But our group does more than comment on the issues. We try to find ways to take action. For example, we’re concerned about the fate of public-pay residents in nursing homes. State programs pay a fraction of the actual cost. Even more problematic, payments are usually six to nine months behind. Currently we’re consulting with area legislators about this pressing need.

> Professor Johnston, you’ll be pleased to know that I have found the information from the research class quite helpful. Right now I’m involved in evaluating a new technique that increases residents’ participation in deciding to live at the center. We hope to be able to demonstrate that residents who are more actively involved in making their own decisions will make a more positive transition to living in a nursing home.
Karen Oslund describes her role as a legislative caseworker in a congressional office:

I certainly didn’t realize that social work practitioners worked in legislative offices before I started school here. In fact, the first I heard of this kind of a job for a social worker was at a panel presentation like the one we’re doing today. But when I heard Elaina Conteros talk about her work, I liked what I heard. Now I’m her colleague as a legislative caseworker.

Many of my daily activities involve advocacy for constituents. People call with questions about various federal agencies. Often I am able to refer them to appropriate local and regional resources. Frequently a crisis of some kind precipitates their calls. In my opinion, bureaucracy magnifies the crisis all too often. Using response techniques that calm people down and clarify their situations, I am able to help them find some solutions. Actually, I find that good communication skills are essential, whether I’m talking with clients or I’m trying to find my way through the bureaucratic maze.

Those constituents who seek congressional assistance include a large number of veterans. I serve as the office liaison with a consortium of agencies that provide services for these veterans and their families. This means that I attend monthly meetings with representatives from the various agencies. This gives us an opportunity to keep up-to-date about programs and services, and it provides a forum for working out any difficulties in service delivery that we encounter.

I, too, draw on research skills, but I use research somewhat differently from Joannie. Elaina and I often gather background information for proposing new legislation. I am currently conducting research in the congressional district on the impact of welfare reform.

Mike Nicolas talks about his work as a social worker with County General Hospital’s hospice unit:

Thanks for inviting me to speak on this panel. It gives me a chance to talk about something that means a lot to me—my work as a medical social worker.

Hospice Care is an interdisciplinary health-care program at County General Hospital. Members of our interdisciplinary team include a doctor, nurse, physical therapist, dietician, chaplain, and me—the social worker. Our hospice program coordinates medical, emotional, social, and spiritual services for people who are terminally ill and their families. Its purpose is to make it possible for people to exercise the option of living and dying among family and friends. Our program provides various health-care, social, and psychological supports.

As a social worker in the hospice program, I work with participants and their families in a lot of different ways. For example, they participate in planning activities as team members. I provide counseling services and coordinate the services participants select. Family members often continue to use the support services of our program after their loved one has died. I facilitate the bereavement group that our hospice program sponsors. Grief counseling before and after the death of a participant is a very important part of our program.

We at the hospice are aware of the impact of AIDS. I am the social work representative on the community force on AIDS. We have two projects right now. One is a community education effort. You’ll see the
publicity soon about the AIDS quilt display that will be at the community center next month. We hope that the display itself and the related media attention will heighten awareness to the needs we have in our own community. We’re also instituting a volunteer befriender program. Currently I’m also on the committee that’s collecting demographic information and other data to prepare the statistical portion of a grant request to get funds for this program.

The holistic approach of the hospice means that I have opportunities to work with professionals from other disciplines to provide an alternative approach to caring for people who are terminally ill. A lot of people ask me, “How can you immerse yourself in death?” You may be asking that question, too. Paradoxically, working with issues of death, I’ve immersed myself in life. I’ve learned a lot about living from people who are dying! And I have come to appreciate the significance of working in an atmosphere of collegial support.

Mary Ann Grant, a rape crisis worker, summarizes her social work practice:

I work at the Rape Crisis Counseling Center. Our program provides support for people who have been sexually assaulted. The sexual assault treatment program has three components, and I participate in all of them. First, I provide counseling services to rape survivors and their families or significant others. Up until last year, all of our counseling services were offered individually. Now we’ve added group sessions and find them very helpful.

My responsibilities also include advocacy for clients at hospitals and police stations and during various legal procedures. Advocacy certainly takes on different forms, depending on the situation. Often I help clients anticipate medical procedures and legal processes. Advocacy also involves reviewing options and accompanying clients as they proceed through legal channels.

Third, there’s the community education component of our program. My colleagues and I provide a lot of community education programs on sexual assault and rape prevention. We make presentations to schools, hospitals, law enforcement personnel, and other interested groups. We realize that we need to extend our services among African American, Hispanic, and Asian American members of our community. Currently we’re expanding ethnic representation on our advisory board and in our pool of volunteers. We also are making plans to translate informational material into Spanish and concurrently ensure that bilingual staff will be available.

One of the types of rape we often read about is date rape. Currently, very few of our clients indicate their assault was an acquaintance rape. However, our hunch is that this is more widespread than our program data indicate. At present we are participating in a university study on date rape. As part of the initial stages of the project, we are field testing a questionnaire that focuses on the incidence and dynamics of date rape.

**Generalist Social Work**

Joannie Devereaux, Karen Ostlund, Mike Nicolas, and Mary Ann Grant all work in very different practice settings: a nursing home, a legislative office, a community-based hospice, and a rape crisis advocacy program. Each
setting offers distinctive programs and services, serves a dissimilar clientele, and faces unique issues. Yet, as these social workers describe their daily activities, there are similarities in what they do. They facilitate clients’ resolution of problems, help clients obtain tangible resources, provide education, and influence the development of social policy. They work with clients individually and in groups. They use their professional skills as members of community groups and professional teams. They fine-tune their knowledge of community resources. They also conduct practice evaluation and research.

These examples describe professionals who are generalist social workers. As generalists, they draw on a common process for working with clients as well as on specialized knowledge and skills to address unique characteristics of each situation. Generalist practitioners:

acknowledge the interplay of personal and collective issues, prompting them to work with a variety of human systems—societies, communities, neighborhoods, complex organizations, formal groups, families, and individuals—to create changes which maximize human system functioning. This means that generalist social workers work directly with client systems at all levels, connect clients to available resources, intervene with organizations to enhance the responsiveness of resource systems, advocate just social policies to ensure the equitable distribution of resources, and research all aspects of social work practice. (Miley et al., 2009, p. 10)

Generalist social work practice

- Utilizes generic practice processes to organize work with client systems
- Recognizes the potential for change at multiple system levels—within human systems, between systems, and among environmental systems
- Views human behavior in the context of the social environment
- Integrates direct practice with social policy and social work research activities

Box 1.1 Professional Social Work Identity

In choosing to become a social worker, you are making a commitment to embrace the culture of the social work and to uphold the integrity of the profession through your actions and behaviors. Acquiring the professional identity of a social worker is an evolving process achieved through personal development, ongoing education, and practice experience. With respect to professional identity and comportment, the Council on Social Work Education (CSWE) explicates the following competency and associated practice behaviors:

Competency: Identify as a professional social worker and conduct oneself accordingly.

Social workers serve as representatives of the profession, its mission, and its core values. They know the profession’s history. Social workers commit themselves to the profession’s enhancement and to their own professional conduct and growth. Social workers:

- advocate for client access to the services of social work;
- practice personal reflection and self-correction to assure continual professional development;
- attend to professional roles and boundaries;
- demonstrate professional demeanor in behavior, appearance, and communication;
- engage in career-long learning; and
- use supervision and consultation. (EPAS 2.1.1, CSWE, 2008, p. 3)
WHAT IS THE PURPOSE OF SOCIAL WORK?

As social workers, Joannie Devereaux, Karen Ostlund, Mike Nicolas, and Mary Ann Grant share more than the commonalities of their generalist perspective. In fact, the purpose of social work lends vision to their work and provides the direction for their professional goals and objectives. The purpose of social work orients their activities as they work with clients to develop solutions in the context of a continuum of strengths and needs.

Social Work’s Purpose

The National Association of Social Workers’ “Working Statement on Purpose” (1981) defines the unifying purpose or mission of social work as “promot[ing] or restor[ing] a mutually beneficial interaction between individuals and society in order to improve the quality of life for everyone” (p. 6). In the most recent Educational Policy and Accrediting Standards (2008), the Council on Social Work Education (CSWE) specifies the purpose of social work as promoting the well-being of humans and communities. Furthermore, “guided by a person and environment construct, a global perspective, respect for human diversity, and knowledge based on scientific inquiry, social work’s purpose is actualized through its quest for social and economic justice, the prevention of conditions that limit human rights, the elimination of poverty, and the enhancement of the quality of life for all persons” (p. 1). Social work is known for its integrated view, which focuses on persons in the context of their physical and social environments. In response to the mission of the profession, social workers strengthen human functioning and enhance the effectiveness of the structures in society that provide resources and opportunities for citizens.

Personal troubles and public issues

The dual focus of social work on people and their social environment raises questions about the interconnections between private troubles and public issues. C. Wright Mills (1959) first distinguished between the personal troubles of milieu and the public issues of social structures. His seminal work, The Sociological Imagination, provides a critical view about the location of problems and their solutions:

Troubles occur within the character of the individual and within the range of his [or her] immediate relations with others; they have to do with his self and with those limited areas of social life of which he is directly and personally aware. Accordingly, the statement and the resolution of troubles properly lie within the individual as a biographical entity and within the scope of his immediate milieu—the social setting that is directly open to his personal experience and to some extent his willful activity. A trouble is a private matter: values cherished by an individual are felt by him to be threatened.

Issues have to do with matters that transcend these local environments of the individual and the range of his inner life. They have to do with the organization of many such milieus into the institutions of an historical society as a whole, with the ways in which various milieus overlap and interpenetrate to form the larger structure of social and historical life. An issue is a public matter: some value cherished by publics is felt to be threatened. (p. 8)
Mills’s perspective separates private troubles from public issues and suggests that the solutions for each focus on separate realms. In contrast, the social work perspective holds that private troubles and public issues intersect. The cumulative effects of personal troubles are public issues. Likewise, individuals feel the repercussions of public issues personally as private troubles. Moreover, in today’s world, the global dimensions of personal troubles and public issues echo around the world.

**Social Work’s Goals**

The goals of the social work profession translate its general purpose into more specific directions for action (Figure 1.1). These goals and objectives lead social workers to enhance clients’ sense of competence, link them with resources, and foster changes that make organizations and social institutions more responsive to citizens’ needs (NASW, 1981). Specifically, social work’s goals and related activities include the following:

1. **Enhancing people’s capacities to resolve problems, cope, and function effectively.** To accomplish this goal, practitioners assess obstacles to clients’ ability to function. They also identify resources and strengths, enhance skills for dealing with problems in living, develop plans for solutions, and support clients’ efforts to create changes in their lives and situations.

2. **Linking clients with needed resources.** On one level, achieving this goal means helping clients locate the resources they need to deal more effectively with their situations. On another level, this means that social workers advocate policies and services that provide optimal benefits, improve communication among human service professionals who represent various programs and services, and identify gaps and barriers in social services that need to be addressed.

3. **Improving the social service delivery network.** This goal means that social workers must ensure that the system that delivers social services is humane and adequately provides resources and services for participants. To accomplish this, social workers advocate planning that centers on clients, demonstrates effectiveness and efficiency, and incorporates measures of accountability.

4. **Promoting social justice through the development of social policy.** With respect to developing social policies, social workers examine social issues for policy implications. They make suggestions for new policies and recommendations for eliminating policies that are no longer productive. Additionally, social workers translate general policies into programs and services that respond effectively to participants’ needs.

Consider the professional activities that Joannies Devereaux, Karen Ostlund, Mike Nicolas, and Mary Ann Grant describe to the introductory social work class. How do their activities reflect the goals of the profession?
Joannie’s work at the nursing home involves activities that enhance the developmental capacity of people. Her counseling with residents and their families aims to aid residents’ transitions to living in the nursing home. Through her association with a community group, she advocates changes in state policies and procedures for funding nursing home care.

Karen’s description of her work as a legislative caseworker emphasizes linking clients with needed resources and finding ways to untangle the bureaucratic maze in order to improve social service delivery. She also uses her research skills to gather background data for developing new social policies.

Mike is making a difference in many ways, but especially through his work with the task force on AIDS. This group is finding ways to create programs and services that address pressing issues in their community—promoting community education about AIDS, gaining community backing, and developing networks of support for people in their community who have AIDS.

Finally, Mary Ann’s presentation about her work in the rape crisis program reveals ways in which her activities reflect the goals of the social work profession. Crisis intervention, by definition, supports people during crises in their lives. In the rape crisis program, Mary Ann counsels rape survivors individually and in small groups. She supports them through the aftermath of their assault through her advocacy in hospital emergency rooms, police stations, and court hearings. She and her colleagues are also seeking ways to make their services more ethnically sensitive.

Strengths and Needs

The mission of the social work profession as well as the statements of its goals and objectives implicitly concern human needs and human strengths. Human needs are the substance of the social work profession—the impetus for social work activities. Human strengths are the building blocks of social work practice—the source of energy for developing solutions. The following review of sources of strengths and needs provides a context for understanding the dimensions of social work that focus on the interactions between people and their physical and social environments.

Universal basic needs

Universal basic needs are those needs that all people share, including needs for physical, intellectual, emotional, social, and spiritual growth (Brill & Levine, 2005). Physical needs encompass basic life supplies such as food, shelter, and clothing; opportunities for physical development; and essential health care. Intellectual development thrives when opportunities synchronize with individual capacity. Relationships with significant others and self-acceptance nurture emotional development. Social growth includes socialization needs and developing meaningful relationships with others. Finally, spiritual growth centers on discovering a meaning for life that provides purpose and transcends everyday experience.

Experts make several assumptions about these universal basic needs (Brill & Levine, 2005). First, they assume that all people have needs for security and dependency as well as for growth and independence. Furthermore, they assume that all people are unique and possess the potential to develop competence in every aspect of their lives. Finally, they believe that people realize their potential for physical, intellectual, emotional, social, and spiritual growth only through dynamic interaction of these growth areas. No single aspect of growth occurs in isolation from the others.
Basic needs are met differentially. For some people, personal strengths and environmental resources allow them to achieve optimal functioning. For others, their abilities and environmental constraints are limiting, and they experience deprivation.

**Motivational needs**
Abraham Maslow’s hierarchical schema (1970) depicts these motivational needs, which underlie all human behavior. Maslow contends that people must fulfill their fundamental basic needs before they begin to pursue higher-level growth needs. The most basic needs revolve around **physiological necessities** such as the need for food, water, and sleep. The second level entails the need for **security**, which is satisfied by a safe, secure physical and psychological environment. The next level involves fulfilling needs for **belongingness and love** through intimacy and satisfying relationships. **Esteem needs** follow, including feelings of competence and a sense of personal worth derived from recognition of accomplishments. Finally, **self-actualization** is at the pinnacle of the hierarchy. Self-actualization is the process of realizing one’s maximal potential, marked by a vision that encompasses the whole of humankind. In Maslow’s perspective, deficits denote need and growth relates to self-actualization.

**Personal development**
Biological, psychological, interpersonal, social, and cultural factors influence personal development. Charlotte Towle, an early leader in social work education, provides a schema for understanding developmental needs in her classic book *Common Human Needs*, first published in 1945. According to Towle (1957), developmental needs include those related to physical welfare, psychological well-being, intellectual development, interpersonal relationships, and spiritual growth. All of these factors influence personal adjustment. A unique configuration of developmental needs emerges at each stage of the human life span. Each of these developmental needs interacts with the others to provide resources that contribute to developmental growth and adaptation.

**Life tasks**
People must confront the demands of various situations—some predictable, some not—throughout their lives. These life tasks have significant implications for personal functioning and for developing social relationships. The concept of life task relates to “daily living, such as growing up in the family, learning in school, entering the world of work, marrying and rearing a family, and also with the common traumatic situations of life such as bereavement, separation, illness, or financial difficulties” (Bartlett, 1970, p. 96). Life tasks confront everyone. Although people’s responses may differ, everyone must find ways to deal with the challenges of these tasks.

**Identity development**
Many developmental theorists, including Erikson (1963), Kohlberg (1973), and Levinson (1978), presume that men and women share similar developmental needs. However, these theorists use “masculine” traits such as autonomy, independence, and achievement as the standard for normal development (Gilligan, 1982). They equate mature identity with autonomous functioning, work achievement, and individuation or separation from others. In contrast, “concern about relationships has been seen as a weakness of women (and men) rather than as a human strength” (McGoldrick, 1989, p. 203).
This perspective creates a void for both men and women. For men, relationship needs are submerged in the expectations of masculine roles. Prominent masculine qualities are those “qualities deemed necessary for adulthood—the capacity for autonomous thinking, clear decision making, and responsible action” (Gilligan, 1982, p. 17). According to Gilligan, developmental theorists have defined women’s development in terms of women’s place in the male life cycle, rather than considering the uniqueness of the female experience.

To understand more fully women’s development of identity, one must understand the intimate and generative relationships that are so much a part of female development. In the context of human relationships, women’s roles reflect nurturing, caregiving, and helping. For women, the context of relationships defines their identity. Women define themselves in the web of their relationships with others. For women, interdependence and attachment are prominent throughout their developmental life cycle. Gilligan’s perspective challenges us to understand the differences in identity development between women and men.

**Cultural strengths**

The values, customs, and symbols associated with each society reflect diversity in cultural heritage and define cultural identity. Many people treasure the cultural patterns of their ancestors. Ethnic groups share particular traits, customs, values, and symbols. As a source of pride and esteem, cultural identity offers a sense of belonging to ethnic and racial groups.

Ethnicity, social class, and minority group status influence all of the tasks in various stages of the life cycle. Cultural identity determines the parental roles in child care and prescribes norms for parental authority in child rearing. Cultural assumptions about the independence or dependence of children and the sex-specific experiences and role assignments of family members affect the socialization of family members.

Other important cultural factors include the effects of bilingualism and biculturalism. Depending on their ethnic origin, families experience differences in intergenerational kinship networks and cultural strengths. People also vary in the degree to which they identify with an ethnic group and in their responses to stereotyping. The effects of racism, discrimination, and segregation may impede the completion of developmental tasks.

**Physical environment**

The physical environment, including the natural and human-constructed world and its temporal and spatial arrangements, affects how people view possibilities, meet goals, and fulfill needs (Germain, 1981; Gitterman & Germain, 2008). Physical components of the human environment include such things as ecological needs (clean water, uncontaminated soil, and pure air), space for living, housing arrangements, and transportation provisions. Human survival depends on abating widespread environmental pollution, conserving natural resources, and addressing climatic issues attributed to global warming. Space defines identity. In Western culture, overcrowding and lack of privacy hinder personal development. Cultural interpretations influence how people perceive their interaction with the physical environment.

*Environmental competence* derives from the congruence between provisions and needs and from people’s perception that they are able to effect environmental changes (Germain, 1981). Environmental competence increases when the configuration of the physical environment is pleasing, stimulating, and protecting. In contrast, the physical environment is disabling when it...
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debilitates one’s sense of self, heightens the fear of danger, and interferes with meeting life cycle needs.

Social justice and human rights

Ideally, all members of a society share the same rights to participation in the society, protection by the law, opportunities for development, responsibility for social order, and access to social benefits. Social justice prevails when all members of a society share equally in the social order, secure an equitable consideration of resources and opportunities, and enjoy their full benefit of civil liberties.
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Social problems result when societies do not accord citizens equity and equality and when they violate their citizens’ human and civil rights. Prejudicial attitudes, discriminatory practices, oppression, and exclusion of some citizens from full participation in the society deny people equal access to the opportunities and resources necessary for optimal social functioning. The construction of human and civil rights in any society prescribes the societally defined limits to justice. For example, although laws in some countries constrain personal liberties, some defend these laws as necessary to the social order; however, other members of the global community criticize these practices and deem them violations of human rights.

World living
We live in an interdependent global society. Thus we must be concerned with world issues and needs and with how solutions generated within one society affect the well-being of other societies. Needs created by food shortages, economic problems, political upheavals, natural disasters, pollution, global warming, and wars threaten the functioning of societies and have repercussions for all world citizens.

Mutual dependence on energy resources, food supplies, and medical and scientific technologies requires cooperation among nation-states. In order to eliminate the threat of war and achieve world harmony and peace, world citizens must appreciate diverse cultures, recognize the viability of many different social structures, and develop solutions for social problems that consider the world context.

Interactions of Strengths and Needs
We all share common biological, developmental, social, and cultural needs. At the same time, each of us develops a unique spectrum of strengths and needs influenced by our own particular physical, cognitive, psychosocial, and cultural development. Also, our interaction with the social environment influences our ability to get along. Ordinarily, we draw on the resources of our everyday environment to meet our personal social needs. To the extent that the demands and resources of our environment match our requirements, we experience a “goodness of fit and sense of competence.” To the extent that a mismatch occurs, we experience problems in living.

HOW ARE SOCIAL WORK AND SOCIAL WELFARE RELATED?

What comes to mind when you hear the term social welfare? Does your view only equate social welfare with public assistance programs, or does it recognize social welfare as one of society’s social institutions? This section clarifies the interconnections between social work and social welfare. To do so, it defines social welfare in the context of social institutions, examines the functions of social welfare, surveys fields of social work practice, and explores the relationship between social work and society.

Social Institutions
Social institutions that address the physical, economic, educational, religious, and political needs of citizens fulfill human needs and resolve social problems. Social institutions such as the family, education, government, religion, the
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Individual and collective needs in society (Table 1.1). Families nurture their children’s health, growth, and development; provide food, shelter, and clothing; and socialize children for effective living. Through the educational institution, people formally acquire the knowledge, skills, beliefs, attitudes, and norms of a society. The economic institution provides a vehicle for the production and distribution of goods and services. Political institutions function as structures that exercise power and protect law and order. Direction and meaning for humankind in understanding the ultimate concerns of life is the central concern of religious institutions. Finally, the social welfare institution provides services needed by all people at some time or another to sustain or attain their roles as socially productive members of society.

The Social Welfare Institution

The social welfare institution responds to the needs of society and its members for health, education, and economic and social well-being. Some view social welfare as a “first-line support to enable individuals to cope successfully with a changing economic and social environment and to assure the stability and development of social institutions” (Romanyshyn & Romanyshyn, 1971, p. 34). Ideally, societies use the institution of social welfare to provide all citizens with opportunities to participate fully in society and to achieve their maximum potential.

Social welfare addresses the “general well-being” needs of individuals and meets the universal needs of the population:

Social welfare includes those provisions and processes directly concerned with the treatment and prevention of social problems, the development of human resources, and the improvement of the quality of life. It involves social services to individuals and families as well as efforts to strengthen or modify social institutions . . . social welfare functions to maintain the social system and to adapt it to changing social reality. (Romanyshyn & Romanyshyn, 1971, p. 3)

Social welfare provisions encompass diverse public and private social services. For example, the social welfare system provides family and child welfare services, medical and health provisions, legal services, criminal justice activities, and income supports. Social welfare may provide these services as social utilities that are available to all people and groups as citizens’ rights. Or social welfare services may meet specialized needs or address the unique problems of particular groups of people.

Table 1.1 Functions of Social Institutions

<table>
<thead>
<tr>
<th>Social Institution</th>
<th>Function</th>
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</thead>
<tbody>
<tr>
<td>Family institution</td>
<td>Primary personal care and mutual assistance system between children and parents and between the family unit and society</td>
</tr>
<tr>
<td>Educational institution</td>
<td>Socialization and preparation for productive, participatory citizenship</td>
</tr>
<tr>
<td>Economic institution</td>
<td>Allocation and distribution of resources</td>
</tr>
<tr>
<td>Political institution</td>
<td>Authoritative allocation of public social goals and values</td>
</tr>
<tr>
<td>Religious institution</td>
<td>Promotion of personal meaning and understanding of ultimate concerns</td>
</tr>
<tr>
<td>Social welfare institution</td>
<td>Provision of supports to sustain or attain social functioning</td>
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</table>
Functions of Social Welfare

Opinions differ on the function of social welfare. On one hand, people who hold a residual view believe that welfare applies only when family, economic, or political structures break down. Many criticize the residual view of social welfare as a stopgap measure or “bandage approach” to the provision of services. On the other hand, people who subscribe to an institutional view recognize welfare as an integrated function of a modern industrial society that provides services as a citizen’s right (Wilensky & Lebeaux, 1965). Although the institutional form of social welfare in the United States derives its legitimacy from the constitutional mandate to promote well-being, many criticize it for usurping the legitimate functions of other institutions. Ideally, social welfare responds promptly to shared social needs by providing adequate income, housing, education, health care, and personal safety.

The beneficiaries of social welfare are not any one group of people. In actuality, social welfare includes diverse provisions that benefit the total population. Some suggest that social welfare services are an integral part of the societal infrastructure that provides public utility services, such as transportation and education. This frame of reference suggests that users of public utility services, including social welfare, are citizens with rights rather than people who are deviant, helpless, and stigmatized.

Typically, social needs are not identified until they become critical, complex social problems requiring large-scale interventions through social planning. With fragmentation and/or the absence of social planning, the magnitude of the challenge can be catastrophic.

Further fragmentation occurs as a consequence of the social welfare institution’s failure to meet the needs of all people equally. First, people experience various degrees of need. When demands are greater, social resources may be inadequate. Also, those accorded status and power are in a position to define which needs are pressing and how needs will be addressed. Those without power—that is, individuals differentiated by socioeconomic status, age, gender, sexual orientation, or racial or ethnic diversity—have less influence and often experience gaps and barriers in institutional provisions. Ironically, instead of explaining these gaps and barriers in terms of the structural factors that create needs, individuals are often stigmatized, judged, and blamed for the shortcomings of institutional structures.

Social workers have been summarily described as “professional helpers designated by society to aid people who are distressed, disadvantaged, disabled, deviant, defeated, or dependent. They also are charged to help people lessen their chances of being poor, inept, neglected, abused, divorced, delinquent, criminal, alienated, or mad” (Siporin, 1975, p. 4). Indeed, a chief mandate of the social work profession is to work with people who are disenfranchised and oppressed. Rather than applying labels that denote pathology, empowerment-based social workers focus on the strengths of human systems, thereby promoting personal and societal competence.

Fields of Social Work Practice

Social workers are employed in broad fields of practice such as public welfare, corrections, health systems, and family services. Service provisions, generally clustered into each field of practice, are designed to respond to the unique needs presented by various population groups. Among social work’s clientele, many—such as those affected negatively by the economic structure, those who have
committed crimes, and people who have physical and mental disabilities—have experienced social rejection and oppression. Other consumers include families troubled by conflict and change and individuals touched by disruptions in the normal course of the life cycle.

Social workers confront problems such as child abuse and neglect, homelessness, poverty, health-care needs, neighborhood decline, community apathy, drug abuse, and domestic violence. Generalists work with community organizations, neighborhood groups, families, and individuals who are elderly, delinquent, unemployed, or chronically mentally ill, or who have disabilities. Fields of practice organize the types of services social workers provide. Services are grouped within numerous fields of practice as they relate to addressing specific social problems, meeting the needs of client population groups, or reflecting particular settings.

- **Family Services.** Social workers provide support services for families to enhance family functioning. Examples of services include counseling, family therapy, and family life education.
- **Child Protection Services.** Typically provided by state departments of child welfare, these services address issues of child abuse and neglect. Services include child protection services; child abuse investigation, prevention, and intervention; and family preservation and reunification services.
- **Health Care.** In the health-care field, practitioners work in medical settings such as hospitals, nursing homes, public health agencies, and hospice programs. They also provide rehabilitation counseling.
- **Occupational Social Work.** Usually under the auspices of an employee assistance program, occupational social workers provide counseling, referral, and educational services for employees and their families. Issues may be work related, such as job stress, or personal, such as family crises or addictions.
- **Gerontological Social Work.** Gerontological social workers offer services to older adults and their caregivers. Comprehensive and specialized services for the elderly typically fall within the auspices of service agencies for older adults. However, services for older adults may also be a component of a multifaceted community agency.
- **School Social Work.** Social workers in schools are part of an interdisciplinary team that often includes guidance counselors, school psychologists, and teachers. School social work services are available to school-age children and their families to resolve school-related educational and behavioral problems.
- **Criminal Justice.** Social workers have a presence in both juvenile and adult corrections. They monitor clients on probation or parole, provide counseling in prisons and juvenile detention facilities, and work in victim restitution programs.
- **Information and Referral.** Information and referral (I&R) specialists play a key role in offering service delivery information, making referrals to community resources, and initiating community outreach programs. Many agencies include an I&R component in their spectrum of services.
- **Community Organizing.** Social workers employed by community-action programs engage in community and neighborhood development, social planning, and direct-action organizing. Organizers mobilize community members or constituent populations in reform activities.
- **Mental Health.** Case management, therapy, drug and alcohol treatment, and mental health advocacy are a few of the activities of social...
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workers employed in mental health settings. Mental health settings include, for example, community mental health centers, state hospitals, day treatment programs, and residential facilities for people with mental disorders.

Sometimes social workers develop specialties in a field of practice, such as adoption, substance abuse, planning, juvenile probation, or hospital social work. Additional specialties are grouped according to practice roles, such as direct service practitioners, community organizers, policy analysts, foster-care specialists, family life educators, and administrators. However, even when social workers develop specialties, the wide-angle lens of the generalist is still applicable, as problems must be understood in their context and interventions developed with an eye on their implications at all system levels (Table 1.2).

Table 1.2  Fields of Social Work Practice

<table>
<thead>
<tr>
<th>Field</th>
<th>Examples of Services</th>
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<tr>
<td>Family and children’s services</td>
<td>Family preservation</td>
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<td></td>
<td>Family counseling</td>
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<td></td>
<td>Foster care and adoption</td>
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<tr>
<td></td>
<td>Day care</td>
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<tr>
<td></td>
<td>Prevention of child abuse and neglect</td>
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<tr>
<td></td>
<td>Prevention of domestic violence</td>
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<tr>
<td>Health and rehabilitation</td>
<td>Hospital social work</td>
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<td></td>
<td>Public health work</td>
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<td></td>
<td>Maternal health work</td>
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<tr>
<td></td>
<td>Vocational rehabilitation</td>
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<td></td>
<td>Hospice care</td>
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<tr>
<td>Mental health</td>
<td>Mental health clinics</td>
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<tr>
<td></td>
<td>Day treatment for drug and alcohol addiction</td>
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<tr>
<td></td>
<td>Community integration</td>
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<tr>
<td>Information and referral</td>
<td>Provision of information on resources</td>
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<td></td>
<td>Publication of community directories</td>
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<td></td>
<td>First-call services</td>
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<td></td>
<td>Emergency relief</td>
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<td></td>
<td>Crisis management</td>
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<tr>
<td>Occupational social work</td>
<td>Employee assistance programs</td>
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<td></td>
<td>Treatment for work-related stresses</td>
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<td></td>
<td>Job relocation programs</td>
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<tr>
<td></td>
<td>Retirement planning</td>
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<tr>
<td>Juvenile and adult corrections</td>
<td>Probation and parole services</td>
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<td></td>
<td>Police social work</td>
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<tr>
<td></td>
<td>Work in detention facilities and training schools</td>
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<tr>
<td></td>
<td>Prison work</td>
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<td></td>
<td>Deferment programs</td>
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</table>
Employment outlook
The professional ranks of social workers are expanding. Occupational outlook estimates indicate the workforce of about 595,000 social workers in 2006 will increase 22 percent by 2016, much faster than the average rate for other occupations (BLS, 2009b). Recent trends in service delivery reveal that the number of social work positions is increasing in the areas of medical and public health, aging services, mental health and substance abuse treatment, criminal justice, rehabilitation, and school-linked services. Additional areas for future growth include international practice in nongovernmental organization and political social work (Hopps & Lowe, 2008). Neighborhood-based, multidisciplinary service centers as “one-stop shops” ease access to a constellation of services including public assistance, employment services, literacy programs, family-centered services, juvenile court services, and health care. Social workers bridge these services as family service consultants through case management activities.

Social Work, Social Welfare, and Society
To fulfill its social welfare mandate, social work assumes different roles in relation to society. These roles reflect different models of society and corresponding social work activities. The exact nature of the social problem and the way in which society defines the social welfare arrangements influences the role of social work.

Consensus and conflict models
Two models of society, the consensus and the conflict models, reflect different sociological perspectives, the structural functionalist perspective, and the conflict perspective (Leonard, 1976).
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A consensus or structural functionalist model of society values maintaining equilibrium in the relationships between the society and its members. In this model, social work’s role is to resolve conflicts and tensions, to socialize people labeled “deviant,” and to create harmony between people and their social environment through their mutual adaptation. In other words, social workers’ roles are to control disruptive citizens and to reform dysfunctional social structures.

In contrast, the conflict model focuses on power issues and holds that social problems result from inequitable distributions of power and authority. From the point of view of the conflict model, social workers play a more direct role in confronting injustice and advocating the interests of oppressed and vulnerable groups. Social work’s goal is to change the power and authority in social arrangements.

Social work and society: four possible relationships

The relationship between social work and society can be understood in terms of four possible patterns:

- Social work as an agent of social control on behalf of society
- Social work as a reformer of society
- Social work as separate from society
- Social work as an intermediary between individuals and society (Cowger, 1977)

As agents of society, social workers resocialize clients by exercising social control. Clients are likely to be involuntary—that is, compelled or required to seek or accept services. Examples of involuntary clients include court-adjudicated delinquents, parolees, and some institutionalized populations. As agents of society, social workers seek to reform individuals on society’s behalf.

When social work is viewed as being in opposition to or in conflict with society, social work’s role is to advocate social change that reforms political, economic, and social institutional structures. People who hold this perspective believe that problems result from malformed social structures. Social workers respond to problems by improving or reforming social conditions through strategies such as social action and political reform.

When social work is seen as separate from society, there is little or no interactive relationship between social workers and society. An example of this perspective is clinical practice that focuses on individual treatment rather than on social change. If they adopt this neutral stance toward society, social workers do not employ strategies of social reform or social change.

The final possible relationship places social work in an intermediary position between client systems and the social environment. This viewpoint emphasizes the context of social functioning. As intermediaries, social workers mediate between client systems and their social environment.

Each of these positions views the relationship between social work and society differently. Each brings a different meaning to the practice of social work. Social work as a socialization instrument of society emphasizes social control. This suggests that the public good takes precedence over the needs of individuals. On the other hand, whereas social reformers have often forced the social work profession to respond to problems by taking action to improve social conditions, a radical stance may alienate potential allies and block social change efforts. Further, although some social workers may engage solely in therapeutic intervention and take a “neutral stance” in relation to society, this position does not seem consistent with the social justice mandate of the profession. The intermediary role seems to approximate most closely the idea of social work as an empowering
process that works in partnership with clients to create change, change that can
occur in both individuals and their environments. An understanding of these
underlying principles of partnership and empowerment can transform the way
social workers implement strategies related to social control and social change.

HOW IS SOCIAL WORK AN EMPOWERING PROFESSION?

What happens when you decide to make a change and set your plan in motion?
What leads you to decide to take action in the first place? What gives you the
courage to believe in your ability to carry out your plan? How do you translate
the personal into the political?

If you believe the task is impossible, think your actions won’t make a dif-
fERENCE, or conclude your abilities and resources are inconsequential, will you
even do anything at all? Probably not! It’s more likely that you will feel inca-
Pable, helpless, and powerless.

To initiate changes, you must believe that your actions are possible and
and that your efforts will make a difference. You must believe that you are capable
of taking action and garnering resources to augment your own. Your perspec-
tive of hopefulness complements the benefits of your resources to energize
your response. In these circumstances, you are likely to experience empower-
ment. When people experience empowerment, they feel effective, conclude
that they are competent, and perceive that they have power and control over
the course of their lives. They recognize the interconnections among the per-
sonal, interpersonal, organizational, and community arenas of empowerment.

Empowerment Defined

Empowerment is the “process of increasing personal, interpersonal, or politi-
cal power so that individuals, families, and communities can take action to
improve their situations” (Gutiérrez, 1994, p. 202). The roots of empowerment
lie in the political and philosophical foundations of our culture as “the con-
cept of democracy and its embodiment in our political institutions are based
on the principle of empowering citizens to participate in decisions affecting
their welfare” (Swift, 1984, p. xiii). As Rappaport (1987) says, empowerment:
suggests both individual determination over one’s own life and demo-
cratic participation in the life of one’s community, often through mediat-
ing structures such as schools, neighborhoods, churches, and other
voluntary organizations. Empowerment conveys both a psychological
sense of personal control or influence and a concern with actual social
influence, political power, and legal rights. It is a multilevel construct
applicable to individual citizens as well as to organizations and neigh-
borhoods; it suggests the study of people in context. (p. 121)

As an outcome, empowerment defines the end state of achieving power.
Empowerment refers to a state of mind, such as feeling worthy and competent
or perceiving power and control; it also refers to a reallocation of power that
results from modifying social structures (Swift & Levin, 1987). In other words,
empowerment involves subjective elements of perception as well as more
objective elements of resources of power within social structures. Empower-
ment implies exercising psychological control over personal affairs, as well as
exerting influence over the course of events in the sociopolitical arena (Gutiér-
Access to Resources

Presuming that people will be able to experience empowerment without having options simply makes a mockery of empowerment (Breton, 1993, 1994, 2002). Empowerment hinges on having access to resources. This means that people know about their choices and have opportunities to select their courses of action from among options. “Empowerment implies that many competencies are already present or at least possible, given niches and opportunities . . . [and] that what you see as poor functioning is a result of social structure and lack of resources which make it impossible for the existing competencies to operate” (Rappaport, 1981, p. 16). In other words, the personal, interpersonal, and political-structural dimensions of empowerment are interrelated. Accessing resources in one dimension leads to developing resources in others.

Individuals, groups, organizations, and communities alike all may strive for empowerment. As Anderson (1992) says:

The empowerment concept links individual strengths and competencies, natural mutual aid systems, and proactive behaviors to social action, social policy, social change, and community development. It can be applied at all levels of generalist practice. For example, organizations can be empowering because they influence policy decisions or because they provide contexts for individuals to feel in control of their own lives.
A community can be empowered because citizens engage in activities that maintain or improve the quality of life and respond to community needs. (p. 7)

Although empowerment implies that people increase their control or power over the course of their lives, empowerment does not necessarily result in a power struggle or relinquishment of power by one group to another, as “there is nothing in the definition of empowerment that requires that increasing the power of one person or group means decreasing the power of another person or group” (Swift & Levin, 1987, p. 75).

**Implications for Social Work**

The values of the social work profession support an empowerment base for practice. Social work adopts a view that suggests that humans are “striving, active organisms who are capable of organizing their lives and developing their potentialities as long as they have appropriate environmental supports” (Maluccio, 1983, p. 136). Note how this view emphasizes humans’ capacity for adaptation and opportunities for growth throughout the entire life cycle. The view links with the purpose of social work as a way of releasing human and social power to promote personal, interpersonal, and structural competence.

People achieve empowerment through experiences that are empowering. However, social workers will not find a how-to manual to use to empower clients, nor will they find a recipe with exact measurements of ingredients that combine to achieve empowerment. Empowering processes are multifaceted and multidimensional (Rappaport, 1984). The combinations and permutations of psycho-social-cultural factors, persons, situations, resources, and solutions are countless. Because each circumstance, set of actors, or combination of influencing factors is unique, the process that leads to empowerment is highly individualized and nonreplicable. Clients and social workers generate solutions that they uniquely tailor to the dynamics of each situation. There are, however, common elements that characterize these processes.

**Focusing on strengths**

An orientation toward strengths and competence contrasts with the inclination to focus on deficits and maladaptive functioning. The professional literature abounds with information on functional problems, maladaptation, victimization, and powerlessness. All too often professionals identify deficits, incompetencies, and maladaptive functioning, yet seem unable to notice clients’ strengths. The helping process doesn’t facilitate change when we describe problems in terms of deficits, incompetencies, or maladaptation in clients; when experts render the sole definition of problems; or when social workers direct plans of action as a way to overcome clients’ deficiencies. In fact, “this triumvirate helps ensure that the helping encounter remains an emergency room, where wounded people come to be patched up” (Weick et al., 1989, p. 352). Focusing on strengths considers the multidimensional nature of personal and environmental resources (Cowger & Snively, 2002; Miley et al., 2009; Saleebey, 2009).

Certainly social workers must consider the dynamics of victimization and powerlessness; however, characterizing clients as poor, needy, impotent victims who are unable to find solutions to their problems is counterproductive to change. “Empowerment of clients and changing their victim status means giving up our position as benefactors” (Pinderhughes, 1983, p. 337).
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Working collaboratively
Empowerment-oriented social workers work collaboratively with their clients. They focus on clients’ strengths and adaptive skills as well as clients’ competencies and potential. Believing in human potential is central, as empowerment is tied to the notion that people have untapped, undetermined reservoirs of mental, physical, emotional, social and spiritual abilities that can be expressed. The presence of this capacity for continued growth and heightened well-being means that people must be accorded the respect that this power deserves. This capacity acknowledges both the being and the becoming aspects of life. (Weick et al., 1989, p. 352)

Moreover, empowerment presumes that people themselves should be integrally involved in change processes—from defining their situations to determining goals, selecting their courses of action, and evaluating the results. Collegiality between the practitioner and the client is requisite to empowerment-oriented practice (Breton, 1993, 1994, 2004). Likewise, Bricker-Jenkins (1990) emphasizes the importance of regarding clients as primary experts and consultants for developing models for social work practice.

The embedded patriarchal organizational culture of social service delivery thwarts collaborative work with clients. To counter this influence, social workers address power imbalances that favor professional expertise and client dependency, denounce jargon and labels that exploit clients and escalate social control, and incorporate taxonomies of inclusiveness and collaboration (Holmes & Saleebey, 1993). Human service organizations that apply empowerment principles to their own organizational structures and processes support workers’ efforts to engage collaboratively with clients (Latting, 2004; Shera & Page, 1995; Turner & Shera, 2005).

Critically reflecting on structural arrangements
Social work is a human rights and social justice profession. Responding to the core values of human dignity and social justice, social workers who incorporate critical reflection into their practice engage in a continuous process of thinking, doing, and reflecting—a process that gathers feedback to refine perspectives and actions. Empowerment-oriented social workers critically examine the sociopolitical arrangements that delimit access to resources and opportunities. “Critical reflection seeks to challenge the prevailing social, political, and structural conditions which promote the interests of some and oppress others” (Ruch, 2002, p. 205). By analyzing the consequences of discrimination, oppression, and other violations of human rights, critical reflection questions the status quo of structural arrangements, the distribution of power and authority, and access to resources and opportunities. “With respect to critiquing the status quo, one cannot critically examine what one takes for granted” (Miley et al., 2009, p. 31).

Linking personal and political power
Empowerment links two main sources of power—personal power and political power. Personal power involves an individual’s ability to control his or her destiny and influence his or her surroundings. Political power is the ability to alter systems, redistribute resources, open up opportunity structures, and reorganize society (Lee, 2001).

The process of clinical social work practice provides the context for empowering individuals, families, and other human systems by increasing their social competence. Participating in policy practice, the formulation of
Chapter 1: Social Work

social policy, is an avenue for exercising political power for constructive social change. The integration of the clinical and political creates a dynamic synergistic effect for promoting adaptive functioning and creating just societal conditions. Empowerment for personal and family development fosters self-sufficiency, and empowerment for social and economic development reduces anomie and alienation (Hartman, 1990). Essentially, the goal of empowerment-oriented social work is not merely adapting to problems; rather, empowerment requires systemic change.

LOOKING FORWARD

Social work is only one of several occupations in the social welfare arena; historically, however, social work has been identified as the primary profession that carries out the social welfare mandate. Differentiating social work from other occupations is complicated by the tendency to identify anyone working in the broad area of social welfare with social work. Thus, with respect to human services, the general public tends to identify individuals with a variety of educational backgrounds, training, and levels of competence as social workers. These human service employees may also identify themselves as “doing social work.” In fact, social work requires a particular education to acquire the knowledge, skills, and value base fundamental to professional social work practice.
Log onto www.mysocialworklab.com and select the Career Exploration videos from the left-hand menu. Answer the questions below. (If you did not receive an access code to MySocialWorkLab with this text and wish to purchase access online, please visit www.mysocialworklab.com.)

1. Watch question 9 in the interview with Karen Cowan. How do the qualities and characteristics that Karen attributes to a good staff member parallel those described in this chapter?

2. Watch questions 12 and 13 in the interview with Sue Dowling, which describes why she became a social worker and her choice of child welfare as a field of practice. What factors would you consider in your choice of a practice specialty?

PRACTICE TEST

1. Which of the following social workers is not a generalist practitioner?
   a. Kendra applies core practice processes to her work with individuals, groups, organizations, and communities.
   b. Alex separates direct practice from social policy and research activities.
   c. Len implements interventions at multiple system levels.
   d. Alicia assesses clients’ behaviors in the context of their social environments.

2. Evicted from her apartment because she was behind on paying rent, Sandy packed her family belongings into her car and is now camping at a local campground. Sandy earns enough money to cover camping fees, costs of food, and day care expenses for her 3-year-old child, but she worries about not having permanent housing. According to Maslow, which motivational need most likely predominates?
   a. esteem needs
   b. security needs
   c. physiological needs
   d. self-actualization needs

3. Several students are debating the differences between the consensus and conflict models of society in relation to social work. Which view most closely aligns with the conflict model?
   a. creating order by exercising social control
   b. resolving tensions between society and its members
   c. socializing deviants on behalf of society
   d. reforming society by confronting injustices

4. Social workers define social welfare ___.
   a. as only applying to people who are poor
   b. as excluding people who are wealthy
   c. as only including public social services
   d. as a citizen right

5. A(n) ___ view holds that social welfare programs should be developed only when ordinary institutions of society such as the family, economic, or political structures break down.
   a. residual
   c. supplemental
   b. substitutive
   d. institutional

6. If a social worker’s primary function is described as an agent of society, in what setting does that practitioner most likely work?
   a. a community organization
   b. criminal justice services
   c. public social services
   d. family counseling

7. Ryan is a counselor at a mental health center; Sue is a resource specialist at a case management agency; Ellen is the director of a coalition established to revamp the delivery of children welfare services; and Val works for a professional association as a legislative advocate. Which social worker’s activities reflect the goals of the social work profession?
   a. only Ellen’s work reflects the goals of social work
   b. only Ryan and Sue’s work reflects the goals of social work
   c. Val’s work focuses on social justice, but does not reflect the goals of social work
   d. the primary focus of all these social workers reflects the goals of social work

8. Examining structural arrangements for instances of discrimination, oppression, and violations of human rights is the facet of empowerment practice most aptly called ___.
   a. identification of links between the personal and political
   b. strengths focus
   c. critical reflection
   d. collaborative work with clients

9. Cecil chose social work as his career because he wants to be an advocate for human rights and social change. This aspect of social work is called ___.
   a. clinical practice
   b. the consensus model
   c. policy practice
   d. the strengths perspective

Log onto MySocialWorkLab once you have completed the Practice Test above to take your Chapter Exam and demonstrate your knowledge of this material.