

Thirteenth Edition

Introduction to

Social Work and **Social Welfare**

Empowering People

Charles Zastrow | Sarah L. Hessenauer



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and Social Welfare: Empowering People,*
Thirteenth Edition**
Charles Zastrow and Sarah L. Hessenauer

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*To Kathy Zastrow,
my wife,
who has invigorated my life!-Charles*

*To John Bladorn,
my husband,
thank you for your ongoing support!-Sarah*

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Empowering People

Empowering people is a theme of this text. Content on empowerment of self and clients is provided in the following chapters:

Chapter 1

Social Welfare: Its Business, History, and Future

- The business of social welfare is to empower individuals, groups, families, organizations, and communities to improve their circumstances.

Chapter 2

Social Work as a Profession and a Career

- Empowering at-risk children.
- A goal of social work: Enhance the problem-solving, coping, and developmental capacities of people.
- A goal of social work: Enhance human well-being and eliminate poverty, oppression, and other forms of social injustice.
- The strengths perspective and empowerment.
- Self-awareness and identity formation.

Chapter 3

Generalist Social Work Practice

- A generalist social worker is a change agent (someone who assists in facilitating positive changes) who works with and empowers individuals, groups, families, organizations, and the community.

Chapter 4

Poverty and Public Welfare

- Empower people to utilize a wide variety of services and programs in order to meet their needs.
- Working with people who are discouraged.

Chapter 5

Emotional/Behavioral Problems and Counseling

- Counseling.

Chapter 6

Family Problems and Services to Families

- Treatment of sexual assault.
- Provide services to all families.

Chapter 7

LGBTQIA+ Individuals

- Social work with LGBTQIA+ individuals.
- Sex counseling and sex therapy.

Chapter 8

Drugs, Substance Abuse, and Substance Abuse Treatment Programs

- Treatment programs for alcohol and substance use.

Chapter 9

Crime, Juvenile Delinquency, and Correctional Services

- The treatment approach.
- Reforming the correctional system.

Chapter 10

Problems in Education and School Social Work

- Becoming a creative, critical thinker is the essence of education.
- Expand preschool programs.
- Trauma informed school programs.
- Role of school social worker: Counselor and parent liaison.
- Role of school social worker: Advocate.
- Role of school social worker: Mental health consultant.
- Role of school social worker: Systems change specialist.

Chapter 11

Work-Related Problems and Social Work in the Workplace

- Improving productivity and job satisfaction.
- Social work in the workplace.
- Employee assistance programs.

Chapter 12

Racism, Ethnocentrism, and Strategies for Advancing Social and Economic Justice

- Empowerment.
- Strengths perspective: Strategies for advancing social and economic justice.
- Culturally competent social work practice.

Chapter 13

Sexism and Efforts for Achieving Equality

- Strategies for achieving sexual equality.
- The feminist perspective on therapy.
- Assertiveness training.

Chapter 14

Aging and Gerontological Services

- Social work and older adults.
- Development of social roles for older adults.
- Preparation for later adulthood.

Chapter 15

Health Problems and Medical Social Services

- Understanding and reducing stress.
- Medical social work.
- Counseling the terminally ill.

Chapter 16

Physical and Mental Disabilities and Rehabilitation

- Roles of social workers.
- Empowering consumers of services.

Chapter 17

Overpopulation, Misuse of the Environment, and Family Planning

- Confronting environmental problems.
- Social work and family planning.

Values and Ethics

Content on social work values and ethics is infused throughout the text. Our society is increasingly becoming aware that values and ethics are key determinants of human behavior. Content on social work values and ethics provided in the following chapters:

Chapter 1

Social Welfare: Its Business, History, and Future

- Institutional view of social welfare.
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Preface

In social work, empowering people is the process of helping individuals, families, groups, organizations, and communities increase their personal, interpersonal, socioeconomic, and political strength and influence through improving their circumstances. Social workers seek to develop the capacity of clients to understand their environment, make choices, take responsibility for their choices, and influence their life situations through organizations and advocacy. Social workers also seek to gain a more equitable distribution of resources and power among different groups in society. This focus on equity and social justice has been a hallmark of the social work profession. In recent years, social work education has had an increased emphasis on the concept of human rights—which will be discussed in this edition.

This book is designed to stimulate student interest in social work and to provide an experiential “flavor” of what the fields of social welfare and social work are really like. Using a social problems approach, the book describes how people are affected by poverty, child abuse, emotional difficulties, sexism, alcoholism, crime, chronic illness, physical and mental disabilities, racism, overpopulation, sexual assault, and other problems. Information on the nature, extent, and causes of such problems is also presented. In teaching introductory courses in social work, a number of our colleagues, and ourselves, have found that students tend to be more interested when they come face to face with the difficult social conditions that people experience. This book also includes case examples through which the reader is able to identify with people in need of help.

In addition, *Introduction to Social Work and Social Welfare: Empowering People* is designed to:

- Provoke the reader’s thinking about some of the controversial contemporary issues in social welfare. We believe developing the student’s critical thinking capacities is much more important than teaching unimportant facts to be recited on exams.
- Convey material on social work intervention approaches that the reader can use in working with people to facilitate positive changes.
- Present material on both sides of major social issues confronting our society that the reader can use in arriving at informed positions.
- Provide case examples of the functions, roles, responsibilities, gratifications, and frustrations of social workers that will help the student who is considering a social work major to make an informed career decision.
- Provide a brief historical review of the development of social welfare, social work, and various social services.
- Facilitate the reader in acquiring an international perspective by presenting, in practically every chapter, information on social problems and social services not only in the United States but also in other countries.
- Inform the reader of the Council on Social Work Education’s (CSWE) conceptualization of social work education at the baccalaureate and master’s levels as delineated in CSWE’s *Educational Policy and Accreditation Standards (EPAS)*.
- Help the reader “sort out” their value structure in relation to welfare recipients, single parents, ex-convicts, the mentally ill, the divorced, abusive parents, minority groups, those who are prejudiced, and so on. The aim is not to sell any particular set of values but to help the reader arrive at a value system that she or he will be comfortable with and find functional in interacting with others.

Plan of the Book

Part I introduces the student to the fields of social welfare, social work, and human services. These terms are defined, and their relationships to sociology, psychology, and other disciplines are described. A brief history of social welfare and social work is provided, and the future is examined. A discussion of social work as a career and as a profession is included, and this gives the reader a basis for deciding whether to pursue a career in social work.

This part also describes generalist social work practice with systems of all sizes, including individuals, groups, families, organizations, and communities. This conceptualization introduces readers to the knowledge, skills, and values needed for effective social work practice.

Part II focuses on the most common social problems served by the field of social welfare. This part constitutes the main emphasis of the text and describes:

- Contemporary social problems in our society.
- Current social services for meeting these problems.
- Gaps in current services.
- Controversial issues in each service area.
- Proposed new programs to meet current gaps in services.

Numerous case examples provide the reader with a “feeling” awareness of how the problems affect people and convey what it is really like to be a social worker.

This 13th edition updates the information in every chapter. New topics include President Biden’s social welfare policies, self-care for social workers, future employment opportunities for social workers, safety in the field of social work, safeguarding electronic transfer of confidential information, updates on the use of technology of social work, servant leadership in social work, current status of the Affordable Care Act, global warming, the Me Too movement, Black Lives Matter movement, the opioid crisis, the immigration controversy, the increase in mass shooting (including in schools), material on COVID-19, impact of trauma, trauma informed social work, and updates on LGBTQIA+ related terms and issues.

The Council on Social Work Education is the national organization that accredits baccalaureate and master’s degree programs in social work education in the United States. CSWE revised its standards for baccalaureate and master’s degree programs in social work educational programs in the United States, known as the *Educational Policy and Accreditation Standards (EPAS)*. A major thrust of *Introduction to Social Work and Social Welfare* is to present material that is consistent with EPAS. Three additional themes around which content is organized in this text are vignettes of a “day in the life” of social workers, generalist practice, and ecological perspectives.

The book is intended for use in introductory social work and social welfare courses. It introduces prospective social work majors to the field of social welfare and will help them arrive at career decisions and prepare for future social work courses. For non-majors, the book provides information about current social problems and social services; the text also gives a framework for analyzing policy issues and for making citizenship decisions on social issues.

Readers will note that there are a number of case examples, and also case exhibits, in the text. What is the difference between a case example and a case exhibit? Case examples are illustrations of client/persons who are impacted by social work–related experiences; an illustration is Case Example 5.3, “Using Cognitive Therapy: Coping with a Sexual Affair,” in Chapter 5, in which Cindy, a 21-year-old woman, uses rational therapy to cope with a sexual affair that her boyfriend had.

A case exhibit, in contrast, focuses on largely social work/social welfare topics; an illustration is Case Exhibit 4.3, “Temporary Assistance to Needy Families (TANF),” in Chapter 4, which describes the TANF program and summarizes the merits and shortcomings of this program.

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- **Transition Guide.** Highlights all of the changes in the text and in the digital offerings from the previous edition to this edition.

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—Charles Zastrow and Sarah Hessenauer



Social Welfare: Its Business, History, and Future

Chapter Outline

- Goal of Social Welfare
- Social Welfare as an Institution and as a Discipline
- Social Welfare's Relationship to Sociology and to Other Academic Disciplines
- Social Welfare's Relationship to Social Work
- Social Welfare's Relationship to Other Institutions
- Social Welfare's Relationship to Human Services
- Residual View versus Institutional View of Social Welfare
- Liberalism versus Conservatism
- Developmental View of Social Welfare
- History of Social Welfare
- The Future

In our industrialized, complex, and rapidly changing society, social welfare activities have become important functions in terms of the money spent, the human problems treated, and the number of people served.¹

Learning Objectives

This chapter will help prepare students to:

- LO1** Define social welfare and describe its goal.
- LO2** Describe the relationship between social welfare and the following disciplines: sociology, psychology, social work, and human services.
- LO3** Understand the history of social welfare.
- LO4** Describe the future of social welfare in the United States.

LO1 Goal of Social Welfare

The goal of social welfare is to fulfill the social, financial, health, and recreational requirements of all individuals in a society. Social welfare seeks to enhance the social functioning of all age groups, both rich and poor. When other institutions in our society, such as the market economy and the family, fail at times to meet the basic needs of individuals or groups of people, then social services may be needed and demanded.

In less industrialized societies, people's basic needs have been fulfilled in more direct and informal ways. Even in this country, fewer than 150 years ago most Americans lived on farms or in small towns with extended families and relatives close by. If financial or other needs arose, relatives, the church, and neighbors were there to "lend a helping hand." Problems were visible and personal; everyone knew everyone else in the community. When a need arose, it was taken for granted that those with resources would do whatever they could to alleviate the difficulty. If, for example, the need was financial, personal acquaintance with the storekeeper or banker usually was enough to obtain needed goods or money.

Clearly, we are now living in a different era. Our technology, economic base, social patterns, and living styles have changed dramatically. Our commercial, industrial, political, educational, and religious institutions are considerably larger and more impersonal. We tend to live in large urban communities—away from families or relatives—frequently without even knowing our neighbors. We have become much more mobile, often having few roots and limited knowledge of the community in which we live. Vocationally, we have specialized and become more interdependent on others, and as a result we have diminishing control over major aspects of our lives. Our rapidly changing society is a breeding ground for exacerbating former social problems and creating new problems, such as the expanding number of people facing temporary or permanent homelessness, higher crime rates, recurring energy crises, terrorism, and the destruction of our environment. Obviously, the old rural-frontier methods of meeting social welfare needs are no longer viable.

It is the business of social welfare:

- To find homes for children whose families are unable to provide care for them.
- To provide support to people who are abusing alcohol or drugs.
- To treat those with emotional difficulties.
- To make life more meaningful for older adults.
- To provide vocational rehabilitation services to persons with a disability.
- To meet the financial needs for those struggling financially.
- To rehabilitate juveniles and adults who have committed criminal offenses.

- To end all types of discrimination and oppression.
- To provide services to veterans, including those suffering from traumatic brain injury or posttraumatic stress disorder (PTSD).
- To provide child-care services for parents who work outside the home.
- To counteract domestic violence in families, including child abuse and spouse abuse.
- To fulfill urgent health and legal needs of those lacking financial resources.
- To counsel individuals and groups experiencing a wide variety of personal and social difficulties.
- To provide services to people with acute and chronic illnesses and to their families and friends.
- To provide recreational and leisure-time services to all age groups.
- To educate and provide socialization experiences to children who have an intellectual disability or an emotional disorder.
- To serve families struck by such physical disasters as fires and tornadoes.
- To provide adequate housing for those who are experiencing homelessness
- To provide programs that support and enhance the growth and development of all children and adults.
- To provide vocational training and employment opportunities.
- To advocate for social justice.
- To empower individuals, groups, families, organizations, and communities to improve their circumstances.

Social Welfare as an Institution and as a Discipline

The term *social welfare* has different meanings, as it is both an *institution* and an *academic discipline*. Barker (2013) gives the following definition of social welfare as an institution:

A nation's system of programs, benefits, and services that helps people meet those social, economic, educational, and health needs that are fundamental to the maintenance of society.²

John Hansan, from the Social Welfare History Project (2017), states that although social welfare does not have a precise definition:

Social welfare refers to a wide range of activities and services by volunteers, non-profit organizations and governmental agencies providing help to needy persons unable to care for themselves; activities and resources designed to enhance or promote the well-being of individuals, families and the larger society; and efforts to eliminate or reduce the incidence of social problems.³

Additionally, the NASW Code of Ethics (2017) states,

Social workers should promote the general welfare of society, from local to global levels, and the development of people, their communities, and their environments. Social workers should advocate for living conditions conducive to the fulfillment of basic human needs and should promote social, economic, political, and cultural values and institutions that are compatible with the realization of social justice.⁴

Examples of social welfare programs and services are foster care, adoption, day care, Head Start, probation and parole, financial assistance programs for individuals and families, services to those experiencing homelessness, public health nursing, suicide education and prevention, recreational services such as Boy Scouts and afterschool programs, services to at-risk populations, services to veterans, school social services, medical and legal services, family planning services, Meals on Wheels, nursing-home services, shelters for survivors of domestic violence, protective services for child abuse and neglect, assertiveness-training programs, public housing, family counseling, Alcoholics Anonymous, runaway services, services to people with a disability, and rehabilitation services.

Social welfare programs and social service organizations are sometimes referred to as “social welfare institutions.” The purposes of social welfare institutions are to prevent, alleviate, or contribute to the solution of recognized social problems in order to directly improve the well-being of individuals, groups, families, organizations, and communities. Social welfare institutions are established by policies and laws, with the programs and services being provided by voluntary (private) and governmental (public) agencies.

The term *social welfare institution* is applied to various levels of complexity and abstraction. It may be applied to a single program or organization—for example, foster care or Planned Parenthood. Or the term may be applied to a group of services or programs. For example, child welfare services is a social welfare institution that includes such services as adoption, foster care, juvenile probation, protective services, runaway services, day care, school social services, and residential treatment. The highest aggregate level to which the term *social welfare institution* is applied includes *all* of the social programs and organizations in a country that are designed to prevent, alleviate, or contribute to the solution of recognized social problems.

LO2 Social Welfare’s Relationship to Sociology and to Other Academic Disciplines

Social welfare has often been confused with “sociology” and “human services.” In addition, many people are confused about how social welfare and social work relate to psychology, psychiatry, and other related disciplines. The next few sections seek to clarify these relationships.

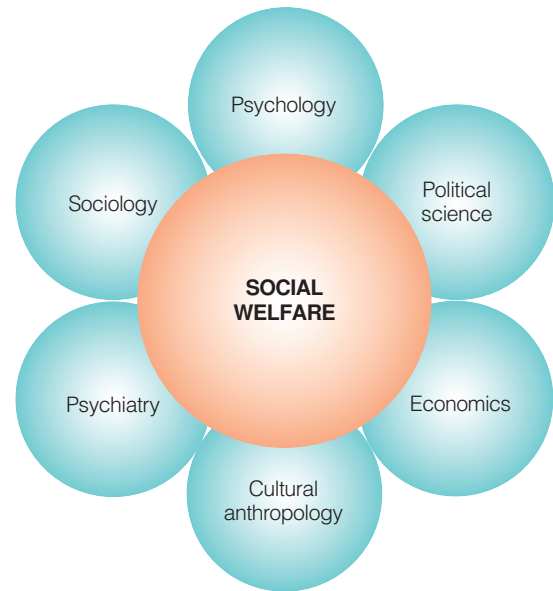


Figure 1.1 Overlap of Knowledge Base of Social Welfare with Other Disciplines

Several academic disciplines seek to develop a knowledge base about social problems, their causes, and their alleviation. The most common disciplines are social welfare, sociology, psychology, political science, economics, psychiatry, and cultural anthropology. Figure 1.1 shows the relationship of these disciplines to social welfare.

Each of these disciplines has a distinct focus. The following definitions highlight the similarities and differences among these disciplines:

Sociology: The study of human social behavior, especially the study of the origins, organizations, institutions, and development of human society.

Psychology: The study of mental processes and behavior.

Psychiatry: The study of the diagnosis, treatment, and prevention of mental illness.

Political science: The study of the processes, principles, and structure of government and of political institutions.

Economics: The study of the production, distribution, and consumption of commodities.

Cultural anthropology: The study of human culture based on archeological, ethnographic, linguistic, social, and psychological data and methods of analysis.

Theories and research in these disciplines may or may not, depending on the nature of the content, be considered part of the knowledge base of social welfare. When the theories and research have direct application to the goal of enhancing the social functioning of people, such knowledge

can also be considered part of the knowledge base of social welfare. In the past, social welfare has been more of an applied science than a pure science; that is, it has formed its knowledge base primarily from the theories and research of other disciplines and has focused on applying such knowledge through social programs. In recent years, the academic discipline of social welfare (called “social work” at many campuses) has been active in research projects, identifying and researching evidence-based interventions, and in theory development. This increased research and theory development activity is an indication that social welfare is a discipline that is maturing, as it is now developing much of its own knowledge base.

A few examples may be useful in illustrating how the knowledge base of other disciplines overlaps with social welfare. Sociological research on and conceptualization of the causes of social problems (for example, juvenile delinquency, mental illness, poverty, and discrimination) may be considered part of the knowledge base of social welfare. Only through an understanding of such problems can social welfare effectively prevent and control such problems. Sociological studies on the effects of institutions (for example, psychiatric hospitals and prisons) on individuals are currently of considerable interest to and have important application in the field of social welfare. Sociological investigations of other subjects, such as mobility, urbanization, secularization, group formation, race relations, prejudice, and the process of acculturation, have also become part of social welfare’s knowledge base because such investigations are directly applicable to enhancing people’s social well-being. However, research in other sociological areas, such as studies of social organizations among nonliterate tribes, is usually considered outside the knowledge base of social welfare because such research usually does not have direct applications to the goal of social welfare.

Comparable overlap occurs between social welfare and the other previously mentioned disciplines. Using psychology as an example, studies and theory development in such areas as personality growth and therapeutic techniques can be considered part of the knowledge base of social welfare because they have direct social welfare applications. On the other hand, experimental investigations of, for example, the perceptions and thinking processes of animals do not, at least presently, have such applications and would not therefore be considered part of the social welfare knowledge base. However, it is important to note that the field of veterinary social work is developing and may pay more attention to the perceptions and thinking processes of animals. As the field of social work changes and grows, social work may work in new ways with other disciplines.

Social Welfare’s Relationship to Social Work

The previously given institutional definition of social welfare is applicable when the relationship between social welfare and social work is examined. *Social welfare* is a

more comprehensive term than *social work*; social welfare encompasses social work. Social welfare and social work are primarily related at the level of practice. *Social work* has been defined by the National Association of Social Workers (NASW) as follows:

Social workers help individuals, families, and groups restore or enhance their capacity for social functioning, and work to create societal conditions that support communities in need.

The practice of social work requires knowledge of human development and behavior, of social, economic and cultural institutions, and of the interaction of all these factors.

Social workers help people of all backgrounds address their own needs through psychosocial services and advocacy.

Social workers help people overcome some of life’s most difficult challenges: poverty, discrimination, abuse, addiction, physical illness, divorce, loss, unemployment, educational problems, disability, and mental illness. They help prevent crises and counsel individuals, families, and communities to cope more effectively with the stresses of everyday life.⁵

The term *social worker* has been defined by the Barker (2013) as:

Graduates of schools of social work (with either bachelor’s or master’s degrees), who use their knowledge and skills to provide social services for clients (who may be individuals, families, groups, communities, organizations, or society in general). Social workers help people increase their capacities for problem solving and coping and help them obtain needed resources, facilitate interactions between individuals and between people and their environments, make organizations responsible to people, and influence social policies.⁶



Figure 1.2 Examples of Professional Groups within the Field of Social Welfare

Almost all social workers are working in the field of social welfare. There are, however, many other professional and occupational groups that may be working in this field, as illustrated in Figure 1.2. Professional people providing social welfare services include attorneys who offer legal services to the poor; urban planners in social planning agencies; physicians in public health agencies; teachers in residential treatment facilities; psychologists, nurses, and recreational therapists in psychiatric hospitals; and psychiatrists in outpatient mental health clinics.

Social Welfare's Relationship to Other Institutions

Social welfare overlaps with such institutions as the family, education, religion, and politics. Social welfare assists individuals and families by providing services such as counseling, day care, foster care, and adoption. Certain educational courses have both educational and social welfare aspects; for example, social science and physical education courses provide socialization experiences and are important in the social development of youth. Churches have long been interested in people's social well-being and have provided such social welfare services as counseling, financial assistance, day care, and recreation. The overlap between politics and social welfare primarily involves the political processes that occur in regard to the funding of social service programs. Some social welfare programs (for example, public assistance) are controversial political topics. Securing the necessary funding for essential social welfare programs is a crucial component of the social welfare system in any country.

Social Welfare's Relationship to Human Services

Human services may be defined as those systems of services and allied occupations and professions that concentrate on improving or maintaining the physical and mental health and general well-being of individuals, groups, or communities in our society. The National Association of Human Services (2021) defines human services as follows:

The field of Human Services is broadly defined, uniquely approaching the objective of meeting human needs through an interdisciplinary knowledge base, focusing on prevention as well as remediation of problems, and maintaining a commitment to improving the overall quality of life of service populations. The Human Services profession is one which promotes improved service delivery systems by addressing not only the quality of direct services, but also by seeking to improve accessibility, accountability, and coordination among professionals and agencies in service delivery.⁷

Actually, *human services* is a broader term because it includes services (such as library services, law enforcement, housing-code enforcement, consumer protection, and fire prevention and firefighting) that are usually not considered social welfare services. The term *social welfare* is thus more limited because it focuses on conceptualizing and resolving social problems. *Human services* is a broader term that encompasses social welfare programs. The two terms relate at a *program level*.

A number of universities and colleges now offer a bachelor's degree in human services. Such human services programs consist of courses that have content similar to that which is offered in social work courses. Human services programs do not have a national accreditation review process as rigorous as that provided by the Council on Social Work Education (see Chapter 3). Also, a degree in human services may not be as marketable (in demand by social work employers) in some areas as a degree in social work; a degree in social work is much more apt to be specified in hiring requirements for social work positions.

In order to understand the history of social welfare, it is essential to comprehend (a) the residual view versus the institutional view of social welfare, and (b) the political perspectives of liberalism, conservatism, and the developmental view of social welfare.

LO3 Residual View versus Institutional View of Social Welfare

The present social welfare scene is substantially influenced by the past. Currently, there are two conflicting views of the role of social welfare in our society.⁸ One of these roles has been termed *residual*—a gap-filling or first-aid role. This view holds that social welfare services should be provided only when an individual's needs are not properly met through other societal institutions, primarily the family and the market economy. According to the residual view, social services and financial aid should not be provided until all other measures or efforts have been exhausted, including the individual's and their family's resources. In addition, this view asserts that funds and services should be provided on a short-term basis (primarily during emergencies) and should be withdrawn when the individual or the family again becomes capable of being self-sufficient.

The residual view has been characterized as "charity for unfortunates."⁹ Funds and services are seen not as a right (something that one is entitled to) but as a gift, with the receiver having certain obligations; for example, to receive financial aid, recipients may be required to perform certain low-grade work assignments. Associated with the residual view is the belief that the causes of clients' difficulties are rooted in their own malfunctioning—that is, clients are to blame for their predicaments because of personal inadequacies, ill-advised activities, or sins.

Under the residual view, there is usually a stigma attached to receiving services or funds. The prevalence of the residual stigma can be shown by asking, “Have you ever felt a reluctance to seek support for a personal, medical, or emotional situation you faced because you were wary of what others might think of you?” or “Have you ever been hesitant to acknowledge an issue you are working through due to concerns about how others will treat you?” For almost everyone the answer is yes. An example of this stigma in American society was evidenced as recently as 2020 when Joe Biden was running for president of the United States. During his campaign speeches he would often stutter or stumble on his words when talking. Some criticized him and stated that these actions made him appear too “cognitively impaired” to be president. Then-candidate Biden disclosed he had a speech impediment to clarify his stuttering and to decrease the negative press he was receiving. Through his actions he was able to bring awareness to the stigma around stuttering and speech disorders.

The opposing point of view, which has been coined the *institutional view*,¹⁰ holds that social welfare programs are to be “accepted as a proper, legitimate function of modern industrial society in helping individuals achieve self-fulfillment.”¹⁰ Under this view, there is no stigma attached to receiving funds or services; recipients are

viewed as being entitled to such help. Associated with this view is the belief that an individual’s difficulties are due to causes largely beyond their control (for example, a person may be unemployed because of a lack of employment opportunities). When difficulties arise, causes are sought in the environment (society), and efforts are focused on improving the social institutions within which the individual functions.

The residual approach characterized social welfare programs from our early history to the depression of the 1930s. Since the Great Depression, both approaches have been applied to social welfare programs, with some programs largely residual in nature and others more institutional in design and implementation. Social insurance programs, such as Old Age, Survivors, Disability, and Health Insurance (described in Chapter 4), are examples of institutional programs. Public assistance programs (also described in Chapter 4) are examples of residual programs.

Critical Thinking Questions

Which approach to social welfare do you believe is preferable—the residual view or the institutional view? Why?

Case Example 1.1 Blaming the Victim

Jerry Jorgenson and Joyce Mantha decided to get married after dating for 3 years. Both looked forward to a big wedding and a happy future. They had met in college, and now both were working in Mayville, a small town that Jerry had grown up in. Joyce was a kindergarten teacher, and Jerry was manager of a grocery store. Against Jerry’s wishes, Joyce drove one weekend to a nearby city to attend a bridal shower with some of her female college friends. The party was still going strong at 2:00 A.M., when Joyce thought it was time to go back to her motel in order to return to Mayville early on Sunday. In the parking lot, Joyce was sexually assaulted. She tried to fight off the assailant and suffered several bruises and abrasions. After the assault, a passerby called the police and an ambulance. Joyce called Jerry the next day. At first, he was angry at the rapist. But the more he thought about it, the more he assigned blame to Joyce: She went to the party against his wishes, and he erroneously speculated that she dressed and acted in such a way as to interest the rapist (especially because Jerry further assumed that she had been intoxicated).

The weeks that followed became increasingly difficult for Jerry and Joyce. Joyce sensed that Jerry was blaming her for being raped. She tried to talk it out with Jerry, but their “talks” always became shouting matches. Their sexual

relationship became practically nil, as Jerry felt his “sexual rights” had been violated, and the few times he made sexual advances he had images of Joyce being attacked by a stranger. They postponed the marriage.

When they first heard about the rape, many townspeople also thought that Joyce had “asked for it” while partying in the big city. Postponement of the marriage was interpreted by the townspeople as evidence for this belief, and they began shunning Joyce. After several months of such treatment, Joyce began to believe that she was at fault and increasingly blamed herself for her predicament. She became despondent and moved back with her parents for refuge.

This story is only one illustration of the tendency in American culture to blame the victim. Others abound. If an adult is unemployed for a long time, often that person is believed to be “lazy” or “unmotivated.” Parents who are receiving welfare benefits are erroneously stereotyped as being promiscuous, irresponsible, and lazy. When a marriage breaks up, one of the partners is blamed, rather than the relationship being viewed as having deteriorated. When unfortunate circumstances occur (for example, lightning striking someone’s home), some people believe it is a punishment for sinful activity. Slapping one’s wife

Case Example I.1 (continued)

is justified by some segments of the population as being a way to “keep her in line” and to “show her who’s boss.” People living in poverty are often inaccurately viewed as being personally inadequate, incompetent, or lazy or as having a culture that holds them in poverty. The problems of deteriorated housing in inner cities are sometimes traced to the characteristics of “southern rural migrants” not yet “acculturated” to life in the big city. Sadly, blaming the victim sometimes leads to acceptance by the general public of the original victimization, with the result that few efforts are then made to assist current victims or to prevent victimizations in the future.

But perhaps the saddest feature of victim blaming is that the erroneous explanation often becomes a self-fulfilling prophecy. If a teacher is told that a child is a poor learner, that teacher will interact with the child as if they were a slow learner. Unfortunately, the child may eventually come to believe the teacher is correct and learn little. Labeling people as lazy, criminal, immoral, or mentally ill strongly influences the expectations others hold for them and simultaneously influences the victims themselves in their expectations and self-definition.

Liberalism versus Conservatism

Historically, the two prominent political philosophies in the United States have been liberalism and conservatism. These two philosophies are embodied in the top two political parties, although they are facing increased challenges by those who identify as belonging to Libertarian Party, the Green Party, the Constitutional Party, etc. This section will provide some history of the Republican and Democratic Parties, especially in relation to social welfare policy. The Republican Party is considered relatively conservative and the Democratic Party is considered relatively liberal. (It should be noted, however, that there are some Democrats who are primarily conservative in ideology and some Republicans who are primarily liberal in ideology.)

Conservatives (derived from the verb “to conserve”) tend to emphasize tradition and believe that rapid change usually results in more negative than positive consequences. In economic matters, conservatives feel that government should not interfere with the workings of the marketplace. They encourage the government to support (for example, through tax incentives), rather than regulate, business and industry in society. A free-market economy is thought to be the best way to ensure prosperity and fulfillment of individual needs. Conservatives embrace the old adage “that government governs best which governs least.” They believe that most government activities constitute grave threats to individual liberty and to the smooth functioning of the free market.

Conservatives generally view individuals as autonomous (that is, as self-governing). Regardless of what a person’s situation is, or what their problems are, each person is thought to be responsible for their own behavior. People are thought to choose whatever they are doing, and they therefore are viewed as responsible for

whatever gains or losses result from their choices. People are thought to possess free will, and thus can choose to engage in behaviors such as hard work that help them get ahead or activities such as excessive leisure that contribute to failure. Poverty and other personal problems are seen as the result of laziness, irresponsibility, or lack of self-control. Conservatives believe that social welfare programs force hardworking, productive citizens to pay for the consequences of the irresponsible behavior of recipients of social welfare services.

Conservatives generally advocate a residual approach to social welfare programs. They believe that dependency is a result of personal failure and that it is natural for inequality to exist among humans. They assert that the family, religious organizations, and gainful employment should be the primary defenses against dependency. Social welfare should be only a temporary function that is used sparingly; prolonged social welfare assistance will lead recipients to become permanently dependent. Conservatives also believe that charity is a moral virtue and that the “fortunate” are obligated to help the “less fortunate” become productive, contributing citizens in a society. If government funds are provided for health and social welfare services, conservatives advocate that such funding should go to private organizations, which are thought to be more effective and efficient than public agencies in providing services.

Critical Thinking Questions

Which political philosophy do you primarily adhere to—conservatism or liberalism? A different one? Why?

Conservatives revere the “traditional” nuclear family and try to devise policies to preserve it. They see the family as a source of strength for individuals and as the primary unit of society. They generally oppose abortion, sex education in schools, equal rights for gays and lesbians, public funding of daycare centers, birth control counseling for minors, and other measures that might undermine parental authority or support alternative family forms such as single parenthood.

In contrast, liberals view society as needing regulation to ensure fair competition among various interests. In particular, a free-market economy is viewed as needing regulation to ensure fairness. Government programs, including social welfare programs, are necessary to help meet basic human needs. Liberals advocate government action to remedy social deficiencies and to improve human welfare. They feel that government regulation and intervention are often required to safeguard human rights, to control the excesses of capitalism, and to provide equal chances for success. They emphasize egalitarianism and the rights of minorities.

Liberals generally adhere to an institutional view of social welfare. They assert that because modern society has become so fragmented and complex and because traditional institutions (such as the family) have been unable to meet emerging human needs, few individuals can now function without the help of social services (including work training, job placement services, child care, health care, and counseling). Liberals believe that the personal problems encountered by someone are generally due to causes beyond that person’s control. Causes are generally sought in the person’s environment. For example, a child with a learning disability is thought to be at risk only if they are not receiving appropriate educational services to accommodate the disability. In such a situation, liberals would seek to develop educational services to meet the child’s learning needs.

Liberals view the family as an evolving institution and therefore are willing to support programs that assist emerging family forms such as single-parent families and same-sex marriages.

Developmental View of Social Welfare

For years, liberals have criticized the residual approach to social welfare as being incongruent with society’s obligation to provide long-term assistance to those who have long-term health, welfare, social, and recreational needs. Conservatives, on the other hand, have been highly critical of the institutional approach. They claim it creates a welfare state with many recipients then deciding to become dependent on the government to meet their health, welfare, social, and recreational needs without seeking to work and without contributing in other ways to the well-being of society. Conservatives tend to stop the creation of any major new social program that moves our country in the direction of a welfare society.

Is there a view of social welfare that can garner the support of both liberals and conservatives? Midgley contends that the developmental view (or perspective) offers an alternative approach that appears to appeal to liberals, conservatives, and the general public.¹¹ He defines this approach as a “process of planned social change designed to promote the well-being of the population as a whole in conjunction with a dynamic process of economic development.”¹²

This perspective appeals to liberals because it supports the development and expansion of needed social welfare programs. The perspective appeals to conservatives because it asserts that the development of certain social welfare programs will have a positive impact on the economy. (In the past, conservative politicians have opposed the development of many social welfare programs because they claimed such programs would have a negative impact on economic development.) The general public also would be apt to support the developmental perspective. Many voters oppose welfarism because they believe it causes economic problems (for example, recipients choosing to rely on the government for money rather than contributing to society by working). Asserting, and documenting, that certain proposed social welfare programs will directly benefit the economy is attractive to voters.

Midgley and Livermore note that the developmental approach is presently not very well defined.¹³ It has its roots in the social programs of developing (Third World) countries. Advocates for social welfare programs in developing countries have been successful in getting certain social welfare programs enacted by asserting, and documenting, that such programs have a beneficial impact on the overall economy of the country. Midgley and Livermore note, “the developmental perspective’s global relevance began in the Third World in the years of decolonization after World War II.”¹⁴ The developmental approach was later used by the United Nations (UN) in its efforts in developing countries to promote the growth of social programs, as the UN asserted such programs had the promise of improving the overall economies of these Third World countries.

What are the characteristics of the developmental approach? It advocates social interventions that contribute positively to economic development. It thus promotes harmony between economic and social institutions. The approach regards economic progress as a vital component of social progress. It promotes the active role of the government in economic and social planning. This is in direct opposition to the residual approach, which advocates that the government should seek to minimize its role in the provision of social welfare programs. Finally, the developmental approach focuses on integrating economic and social development for the benefit of all members of society.

The developmental approach can be used in advocating for the expansion of a wide range of social welfare programs. It can be argued that any social program that assists a person in becoming employable contributes to

the economic well-being of a society. It can also be argued that any social program that assists a person in making significant contributions to their family, or to their community, contributes to the economic well-being of a society. Functional families and functional communities are good for businesses; members of functional families tend to be better employees, and businesses want to be located in prosperous communities that have low rates of crime and other social problems.

A few examples will be cited to illustrate how the developmental approach can be used to advocate for the expansion of social welfare programs. It can be argued that the following programs will be beneficial for the economy because they assist unemployed single parents in obtaining employment: job training; quality child-care programs for children of these parents; and adequate health insurance for these parents and their children so that care is provided to keep them healthy, which will facilitate the parents' ability to work. It can be argued that providing mentoring programs and other social services in school systems will help at-risk children stay in school and eventually contribute to society. When they become adults, these individuals are likely to get jobs and contribute to their families and communities. It can be argued that rehabilitative programs in the criminal justice system will help correctional clients become financially contributing members of society. It can be argued that programs, such as the following, can assist individuals to better handle certain issues and thereby increase their likelihood of becoming contributors to the economy and well-being of society: alcohol and other drug abuse treatment programs, domestic violence services, mental health counseling, nutritional programs, eating disorder intervention programs, stress management programs, and grief management programs.

History of Social Welfare

Early European History

All societies must develop ways to meet the needs of those who may be unable to be self-sufficient due to their situation—children lacking familial support, persons with a physical or mental disability, persons living in poverty, and those with serious health situations. Before the Industrial Revolution, this responsibility was met largely by the family, by the church, and by neighbors. An important value of the Judeo-Christian tradition throughout history—and one that has considerable relevancy for social welfare—is humanitarianism: ascribing a high value to human life and benevolently helping those in need.

With the development of the feudal system in Europe, when a tenant family was unable to meet a relative's basic needs, the feudal lord usually provided whatever was necessary.

The Elizabethan Poor Law

In the Middle Ages, famines, wars, crop failures, pestilence, and the breakdown in the feudal system all contributed to substantial increases in the number of people in need. Former approaches, primarily through the church and the family, were unsuccessful at meeting the needs of many who were unable to be self-sufficient. As a result, many of these individuals were forced to resort to begging. To attempt to solve this social problem, England passed several Poor Laws between the mid-1300s and the mid-1800s. The most significant of these was the Elizabethan Poor Law of 1601, enacted during the reign of Queen Elizabeth I. The fundamental provisions of this Poor Law were incorporated into the laws of the American colonies and have had an important influence on our current approaches to public assistance and other social legislation. (It is interesting to observe that the social problem that these Poor Laws were designed to alleviate was conceptualized not as poverty but, rather, as the ruling class's annoyance with begging.)

The Elizabethan Poor Law established three categories of relief recipients:

1. *The able-bodied poor.* This group was given low-grade employment, and citizens were prohibited from offering them financial help. Anyone who refused to work was placed in stocks or in jail.
2. *The impotent poor.* This group was composed of people unable to work—older persons, persons who were blind or deaf, mothers with young children, and those with a physical or mental disability. They were usually placed together in an almshouse (institution). If the impotent poor had a place to live and if it appeared less expensive to maintain them there, they were permitted to live outside the almshouse, where they were granted “outdoor relief,” usually “in kind” (food, clothing, and fuel).
3. *Dependent children.* Children whose parents or grandparents were unable to support them were apprenticed out to other citizens. Boys were taught the trade of their master and had to serve until their 24th birthday. Girls were brought up as domestic servants and were required to remain until they were 21 or married.

This Poor Law did not permit the registration of a person as being in need of charity if their parents, spouse, children, or other relatives were able to provide support. Although the law was passed by the English Parliament, the parish (town or local community) was assigned the responsibility of implementing its provisions, with the program expenses to be met by charitable donations and a tax in the parish on lands, houses, and tithes. The Poor Law also stated that the parish's responsibility extended only to those who had legal residence in the parish, which was defined as having been born in the parish or having lived in the parish for 3 years. (Residence requirements are still part of current public assistance programs.) The Poor Law of 1601 set the pattern of public relief under governmental

responsibility in both Great Britain and the United States for the next 300 years.

Most of the provisions of the Elizabethan Poor Law were incorporated into the social welfare policies of colonial America. Towns were assigned the responsibility of providing for the needy, almshouses were built to house the unemployable, orphaned children were apprenticed out, and a system of legal residency was established to make it clear that towns were not responsible for meeting the needs of destitute strangers. Conditions in almshouses, it should be noted, were deplorable. Into almshouses were packed not only the poor but also the sick, the emotionally ill, the blind, those struggling with addictions, and dependent children. Straw and old cots served for beds, there were no sanitary facilities, and the dilapidated buildings were barely heated in winter.

The Industrial Revolution

In the 17th, 18th, and 19th centuries, the Industrial Revolution flourished in Europe and America. A major reason for its growth was technological advances, such as the development of the steam engine. But the revolution was also made possible by the *Protestant ethic* and the *laissez-faire economic view*. These two themes also had important effects on social welfare. The Protestant ethic emphasized *individualism*, the view that one is the master of one's own fate. Hard work and self-ambition were highly valued. An overriding goal for human beings set by the Protestant ethic was to acquire material goods. People were largely judged not on the basis of their personalities and other attributes but on how much wealth they had acquired. To be poor was thought to be one's own moral fault.

The laissez-faire economic theory asserted that the economy and society in general would best prosper if businesses and industries were permitted to do whatever they desired to make a profit. Any government regulation of business practices (for example, setting safety standards, passing minimum-wage laws, prohibiting child labor) was discouraged. The Protestant ethic and laissez-faire economics, together, justified such business practices as cutthroat competition; formation of monopolies; deplorable safety and working conditions; and exploitation of the working class through low pay, long hours, and child labor.

The social welfare implications of the Protestant ethic reached their most inhumane level in the theory of *social Darwinism*, which was based on Charles Darwin's theory of evolution. Darwin theorized that higher forms of life evolved from lower forms by the process of survival of the fittest; he had seen in the animal world a fierce struggle for survival that destroyed the weak, rewarded the strong, and produced evolutionary change. Spencer extended this theory to humanity: Struggle, destruction, and survival of the fittest were thought to be essential to progress in human services as well.¹⁵ The theory stated in its most

inhumane form that the strong (the wealthy) survived because they were superior, whereas the weak (the needy) deserved to perish; it would be a mistake to help the weak survive.

Social Darwinism was used by the wealthy and powerful to argue that government should not spend money on social programs to help the lower- and middle-income classes. The federal government rejected social Darwinism around the early 1900s.

Prior to the Industrial Revolution, there were few communities in Europe or America with a population larger than a few thousand. One of the consequences of the Industrial Revolution was the development of large urban areas close to factories. Because employment opportunities were limited in rural areas, many workers moved to cities. With such movement, family and kinship ties were broken, and those who were unable to adapt faced alienation, social breakdown, and a loss of community identity. In an attempt to meet the needs of people living in urban areas, private social welfare services began to spring up in the 1800s—primarily at the initiation of the clergy and religious groups. (A public social welfare agency receives its funds through tax dollars, whereas a private or voluntary agency generally receives a large part of its funds from charitable contributions.) Because of the lack of development of public social services, private agencies provided most of the funds and services to the needy until the 1930s. In the 1800s, social services and funds were usually provided by upper-middle-class volunteers who combined “charity” with religious admonitions.

Turn of the 20th Century

Around 1880, various segments of the population became aware of the evils of unlimited competition and of abuses by those with economic power. It became clear that a few leaders of industry were becoming very wealthy, whereas the standard of living for the bulk of the population was remaining static and only slightly above the subsistence level. One of the theorists who objected to social Darwinism was Lester Ward, who in *Dynamic Sociology* (1883) drew a sharp distinction between purposeless animal evolution and human evolution.¹⁶ Ward asserted that humans, unlike animals, could and should provide social welfare programs to help the needy and that humans have the capacity for regulation through social and economic controls. Ward declared that such programs and controls would benefit everyone. This new thinking was in direct opposition to social Darwinism and laissez-faire economics. It called on the federal government to take on new functions, to establish legislation to regulate business practices, and to provide social welfare programs. As a result, around 1900 there was an awakening to social needs, with the federal government beginning to place some (although limited) funds into such programs as health, housing, and slum clearance.

Case Exhibit I.I How “Welfare” Became a Stigmatizing Word

Linda Gordon notes:

In the last half-century, the American definition of “welfare” has been reversed. A term that once meant prosperity, good health, good spirits, and social respect now implies poverty, bad health, despondency, and social disrespect. A word used to describe the health of the body politic now evokes images of its disease—slums, depressed single mothers, neglected children, crime, despair.^a

How did this reversal of the concept of welfare occur? The term *welfare* could logically apply to hundreds of societal programs that enhance citizens’ well-being: pollution control, schools, parks, counseling, recreational programs, regulation of food and drugs, and so on. Yet the general public, from about 1960 to about 2000, viewed “welfare” as the Aid to Families with Dependent Children (AFDC) Program. As a result, the AFDC program and its recipients were stigmatized.

AFDC was one of the programs enacted by the 1935 Social Security Act. The program was not intended by the writers of that act to be inferior to the other Social Security programs that were created. AFDC was intended to be small in terms of number of recipients and temporary, because the framers believed that the model of the family in which the male was the breadwinner and the female the homemaker would be the standard. AFDC was intended to serve the most deserving of all needy groups—namely, helpless mothers left alone with children by heartless men. In 1935 it was believed that mothers should stay home to

raise their children; the vast majority of women were married, and it was considered the obligation of the husband to support the family. Unmarried or abandoned mothers, it was thought, should be helped by the government to stay at home for the *welfare* (well-being) of their children.

Linda Gordon notes that the stigmatization of the AFDC program first began on a large scale in the 1950s and 1960s. There were three main reasons.

The role of women began to be redefined in the 1950s and 1960s. More women were entering the workforce, and it began to be expected that women would work outside the home. Consequently, single mothers on AFDC began to be shamed for being on the welfare rolls. Negative terms such as “lazy,” “undeserving,” and “charity cases” were hurled at them.

Another development that contributed to the stigmatization was the increasing divorce rate, which left more women alone to raise their children. With AFDC rolls expanding, the general public became more critical of using taxpayers’ money to support single mothers and their children.

Responding to the public outrage about the AFDC program, President Clinton (a Democrat) and the Republican-controlled Congress abolished AFDC in 1996 and replaced it with the program titled Temporary Assistance to Needy Families (TANF). TANF was created by the Personal Responsibility and Work Opportunity Reconciliation Act. This program is described later in this chapter and in Chapter 4.

^aLinda Gordon, “How ‘Welfare’ Became a Dirty Word,” *The Chronicle of Higher Education*, July 20, 1994, p. B1.

In the early 1900s, social welfare became more professionalized. Prior to this time, such services were generally provided by well-meaning but untrained volunteers from the middle and upper socioeconomic groups. At this time, people with more formalized training were employed in some positions, and there was an increased interest in developing therapeutic skills and methods in counseling clients. In this era, some of our present patterns of specialization in social welfare programs also developed, such as family services and probation and parole. It was also at this time that the first schools of social work and social welfare were founded in universities.

The Great Depression and the Social Security Act

Before 1930 social services were provided primarily by churches and voluntary organizations, as was financial assistance for people in need. Some cities and some counties had local relief directors who distributed public tax money financed by local governments. In those days, poverty was associated with laziness and immorality. Public relief money

was viewed as “pauper aid,” and receiving it was a huge social disgrace.

The Roaring Twenties was largely a time of prosperity and festivities. Then, in October 1929, the New York Stock Exchange crashed. Many investors lost their businesses, homes, and life savings. The crash of the stock market was a significant sign that the U.S. economy (along with the whole world’s economy) was heading for a severe depression.

The number of people who were unemployed rose from 3 million in the spring of 1929 to 15 million in January 1933.¹⁷ More than 20% of workers were jobless in 1933.¹⁸ Many banks closed. Many farmers and business owners went bankrupt.

In 1931 some states began providing unemployment relief to prevent starvation among the jobless and their families. Herbert Hoover, who was president at the time, believed that only private charity should meet the needs of the unemployed. He thought public relief (state and federal money) would demoralize people and make them permanently dependent on the state and federal governments. His attitude was graphically illustrated in December 1930



Everett Collection/Shutterstock.com

Nearly 15 million people were unemployed at the height of the Great Depression. The unemployed sought support from local community resources.

when he approved a \$45 million bill to feed starving livestock in Arkansas but opposed a \$25 million bill to feed starving farmers and their families in the same state.¹⁹

Chapters of the Community Chest and the Red Cross, as well as other volunteer organizations, were unable to meet the demand for financial assistance in the early 1930s. Because so many people were unemployed, private charities also had trouble raising the funds necessary to help the jobless.

Local and state funds proved inadequate to protect the growing millions of unemployed against hunger, cold, and despair. Many sick people could not pay for, and therefore did not receive, medical care. Children were passed around among neighbors because their parents had no food or were out looking for jobs. The number of suicides increased, as did the incidence of tuberculosis and malnutrition in children. Many middle-class people became penniless, factories lay idle, and stores had few customers.

In 1933, when President Franklin D. Roosevelt took office, 40% of the population in some states were receiving local and state public relief money.²⁰ Pressure grew for the federal government to bail out the states and counties by helping finance public relief for those living in poverty. Conditions were so desperate that political leaders became concerned that there might be a Socialist or Communist revolution.

President Roosevelt immediately proposed, and Congress passed, temporary emergency programs to provide paid work for some unemployed workers. For those unable to obtain a job, the federal government provided financial assistance.

The depression of the 1930s brought about profound changes in social welfare. Until that time, the belief in individualism was still widely held—that is, the belief that one is the master of one's fate. The depression shattered this myth. It became clear that situations and events beyond individual control can cause deprivation, misery, and poverty. It also became clear that the federal government must play a role in providing financial assistance and social services.

The experience with emergency relief and work programs during the Great Depression demonstrated the need for more permanent federal efforts in dealing with some of the critical problems of unemployment, aging, disability, illness, and dependent children. As a result, in 1935 the Social Security Act was passed, which forms the basis of most of our current public social welfare programs, and federal legislation for the following three major categories of programs was enacted.

Social Insurance This category was set up with an institutional orientation and provided insurance for unemployment, retirement, or death. It has two main programs:

Case Exhibit 1.2 Everyone Is on Welfare

Although being on welfare is stigmatized in the United States, the reality is that everyone in the country is on welfare! Mimi Abramovitz notes:

The social welfare system—direct public provision of cash and in-kind benefits to individuals and families, free or at below market cost—is popularly regarded as serving only poor people. However, the record shows that social welfare programs serving the middle and upper classes receive more government funding, pay higher benefits, and face fewer budget cuts than programs serving only poor people.^a

Social insurance programs (such as Medicare and Old Age, Survivors, Disability, and Health Insurance) primarily serve the middle and upper classes. These social insurance programs pay significantly higher benefits than the public assistance programs for poor people.

Abramovitz notes there are additional welfare benefits for the middle and upper classes:

... the tax system has created a “gilded” welfare state that provides the upper and middle classes

with a host of benefits not available to poor people. Tax benefits for the upper-income groups include low-cost government insurance for Oceanside homes, tax-free investments, reduced capital gains taxes, and tax deductions for charitable giving, large medical expenses, investment losses, and many other items.^b

Corporations also receive welfare—including government grants, tax reductions, support for research and development, tax deferrals, low-interest loans, tax-free enterprise zones, infrastructure subsidies, tax-exempt industrial development bonds, abatements and credits for property and income taxes, and training subsidies channeled through educational institutions. Although few people think of the use of public dollars to increase private profits as welfare, government aid to big business does not differ all that much from government aid to poor families.

^aMimi Abramovitz, “Everyone Is Still on Welfare: The Role of Redistribution in Social Policy,” *Social Work*, 46, no. 4 (October 2001), p. 299.

^b*Ibid.*, p. 302.

(a) Unemployment Compensation, which provides weekly benefits for a limited time to workers who lose their jobs, and (b) Old Age, Survivors, Disability, and Health Insurance, which provides monthly payments to individuals and their families when a worker retires, becomes disabled, or dies. In everyday conversation, this program is generally referred to as *Social Security*.

Public Assistance This category has many residual aspects. To receive benefits, an individual must undergo a “means test” in which one’s assets and expenses are reviewed to determine if there is a financial need. There were four programs under this category, with the titles indicating eligible groups: (a) Aid to the Blind (people of any age whose vision is 20/200 or less with correction), (b) Aid to the Disabled (people between the ages of 18 and 65 who are permanently disabled), (c) Old Age Assistance (people 65 and older), and (d) Aid to Families with Dependent Children (AFDC) (primarily mothers with children under age 18 and no father in the home). Public assistance programs incorporated several features of the English Poor Laws: There were residence requirements and a means test, some of the aid was “in kind” (such as food), and the benefits were viewed as “charity” rather than aid to which recipients were entitled. In January 1974 three of these programs—Aid to the Blind, Aid to the Disabled, and Old Age Assistance—were combined into one program, Supplemental Security Income (SSI). SSI is described in Chapter 4.

The AFDC program was frequently criticized and stigmatized by politicians and the general public from the 1960s to the 1990s (see Case Exhibit 1.1). The program was abolished in 1996, and replaced by the Temporary Assistance to Needy Families (TANF) program. The TANF program is described in Chapter 4.

Public Health and Welfare Services Whereas the first two categories provided financial benefits, this category established the role of the federal government in providing social services (for example, adoption, foster care, services to children with a disability, protective services, and services to single parents).

Following the enactment of the Social Security Act, public social welfare services became dominant in terms of expenditures, people served, and personnel. The private role shifted from financial aid to certain specialized service areas. One of the roles of private agencies has been to test the value of new services and approaches. If such new services are found to be cost effective and successful in alleviating human problems, public funds are sometimes requested to provide them on a large-scale basis.

The programs established by the Social Security Act have been controversial. Some authorities credit the act with bringing economic stability to our country and helping to bring us out of the worst depression we have ever seen. Other authorities, including fiscal conservatives, view Social Security expenditures as perpetuating poverty by making people dependent

on government for their livelihood. It has been claimed for many years that people would rather “live it up” on welfare than work. It is also claimed that the expenditures are highly inflationary, as they represent a sizable portion of our federal government’s budget.

The basic intent of the Social Security Act was to provide a decent standard of living to every American. President Roosevelt believed that financial security (including public assistance) should not be a matter of charity but a matter of justice. He asserted that every individual has a right to a minimum standard of living in a civilized society. He believed that liberty and security are synonymous; without financial security, people will eventually despair and revolt. Therefore, Roosevelt held the conviction that the very existence of a democratic society depended on the health and welfare of its citizens.²¹

From the 1930s to the 1980s, the federal government gradually expanded its role in providing financial assistance and social programs to Americans suffering from social problems.

The Great Society and War on Poverty

A major push for expansion of social welfare programs came in the 1960s, when President Lyndon Johnson declared a War on Poverty and sought to create what he called a “Great Society.” In 1964 Johnson noted in his State of the Union address that one-fifth of the population was living in poverty and that nearly half of all African Americans were poor. Funding for existing social welfare programs was sharply increased, and many new programs were created (such as Head Start, Medicare, and Medicaid²²).

The early 1960s was characterized by optimism; there was a feeling that we, in the United States, were on our way to a golden era in which poverty would gradually disappear, racial integration would occur, and other social problems would be smoothly and painlessly solved. The late 1960s was therefore a shock: Martin Luther King, Jr. and Robert Kennedy were assassinated; many of our inner cities were torched and burned to the ground during protests against racial discrimination; there were substantial increases in crime; there were student protests and riots on campuses over the Vietnam War and other issues; minorities and people living in poverty organized to demand their piece of the national financial pie; there was a revolution in sexual values and behaviors; and there was a recognition of other social ills such as the drug problem and the need to preserve the environment.

In the social welfare field, the late 1960s brought a renewed interest in changing the environment, or “the system,” to better meet the needs of clients (sociological approach) rather than enabling clients to better adapt and adjust to their life situations (the psychological approach). Social action again became an important part of social work, with some social workers becoming active as

advocates of clients, community organizers, and political organizers for social reform.

From 1970 to 2010 there were relatively few major social welfare programs that were enacted in the United States. Perhaps the most significant change was in 1996 when the AFDC program was dismantled.

From 1935 to the mid-1990s, the federal government required all states to provide the AFDC program to eligible families. (The program was created by the 1935 Social Security Act.) This was a public assistance program that provided monthly checks primarily to low-income mothers with children under age 18. The precise parameters of eligibility for AFDC varied from state to state. Payments were made for both the parent (or parents) and the children in eligible families. Financing and administration of the AFDC program were shared by state governments and the federal government. In many states, counties also participated in the financing and administration. In 1996 federal legislation was enacted that dismantled the AFDC program. The concept of poor families being entitled to health and human services as a basic right shifted back to the assumption that helping unemployed people obtain both jobs (thereby reducing the number of people in poverty) and charity can combat local social problems more cheaply than public services can.

The 1996 welfare reform legislation abolished the AFDC program and created Temporary Assistance to Needy Families (TANF). The program guidelines for TANF are as follows: (a) Each state sets its own eligibility rules and amounts for financial assistance. The federal government provides block grants to states to assist in financing the programs that are developed. (b) Recipients of financial benefits receive no more than 2 years of assistance without working, and there is a 5-year lifetime limit of benefits for adults.

In 1935, when the AFDC program was enacted, it was thought best for single mothers to stay at home to raise their children. The 1996 welfare reform legislation asserted that such single mothers (and fathers) have an obligation to work for a living. The safety net for poor families with young children now has some major holes. Clearly, the legislation marks a shift by our society to the residual approach. (The effects of TANF on families living in poverty are more fully described in Chapter 4.)

A Time for Change?

Barack Obama ran on the platform “A time for change!” and was elected president in November 2008. He was the first African American, or biracial American, to be elected president of the United States.

President Obama entered the Oval Office in Washington, D.C., on January 20, 2009. He took office with our country engaged in two wars (Iraq and Afghanistan), having high unemployment (nearly 10%), experiencing a

serious recession, and facing a global financial crisis. He was successful in gaining approval of legislation to reform the U.S. health care industry (called the Affordable Care Act). This program extended health care insurance to millions of Americans. It has been sharply criticized by conservatives.

Donald Trump was elected in 2016, and sought to overturn the Affordable Care Act, and many of the other programs that Obama initiated. The Affordable Care Act was retained by the United States Supreme Court, though with some of its provisions curtailed.

Where Do We Stand Today?

Although many people's perception is that the United States spends more on social welfare than any other country in the world, this is far from accurate. Among industrialized nations, we rank very low in the percentage of gross national product spent on social welfare programs.²² Sweden, for example, proportionately spends over twice as much as the United States.²³

The status of social welfare today offers more questions than answers. Here are some issues that need to be addressed:

How can drug abuse (such as alcohol, cocaine, or opioids) be more effectively controlled? What new programs should be developed for those experiencing homelessness? What new services should be provided to those individuals identified as chronically mentally ill, especially those experiencing homeless due to their illness? How can crime be curbed more effectively and the correctional system be made more rehabilitative? What measures should be taken to eliminate racial discrimination? How can we meet the problems of our "inner" cities?

Should transracial adoptions be encouraged? How should we remedy broken treaties to Native Americans, and what kinds of services need to be developed for Native Americans to alleviate the social problems they face? Should abortion laws be made more or less restrictive? What additional services need to be developed for veterans suffering from traumatic brain injury or PTSD? How can child pornography and sex-trafficking be prevented? How can we prevent the Social Security system from going bankrupt? How can we curb fraud in Medicaid, Medicare, and other social welfare programs? How can we prevent and/or address child abuse, sexual abuse, and spousal abuse? How can we stop deaths by suicide, especially the increasing number among teenagers and those in the military?



Spencer Platt/Getty Images

NASHUA, NEW HAMPSHIRE—MAY 15: Democratic presidential candidate U.S. Sen. Kamala Harris (D-CA) speaks at a campaign stop on May 15, 2019 in Nashua, New Hampshire. In 2020, she was the first woman, and also the first person of color, to be elected Vice President of the United States.

What programs are needed to prevent rape? How can retirement living be made more meaningful? What measures should be taken to protect the civil rights of LGBTQ+? Should legislation be enacted to curb the sale of handguns? Do we really want to provide the funds and services that are necessary to break the cycle of poverty? How can the outbreak of a pandemic disease (such as we witnessed with the coronavirus [COVID-19] in 2020–2021) be more effectively addressed?

LO4 The Future

The future direction and nature of social services will partly be determined by technological advances. In the past 100 years, the following advances have resulted in dramatic changes in our lifestyles: auto and air travel, nuclear power, television, birth control methods, automation, new electrical appliances, shopping centers, the discovery of penicillin and other wonder drugs, and computers.

The relationship between technological breakthroughs and changes in social welfare programs generally follows this format: Technological advances foster changes in our lifestyles; lifestyle changes affect changes in our future social, financial, health, and recreational needs; and the latter changes partly determine what changes will be demanded in social service programs.

Predicting what technological breakthroughs will occur and how these advances will affect our lifestyles is highly

speculative. Numerous advances are being predicted: space travel to other planets, computers capable of thinking, chip-enhanced brains to increase intelligence, the end of aging, vaccines that will prevent most forms of cancer, artificial hearts and kidneys, vaccines to prevent HIV infection, robots that perform heart (and other) surgeries, tiny jolts of electricity to the brain to treat depression and seizures, and weather and climate control. Because there are more scientists involved in technological research and development now than at any other time in the history of civilization, future technological breakthroughs are likely to occur even more rapidly than in the past. Adjusting psychologically to rapid lifestyle changes is currently a major problem and will continue to be one of the most difficult adjustments people will have to make in future years.

A number of other factors (in addition to technological advances) can dramatically impact the future direction and nature of social services. A few will be cited as illustrations.

Environmentalists are predicting that our civilization is in serious danger due to overpopulation, depletion of energy resources, global warming, excessive use of toxic chemicals, likelihood of mass famines, starvation, and dramatic declines in the quality of life.

The influenza of 1918 and 1919 was a profoundly traumatic even. It killed some 50 million people and infected a third of the world's population. Unlike most flu strains, this one was particularly deadly for young adults between ages 20 and 40, meaning that many children lost one of both



BuildPix/Construction Photography/Avalon/Getty Images

Electric car receiving a charge from a special allocated city parking bay, Central London, UK.

parents. In the early 2020s, COVID-19 impacted the world. Similar to the 1918 flu, COVID-19 was “novel,” meaning it was a new virus that had not been seen before; nobody had immunity to it. Over 100 million people were infected by it, and at least 3 million people died from it. To combat it, many counties locked down their economy, resulting in businesses and schools closing, and the number of people being unemployed skyrocketing.

Changes in presidential administrations can also have major impact on social welfare programs. Donald Trump was elected in 2016. His administration sought to curtail spending for a number of social programs, including the Affordable Care Act, Medicare, Medicaid, and Social Security. His administration sought to restrict access to abortions, and sharply restrict the number of immigrants entering the United States. His administration also gave little attention to curbing global warming /climate change.

Joe Biden was elected president in 2020. His administration has made tackling climate change a priority. Biden has promised to restore environmental protections undone by the Trump administration. His administration is a strong supporter of the Affordable Care Act. On guns, Biden supports universal background checks and a ban on the manufacture and sale of semi-automatic rifles and higher-capacity magazines. His administration has plans to close the wealth gap between races and sexes, and combat inequities in the criminal justice system, the economy, housing, and other areas. Biden campaigned on a pledge to reverse President Trump’s efforts to curb immigration. Biden is also a strong supporter of Medicare and Medicaid. Our current president, and future presidents, will be required to determine how to address important issues such as immigration; racial, social, and environmental justice; the economy; health care; advances in technology; foreign policy; and social programs.

Summary

The following summarizes this chapter’s content as it relates to the learning objectives presented at the beginning of the chapter. Chapter content will help prepare students to:

1. Define social welfare and describe its goal.

Social welfare is a nation’s system of programs, benefits, and services that helps people meet those social, economic, educational, and health needs that are fundamental to the maintenance of society.

The goal of social welfare is to fulfill the social, financial, health, and recreational needs of everyone in a society. The provision of social services has become one of the most important activities in our society in terms of the money spent, the human misery treated, and the number of people served.

2. Describe the relationship between social welfare and the following disciplines: sociology, psychology, social work, and human services.

Social welfare overlaps with sociology, psychology, and other disciplines on a knowledge-base level. When theories and research in other academic disciplines have direct applications to the social welfare goal of enhancing the social functioning of people, then this knowledge is also part of the knowledge base of social welfare.

Social welfare overlaps with social work at a practice (service) level. Almost all social workers work in the field of

social welfare, but there are also many other professional and occupational groups that work within this field. Social welfare is erroneously conceived at times as synonymous with public assistance, but public assistance is only one of several hundred social welfare programs.

Social welfare institutions are composed of social service programs and social service organizations. The purposes of social welfare institutions are to prevent, alleviate, and contribute to the solution of recognized social problems so as to directly improve the well-being of individuals, groups, families, organizations, and communities.

Human services is a broader term than social welfare.

3. Understand the history of social welfare.

Currently there are two conflicting views of the role of social welfare in our society: the residual versus the institutional orientation. The residual approach characterized social welfare programs from early history to the depression of the 1930s, at which time programs with an institutional orientation began to be implemented. Social welfare programs have in the past been influenced (and to some extent still are) by the Protestant ethic, the laissez-faire economic view, social Darwinism, individualism, the Industrial Revolution, and humanitarian ideals. The two prominent political philosophies in the United States are liberalism and conservatism. Liberals generally adhere to an institutional orientation, whereas conservatives tend to adhere to a residual orientation.

4. Describe the future of social welfare in the United States.

The future direction and nature of social services will be determined by a variety of factors. Illustrations of these factors include technological advances, overpopulation, immigration, depletion of energy resources, global warming, pandemics, and changes in policies by presidential administrations.

Media Resources

Additional resources for this chapter can be found on the Instructor Companion website at www.cengage.com.

Notes

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2

Social Work as a Profession and a Career

Chapter Outline

- A Brief History of Social Work
- A Multiskilled Profession
- Micro-, Mezzo-, and Macro-practice
- Roles Assumed by Social Workers
- A Medical versus a Systems Model of Human Behavior
- An Ecological Model of Human Behavior
- Goals of Social Work Practice
- The Strengths Perspective and Empowerment
- Summarize Societal Stereotypes of Social Workers
- Future Employment Opportunities in Social Work Are Excellent
- Private Practice of Social Work
- International Social Work
- Becoming a Professional: Self-Awareness and Identity Development
- Self-Care: A Critical Aspect of the Profession

Social work is one of the primary professions that provides social welfare services.

Learning Objectives

This chapter will help prepare students to:

- LO1** Understand a brief history of social work.
- LO2** Define the profession of social work.
- LO3** Roles assumed by social workers in social work practice.
- LO4** Describe the person-in-environment conceptualization for social work practice.
- LO5** Specify the goals of social work practice.
- LO6** Describe the strengths perspective.
- LO7** Summarize societal stereotypes of social workers.
- LO8** Summarize employment settings and career opportunities in social work.
- LO9** Describe international social work.
- LO10** Understand the importance of placing the highest priority on self-care.

LO1 A Brief History of Social Work

Social work as a profession is of relatively recent origin. The first social welfare agencies began in the early 1800s in an attempt to meet the needs of people living in urban areas. These agencies, or services, were private agencies developed primarily at the initiation of the clergy and religious groups. Until the early 1900s, these services were provided exclusively by members of the clergy and wealthy “do-gooders” who had no formal training and little understanding of human behavior. The focus was on meeting such basic physical needs as food and shelter and attempting to “cure” emotional and personal difficulties with religious admonitions.

An illustration of an early social welfare organization was the Society for the Prevention of Pauperism, founded by John Griscom in 1820.¹ This society’s goals were to investigate the habits and circumstances of those struggling with poverty, to suggest plans by which they could help themselves, and to encourage them to save and economize. Toward these ends, its members conducted house-to-house visitations (a very elementary type of social work).

By the last half of the 1800s, a fairly large number of private relief agencies had been established in large cities to help people who were unemployed, living in poverty, or ill, people identified as having physical or mental disabilities, and orphans. These agencies’ programs were uncoordinated and sometimes overlapped. Therefore, an English innovation—the Charity Organization Society (COS)—caught the interest of a number of American cities.² Starting in Buffalo, New York, in 1877, the COS model was rapidly adopted in many cities. In charity organization societies, private agencies joined together to (a) provide direct services to individuals and families—in this respect, they were forerunners of social casework and of family counseling approaches—and (b) plan and coordinate the efforts of private agencies to combat the pressing social problems of cities—in this respect, they were precursors of community organization and social planning approaches. Charity organizations conducted a detailed investigation of each applicant for services and financial help, maintained a central system of registration of clients to avoid duplication, and used volunteer “friendly visitors” to work with those in difficulty. The friendly visitors were primarily “doers of good works”; they generally gave sympathy rather than money and encouraged the poor to save and to seek employment. Poverty was looked on as the result of a personal shortcoming. Most of the friendly visitors were women.

Concurrent with the COS movement was the establishment of settlement houses in the late 1800s. In 1884 Toynbee Hall became the first settlement house in London; many others were soon formed in larger U.S.

cities. Many of the early settlement house workers were daughters of ministers, usually from the middle and upper classes. In contrast to friendly visitors, they lived in the impoverished neighborhoods and used the missionary approach of teaching residents how to live moral lives and improve their circumstances. They sought to improve housing, health, and living conditions; find jobs for neighborhood residents; teach English, hygiene, and occupational skills; and change environmental surroundings through cooperative efforts. Settlement houses used change techniques that are now referred to as social group work, social action, and community organization.

Settlement houses emphasized “environmental reform.” At the same time, “they continued to struggle to teach the poor the prevailing middle-class values of work, thrift, and abstinence as the keys to success.”³ In addition to dealing with local problems by local action, settlement houses played important roles in drafting legislation and in organizing to influence social policy and legislation. The most noted leader in the settlement house movement was Jane Addams of Hull House in Chicago (see Case Example 2.1).

It appears that the first paid social workers were executive secretaries of charity organization societies in the late 1800s.⁴ At that time, some COSs received contracts from the cities in which they were located to administer relief funds. They then hired people as executive secretaries to organize and train the friendly visitors and to establish bookkeeping procedures to account for the funds received. To improve the services of friendly visitors, executive secretaries established standards and training courses. The first such training course was offered for charity workers in 1898 by the New York Charity Organization Society. By 1904 a 1-year program was offered by the New York School of Philanthropy. Soon many colleges and universities were offering training programs in social work.

Richard Cabot introduced medical social work at Massachusetts General Hospital in 1905.⁵ Gradually, social workers were employed in schools, courts, child guidance clinics, and other settings.

Early training programs in social work focused both on environmental reform efforts and on efforts to help individuals adjust better to society. In 1917 Mary Richmond published *Social Diagnosis*, the first text to present a theory and methodology for social work.⁶ The book focused on how the worker should intervene with individuals. The process is still used today and involves study (collecting information), diagnosis (stating what is wrong), prognosis (stating the prospect of improvement), and treatment planning (stating what should be done to help clients improve). This text was important because it formulated a common body of knowledge for casework.

Case Example 2.1 Jane Addams: A Prominent Founder of Social Work

Jane Addams was born in 1860 in Cedarville, Illinois, the daughter of a successful couple who owned a flour mill and a wood mill. Jane graduated from Rockford Seminary (a college in Rockford, Illinois). She briefly attended medical school but was forced to leave because of illness. She then traveled for a few years in Europe, perplexed about what her life work should be. At the age of 25, she joined the Presbyterian Church, which helped her find a focus for her life: religion and humanitarianism—in particular, serving the “poor.” (Later in her life, she joined the Congregational Church, now known as the United Church of Christ.) Addams heard about the establishment of Toynbee Hall in England and returned to Europe to study this approach. Its staff was composed of college students and graduates, mainly from Oxford, who lived in the slums of London to learn conditions firsthand and to contribute to improving life in the slums with their own financial and personal resources.

Addams returned to the United States and rented a two-story house (later called Hull House) in an impoverished Chicago neighborhood. With a few friends, Addams initiated a variety of group and individual activities for the community. She started a literature reading group for young women and a kindergarten. Other groups focused on social relationships, sports, music, painting, art, and current affairs. Hull House also provided services to individuals who came asking for immediate help, such as food, shelter, information, and referrals for other services. A Hull House Social Science Club was formed, which studied social problems in a scientific manner and then became involved in social action efforts to improve living conditions. One of its successful efforts was to work for passage of Illinois legislation to prevent the employment of children in area sweatshops. Addams also became interested in the



Bettmann/Getty Images

Jane Addams

different ethnic groups in the neighborhood. She was fairly successful in bringing the various nationalities together at Hull House, where they could interact and exchange cultural values.

The success of Hull House served as a model for the establishment of settlement houses in other areas of Chicago and in many large cities in the United States. Settlement house leaders believed that by improving neighborhoods, they would improve communities; by altering communities, they would develop a better society. For her extraordinary contributions, Jane Addams received the Nobel Prize for Peace in 1931.

Source: Adapted from “Jane Addams,” by Henry Stroup, in *Social Welfare Pioneers* (Lanham, MD: Rowman & Littlefield Publishers, 1986), pp. 1–29.

In the 1920s, Sigmund Freud’s theories of personality development and therapy became popular. The concepts and explanations of psychiatrists appeared particularly appropriate for social workers, who also worked in one-to-one relationships with clients. The psychiatric approach emphasized intrapsychic processes and focused on enabling clients to adapt and adjust to their social situations. Thus, most social workers switched their emphasis from “reform” to “therapy” for the next three decades.

In the 1960s, however, there was a renewed interest in sociological approaches, or reform, by social workers. Several reasons account for this change. Questions arose about the relevance and appropriateness of “talking” approaches with low-income clients who have urgent social and economic pressures. Furthermore, the effectiveness of many psychotherapeutic approaches was questioned.⁷ Other reasons for the renewed interest

included an increase in the status of sociology and the mood of the 1960s, which raised questions about the relevancy of social institutions in meeting the needs of the population. Social work at present embraces both the reform approach and the therapy approach.

Not until the end of World War I did social work begin to be recognized as a distinct profession. The depression of the 1930s and the enactment of the Social Security Act in 1935 brought about an extensive expansion of public social services and job opportunities for social workers. Throughout the 20th century there was a growing awareness by social agency boards and the public that professionally trained social workers were needed to provide social services competently. In 1955 the National Association of Social Workers (NASW) was formed, which represents the social work profession in this country. The purpose of this association is

to improve social conditions in society and promote high quality and effectiveness in social work practice. The association publishes (a) several professional journals, most notably *Social Work*; (b) *The Encyclopedia of Social Work*; and (c) a monthly newsletter titled *NASW News*. The newsletter publishes current social work news as well as a list of job vacancies throughout the country.

In recent years, there has been considerable activity in developing a system of certification, or licensing, of social workers. Such a system both helps assure the public that qualified personnel are providing social work services and advances the recognition of social work as a profession. All states have now passed legislation to license or regulate the practice of social work. Although a young profession, social work is growing and gaining respect and recognition.

LO2 A Multiskilled Profession

Social work is the professional activity of helping individuals, groups, families, organizations, and communities to enhance or restore their capacity for social functioning and to create societal conditions favorable to their goals.⁸ Social workers are graduates of accredited (by the Council on Social Work Education) programs of social work, who have either a bachelor's or master's degree.

Social work is distinct from other professions (such as psychology and psychiatry) by virtue of its responsibility and mandate to provide social services.

A social worker needs training and expertise in a wide range of areas to handle effectively the problems faced by individuals, groups, families, organizations, and the larger community. Whereas most professions are becoming more specialized (for example, nearly all medical doctors now specialize in one or two areas), social work continues to emphasize a generalist, broad-based approach. The practice of social work is analogous to the old, now-fading practice of general medicine. A general practitioner in medicine was trained to handle a wide range of common medical problems; a social worker is trained to handle a wide range of common social and personal problems. Case Example 2.2 highlights some of the skills needed by social workers. These skills include relationship building with clients, interviewing, case management, problem solving, and referral to other organizations (in this case, a support group). Social workers

also need to have research and grant-writing skills, program development and fundraising skills, and knowledge of how to handle ethical/legal issues.

Perhaps one of the most basic skills that a social worker needs is the ability to interview and counsel clients effectively. Anyone who is unable to do this should consider what field of social work is best for them—research, program evaluation, or policy development may be a better fit than direct practice. The second most important skill is the ability to interact effectively with other groups and professionals in the area. A social worker, like a general practitioner, requires a wide range of skills that will enable them to intervene effectively in (a) the common personal and emotional problems of clients and (b) the common social problems faced by groups, organizations, and the larger community. Social workers also need an accurate perception of their professional strengths and weaknesses. If a situation arises that a worker knows they do not have the training or expertise to handle, then the worker needs to be a “broker” and link those affected with available services.

A Problem-Solving Approach

In working with individuals, families, groups, organizations, and communities, social workers use a problem-solving approach. Steps in the problem-solving process can be stated in a variety of ways. Here is a simple description of the process:

1. Identify as precisely as possible the problem or problems.
2. Generate possible alternative solutions.
3. Evaluate the alternative solutions.
4. Select a solution or solutions to be used and set goals.
5. Implement the solution(s).
6. Follow up to evaluate how the solution(s) worked.

Here is an example of the problem-solving approach. Maria Chavez is a school social worker. Beth Zeibert (16 years old) comes to see her, and she indicates she has been purging (by inducing vomiting) for the past 3 months. She indicates she has tried to stop, but is unable to do so on her own. Ms. Chavez first asks questions as to how often, daily, she is purging. Beth indicates about twice a day, which is serious. Beth asks what she can do to stop. Ms. Chavez, mindful of the role as a school social worker (which does not usually involve providing therapy), urges that Beth should see her family physician to check on her medical health. Ms. Chavez also urges Beth to inform her parents, and to then discuss treatment options with them. Ms. Chavez then summarizes the following treatment options, while providing information on the advantages and processes of each: individual therapy with a specialist in eating disorders, nutritional counseling, joining a support group with members who

Critical Thinking Questions

To be really good in a career, you first have to love that career. Do you have a passion to provide social services to clients and to improve the lives of others? Why, or why not?

Case Example 2.2 A Case Involving Serious Emotional Issues and Domestic Discord

Ken Bientos was referred by his supervisor to see Philip Yang, the Employee Assistance Program social worker at the large credit union where he worked. Mr. Bientos was a printer at this company. He had a history of missing many work days, and he also showed symptoms of melancholy.

In meeting with Mr. Yang, Mr. Bientos gradually revealed that he had been married to Francine for the past 14 years. He slowly divulged that their marriage was one that had a long history of marital discord. Mr. Bientos indicated his wife had been diagnosed as bipolar, with a number of cycles of manic behavior and depression. Mr. Bientos stated he also had been diagnosed as bipolar and has been prescribed lithium (antidepressant medication) for the past 11 years.

With both spouses having frequent mood swings, Mr. Bientos stated their marriage was full of severe tension, some episodes of violence, and rarely times of pleasantness. They had a son, Roger, who was now 12 years of age. Roger was described as doing “OK” with the spousal turmoil and also doing “OK” in school.

Mr. Bientos indicated he had tried numerous strategies to persuade his wife to enter into marital counseling with him. He had even twice voluntarily committed himself to a psychiatric hospital for depression—as he was informed that part of his treatment would involve mandated couple’s counseling at the hospital. However, both times his wife refused counseling, and both times Mr. Bientos was released after staying for several days.

Mr. Bientos added that occasionally there were physical confrontations with his wife. He stated his wife had a pattern of screaming at him and shoving him when she was irritated with him. A few times he stated he shoved back at her. She usually responded by calling 911. Over his marital years, he indicated he had spent a night in jail on three occasions because of domestic violence.

Mr. Bientos further added that generally after a confrontation with Francine, which usually occurred about once a month, Francine would leave with Roger and stay with her mother, who lived several miles away. Francine then expected Ken to “beg” her and “wine and dine” her to come home.

Mr. Yang indicated this was really severe marital discord and wondered why Mr. Bientos and his wife had not ended their marriage. Mr. Bientos indicated this was his second marriage. He and his first wife also had had a child, and he found it very difficult to be a “good dad” when he seldom

saw that son (Larry), who was now 22 years of age. He stated he did not want to raise another child in a broken relationship. As for why Francine was staying in the marriage, Mr. Bientos stated he did not fully know. He thought partly it was because she was insecure, did not want to be alone, was financially dependent on him, and because she psychologically enjoyed “tormenting” him.

Mr. Yang then asked Mr. Bientos what direction he wanted to head to in the future with his marriage. Mr. Bientos stated he did not know but was leaning toward ending the marriage. Mr. Yang inquired whether Francine would be willing to come in for couples counseling. Mr. Bientos stated he had tried for more than a decade to have this happen, and he had now given up on this. Mr. Yang then stated their meeting time was nearing the end but requested that, prior to the next time they meet (in 5 days), Mr. Bientos complete a homework assignment of writing down a “pro-con” list as to whether it would be desirable to continue the marriage.

Five days later, Mr. Bientos came in with his list. Practically all of his items were on the side of ending the marriage. After considerable discussion, including the possible impact of the divorce on Roger, Mr. Bientos decided to retain a divorce attorney and file for divorce.

It took 14 months for Mr. Bientos to obtain a divorce. He and Francine had major confrontations on custody issues and visitation schedules involving Roger. Joint custody was eventually ordered by the judge. Francine and Ken Bientos also had stormy confrontations over dividing the marital property. During this 14-month time period, Mr. Bientos occasionally met with Mr. Yang to vent his emotions and to problem-solve present and future issues. Mr. Yang also referred Mr. Bientos to a “Rebuilding” support group, which Mr. Bientos found to be quite helpful, as it was a group of men and women who were also going through a divorce and working on rebuilding their lives.

Mr. Bientos stopped by Mr. Yang’s office about 4 months after the divorce was finalized. Mr. Bientos expressed gratitude for Mr. Yang’s assistance. He indicated he was now emotionally more relaxed and was beginning to date. He also stated that Roger seemed to be doing better because he no longer had to watch the tension and conflict between Francine and himself. Mr. Bientos did indicate, on a negative note, that Francine had increasingly become a “bitter person.”

Critical Thinking Questions

Do you believe you have the capacity to become good at interviewing, counseling, and at interacting with others? Why?

are diagnosed with bulimia, family therapy, and hospitalization while receiving inpatient therapy. Beth indicates her parents are apt to be shocked with finding out she is purging. She agrees she will inform them, and also inform them of the treatment options. She agrees to return to see Ms. Chavez after informing her parents.

Critical Thinking Questions

When you have a conflict with someone, do you seek to resolve it by using a problem-solving approach? Why, or why not?

Generalist Social Work Practice

The Council on Social Work Education (the national accrediting entity for baccalaureate and master's programs in social work) requires all undergraduate and graduate programs to train their students in generalist social work practice. (Master of Social Work [MSW] programs, in addition, usually require their students to select and study in an area of specialization. MSW programs generally offer several specializations, such as advanced generalist, children and family, school social work, administration, corrections, and clinical social work.)

A generalist social worker is trained to use the problem-solving process to assess and intervene with the problems confronting individuals, families, groups, organizations, and communities. Because of the importance of generalist practice, Chapter 3 is devoted to this topic.

Micro-, Mezzo-, and Macro-Practice

Social workers practice at three levels: (a) micro—working on a one-to-one basis with an individual; (b) mezzo—working with families and other small groups; and (c)

macro—working with organizations and communities or seeking changes in statutes and social policies.

LO3 Roles Assumed by Social Workers

In working with individuals, groups, families, organizations, and communities, a social worker is expected to be knowledgeable and skillful in a variety of roles. The particular role that is selected should ideally be determined by what will be most effective, given the circumstances. The following material identifies some, but certainly not all, of the roles assumed by social workers.

Broker

A broker links individuals and groups who need help (and do not know where it is available) with community services. For example, a wife who reports being physically abused by her husband might be referred to a shelter for domestic violence. Nowadays even moderate-size communities have 200 or 300 social service agencies or organizations providing community services. Even human services professionals may be only partially aware of the total service network in their community.

Case Manager

A case manager is responsible for pulling together the services required to assist individuals, families, and



Group work is utilized by a wide variety of institutions with equally wide-ranging objectives. This community center offers emergency shelter, counseling, support groups, recreational activities, and educational and career guidance to homeless teenagers in the San Francisco Bay Area.

groups. The case manager identifies resources needed, identifies goals, builds relationships with others involved in the client's life, and follows up to ensure all goals are being accomplished by the client and others providing services/support.

Empowerer

A key goal of social work practice is empowerment, which is the process of helping individuals, families, groups, organizations, and communities increase their personal, interpersonal, socioeconomic, and political strength and influence through improving their circumstances. Social workers who engage in empowerment-focused practice seek to develop the capacity of clients to understand their environment, make choices, take responsibility for their choices, and influence their life situations through organization and advocacy. Empowerment-focused social workers also seek to gain a more equitable distribution of resources and power among different groups in society. This focus on equity and social justice has been a hallmark of the social work

profession, as evidenced through the early settlement workers such as Jane Addams.

Initiator

An initiator calls attention to a problem—or even to a potential problem. It is important to realize that some problems can be recognized in advance. For example, a proposal to renovate a low-income neighborhood by building middle-income housing units may result in the current residents' becoming homeless. If the proposal is approved, the low-income families won't be able to afford the costs of the middle-income units. Usually the initiator role must be followed by other functions; merely calling attention to problems usually does not resolve them.

Advocate

The role of advocate has been borrowed from the legal profession. It is an active, directive role in which the social worker advocates for a client or for a citizens'

Case Exhibit 2.1 Empowering At-Risk Children

Many adults who are currently enjoying a happy and productive life grew up under very difficult and stressful conditions. They may have been raised in a high-crime, distressed neighborhood. They may have been abused physically, sexually, or emotionally by a family member. They may have been raised in a series of foster homes. They may have a significant physical or learning disability. Some of these individuals have managed to escape serious emotional damage entirely. Others struggled as children and teenagers with school and had emotional and behavioral difficulties but then turned their lives around in their 20s.

What turned things around for them? Why were they able to play a poor hand well, while many others in similar situations succumbed and lived a life full of despair? In *On Playing a Poor Hand Well*, Mark Katz asserts that by identifying why some people have learned to play a poor hand well, we will then learn to provide avenues through which turning-point experiences and second-chance opportunities can occur for those experiencing severe adversity.

Katz summarizes evidence that a variety of *protective influences* are key to helping a young person find a way to enjoy a happy and productive life. For example, a close-knit family living in a distressed neighborhood can be protective; children may not feel safe on the street, but they feel safe at home. Homeless mothers who place a high priority on ensuring that their children are waiting for the school bus each morning have been protective influences for their children. Parents advocating for a child with special needs and trying to ensure that those needs are met provide protection. The protective influence may be an older brother or sister helping a younger family member

understand a parent's illness. Or it may be an aunt, uncle, or grandparent helping to raise a child because the child's parents may be unable to do so. A school that offers smaller class sizes, which can address each child's unique learning needs and highlight each child's special strengths, talents, and interests, can be protective. Also protective are high-quality recreational programs in distressed neighborhoods that children and teenagers go to after school and stay at for hours.

Mentors and special role models whom children get to know at school, during after-school activities, or through involvement in church or youth groups are protective. Those who overcome childhood adversities often identify a special person in their lives—a teacher, social worker, coach, parent, or counselor—who was always there when needed.

Protection can also come from within. Some children have qualities that draw others toward them in times of need. They may be sparkly. They may excel at developing safety nets for themselves, and when adversity arises, their safety net is there to catch them. Some children are strong academically, or very skilled socially, so that success in the neighborhood and in school comes rather easily. Some children are more resilient, having the capacity to withstand the effects of exposure to known risk factors—for example, having the tendency to reframe adversities as being challenges that they know they have the capacities to overcome.

In working with individuals, groups, and families, social workers can often be a protective influence!

Source: Mark Katz, *On Playing a Poor Hand Well* (New York: Norton, 1997).

group. When a client or a citizens' group is in need of help and existing institutions are uninterested (or even openly negative and hostile) in providing services, then the advocate's role may be appropriate. In such a role, the advocate provides leadership for collecting information, for arguing the correctness of the client's need and request, and for challenging the institution's decision not to provide services. The objective is not to ridicule or censure a particular institution but to modify or change one or more of its service policies. In this role, the advocate is a partisan who is exclusively serving the interests of a client or a citizens' group. In being an advocate, a worker is seeking to empower a client or a citizen's group through securing a beneficial change in one or more institutional policies.

Activist

An activist seeks institutional change; often the objective involves a shift in power and resources to a disadvantaged group. Activists are concerned about social injustice, inequity, and deprivation, and their strategies include conflict, confrontation, and negotiation. The goal is to change the social environment to better meet the recognized needs of individuals. Using assertive and action-oriented methods (for example, organizing concerned citizens to work toward improvements in services in a community for transgender people), social workers engage in fact-finding, analysis of community needs, research, the dissemination and interpretation of information, mobilization, and other efforts to promote public understanding and support on behalf of existing or proposed social programs. Social action activity can be geared toward a problem that is local, statewide, or national in scope.

Mediator

The mediator role involves intervention in disputes between parties to help them find compromises, reconcile differences, or reach mutually satisfactory agreements. Social workers have used their value orientations and unique skills in many forms of mediation. Examples of target groups in which mediation has been used include disputes that involve divorcing spouses, neighbors in conflict, landlord-tenant disputes, labor-management disputes, and child custody disputes. Mediators remain neutral, not siding with either party, and make sure they understand the positions of both parties. They may help to clarify positions, identify miscommunication about differences, and help those involved present their cases clearly.

Negotiator

A negotiator brings together those who are in conflict over one or more issues and seeks to achieve bargaining and compromise to arrive at mutually acceptable agreements.

Somewhat like mediation, negotiation involves finding a middle ground that all sides can live with. However, unlike a mediator, which is a neutral role, a negotiator usually is allied with one of the sides involved.

Coordinator

Coordinators bring components together in some kind of organized manner. For example, for a multi-problem family it is often necessary for several agencies to work together to meet the complicated financial, emotional, legal, health, social, educational, recreational, and interactional needs of the family members. Someone at an agency needs to assume the role of case manager to coordinate the services from the different agencies to avoid duplication and to prevent the diverse services from having conflicting objectives.

Researcher

Every social worker is at times a researcher. Research in social work practice includes studying the literature on topics of interest, evaluating the outcomes of one's practice, assessing the merits and shortcomings of programs, and studying community needs.

Group Facilitator

A group facilitator is one who serves as a leader for group activity. The group may be an educational group, a task group, a self-help group, a family therapy group, or a group with some other focus.

Public Speaker

Social workers occasionally are recruited to talk to various groups (such as high school classes, public service organizations such as Kiwanis, police officers, staff at other agencies) to inform them of available services or to advocate for new services. In recent years, various needed services have been identified (for example, providing resources for members of the LGBTQ+ population facing homelessness, services for families affected by domestic violence, rape crisis centers, services for people with HIV, and group homes for youths). Social workers who have public-speaking skills can explain services to groups of potential clients.

Policy Analyst

Policy analysis involves systematic evaluation of a policy and the process by which it is formulated. Those who conduct such an analysis consider whether the process and result were clear, equitable, legal, national, compatible with social values, superior to other alternatives, cost-effective, and explicit. Such an analysis frequently identifies shortcomings in the policy. Those conducting the policy analysis then usually recommend modifications in the policy that are designed to alleviate these shortcomings.

Other areas of professional activity in social work include: consulting, supervising social workers and other professionals, planning, program development, policy development, and teaching (primarily at the college level).

LO4 A Medical versus a Systems Model of Human Behavior

From the 1920s to the 1960s, most social work programs used a medical-model approach to assess and change human behavior. This approach was developed by Sigmund Freud. It views clients as “patients.” The task of the provider of services is first to diagnose the causes of a patient’s problems and then to provide treatment. The patient’s problems are viewed as being inside the patient.

People with emotional or behavioral problems are given medical labels, such as schizophrenic, psychotic, borderline personality, or insane. Adherents of the medical approach believe that the mind of the person who is struggling is affected by some generally unknown internal condition. That unknown internal condition is thought to be due to a variety of possible causative factors: genetic endowment, metabolic disorders, infectious diseases, internal conflicts, chemical imbalances, unconscious use of defense mechanisms, or traumatic early experiences that cause emotional fixations and prevent future psychological growth.

The medical model provided a humane approach to treating people with emotional and behavioral problems. Prior to Freud, the emotionally “disturbed” were thought to be possessed by demons, viewed as “mad,” blamed for their disturbances, and often treated by being beaten or locked up. The medical-model approach emphasized intrapsychic processes and focused on enabling patients to adapt and adjust to their social situations.

In the 1960s, social work began questioning the usefulness of the medical model. Environmental factors were shown to be at least as important in causing a client’s problems as internal factors. Research also demonstrated that psychoanalysis was probably ineffective in treating clients’ problems.⁹ Social work thus shifted some of its emphasis to a reform approach.

A reform approach seeks to change systems to benefit clients. Antipoverty programs (such as Head Start) are examples of efforts to change systems to benefit clients.

Since the 1960s, social work has primarily used a systems approach in assessing human behavior. Social workers are now trained to have a systems perspective in their work with individuals, groups, families, organizations, and communities. The systems perspective emphasizes looking beyond the client’s presenting problems to assess the complexities and interrelationships of the client’s life situation. A systems perspective is based on systems theory. Key concepts of general systems theory are *wholeness*, *relationship*, and *homeostasis*.

The concept of wholeness means that the objects or elements within a system produce an entity that is greater than the additive sums of the separate parts. Systems theory is antireductionist; it asserts that no system can be adequately understood or totally explained once it has been broken down into its component parts. (For example, the central nervous system is able to carry out thought processes that would not occur if only the parts were observed.)

The concept of relationship asserts that the patterning and structuring among the elements in a system are as important as the elements themselves. For example, Masters and Johnson found that sexual dysfunctions occur primarily because of the nature of the relationship between significant others rather than the psychological makeup of individual partners in a spousal system.¹⁰

Systems theory opposes simple cause-and-effect explanations. For example, whether a child will be abused in a family is determined by a variety of variables as well as by the patterning of these variables: parents’ capacity to control their anger, parents’ history of abuse as a child, relationships between child and parents, relationships between parents, degree of psychological stress, characteristics of the child, and opportunities for socially acceptable ways for parents to vent anger.

The concept of homeostasis suggests that most living systems seek a balance to maintain and preserve the system. Jackson, for example, has noted that families tend to establish a behavioral balance or stability and to resist any change from that predetermined level of stability.¹¹ Emergence of the state of imbalance (generated either within or outside the marriage) ultimately acts to restore the homeostatic balance of the family. If one child is abused in a family, that abuse often serves a function in the family (as indicated by the fact that if that child is removed, a second child is often abused). Or if one family member improves through counseling, that improvement will generally upset the balance within the family; as a result, other family members will have to make changes (adaptive or maladaptive) to adjust to the new behavior of the improved family member.

We turn now to a subcategory of systems theory known as ecological theory, which has become prominent in social work practice.

An Ecological Model of Human Behavior

In recent years, social work has focused increasingly on using an ecological approach. This approach integrates both treatment and reform by conceptualizing and emphasizing the dysfunctional transactions between people and their physical and social environments. Human beings are viewed as developing and adapting through transactions with all elements of their environments. An ecological model explores both internal and external factors. It views

people not as passive reactors to their environments but rather as dynamic and reciprocal interactors with those environments.

An ecological model tries to improve coping patterns so that a better match can be attained between an individual's needs and the characteristics of their environment. One emphasis of an ecological model is on the person-in-environment. This is depicted in Figure 2.1, which shows that people interact with many systems. With this conceptualization, social work can focus on three separate areas. First, it can focus on the person and seek to develop their problem-solving, coping, and developmental capacities. Second, it can focus on the relationship between a person and the systems they interact with and link the person with needed resources, services, and opportunities. Third, it can focus on the systems and seek to reform them to meet the needs of the individual more effectively.

The ecological model views individuals, families, small groups, and organizations as having transitional problems and needs as they move from one life stage to another. Individuals face many changes as they grow older. Examples of some of the transitions are learning to walk, entering first grade, adjusting to puberty, graduating from school, finding a job, getting married, having children, seeing one's children leave home, and retiring. It is important to note that not everyone goes through these stages in the same order, nor does everyone go through each stage.

Families also experience transitions. The following are only a few of the events that require adjustment: engagement, marriage, birth of children, parenting, children starting school, children leaving home, and loss of a parent (perhaps through death or divorce).

Small groups also have transitional phases of development. Members of a small group spend time getting acquainted, gradually learn to trust one another, begin to self-disclose more, learn to work together on tasks,

develop approaches to handle interpersonal conflict, and face adjustments to the group eventually terminating or to some members leaving.

Lastly, organizations have transitional phases. Organizations have a start-up phase, a development phase, a maturity phase, and possibly a termination phase (if the organization does not find ways to renew itself).¹² A central concern of an ecological model is to articulate the transitional problems and needs of individuals, families, groups, and organizations. Once these problems and needs are identified, intervention approaches are selected and applied to help the individuals, families, groups, and organizations resolve the transitional problems and meet their needs.

An ecological model can also focus on maladaptive interpersonal problems and needs. It can seek to articulate the maladaptive communication processes and dysfunctional relationship patterns of families and small groups. These difficulties cover an array of areas, including interpersonal conflicts, power struggles, double binds,* distortions in communicating, scapegoating, and discrimination. An ecological model seeks to identify such interpersonal obstacles and then apply appropriate intervention strategies.

For example, some parents may set too high a price on honesty for their children. In such families, children may gradually learn to hide certain behaviors and thoughts and even learn to lie. If the parents discover such dishonesty, an uproar usually occurs. An appropriate intervention in such a family is to open up communication patterns and help the parents to understand that, if they really want honesty from their children, they need to learn to be more accepting of their children's thoughts and actions.

Two centuries ago, people interacted primarily within the family system. Families were nearly self-sufficient. In those days, the "person-in-family" was a way of conceptualizing the main system that individuals interacted with. Our society has become much more complex. Today a person's life and quality of life are interwoven and interdependent on many systems, as shown in Figure 2.1.

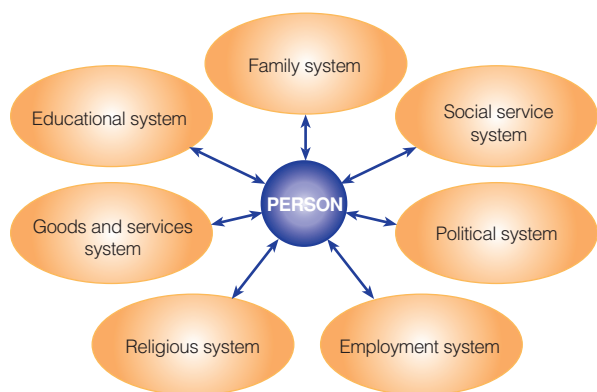


Figure 2.1 Person-in-environment conceptualization: people in our society continually interact with many systems, some of which are depicted in this figure

LO5 Goals of Social Work Practice

The National Association of Social Workers (NASW) has conceptualized social work practice as having five major goals.¹³ We'll discuss each of them in turn.

Critical Thinking Questions

When a social worker seeks to assess and change human behavior, which model (medical or person-in-environment) do you believe is more useful? Why?

Goal 1: Enhance the Problem-Solving, Coping, and Developmental Capacities of People

Using the person-in-environment concept, the focus of social work practice at this level is on the “person.” With this focus, a social worker serves primarily as a *facilitator*. In this role, the worker may take on activities of a case manager, teacher, caregiver (that is, providing supportive services to those who cannot fully solve their problems and meet their own needs), and changer of specific behavior.

Goal 2: Link People with Systems That Provide Them with Resources, Services, and Opportunities

Using the person-in-environment concept, the focus of social work practice at this level is on the relationships between people and the systems they interact with. With this focus, a social worker serves primarily as a *broker*.

Goal 3: Promote the Effectiveness and Humane Operation of Systems That Provide People with Resources and Services

Using the person-in-environment concept, the focus of social work practice at this level is on the systems people interact with. One role a worker may fill at this level is that of an *advocate*. Additional roles at this level are:

- *Program developer*: The worker seeks to promote or design programs or technologies to meet social needs.
- *Supervisor*: The worker seeks to increase the effectiveness and efficiency of the delivery of services through supervising other staff.
- *Coordinator*: The worker seeks to improve a delivery system through increasing communications and coordination among human service resources.
- *Consultant*: The worker seeks to provide guidance to agencies and organizations by suggesting ways to increase the effectiveness and efficiency of services.

Goal 4: Develop and Improve Social Policy

As in Goal 3, the focus of social work practice at this level is on the systems people interact with. The distinction between Goal 3 and Goal 4 is that Goal 3 focuses on the available resources for serving people, whereas Goal 4 focuses on the statutes and broader social policies that underlie such resources. Social workers at this level are *planners* and *policy developers*. In these roles, workers develop and seek adoption of new statutes or policies and propose elimination of those that are ineffective or inappropriate. In these planning and policy development processes, social workers may take an advocate role and, in some instances, an activist role.

The Council on Social Work Education (CSWE) is the national accrediting body for social work education in the United States. It defines the purpose of social work as follows:

The purpose of the social work profession is to promote human and community well-being. Guided by a person-in-environment framework, a global perspective, respect for human diversity, and knowledge based on scientific inquiry, the purpose of social work 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, locally and globally. In the ever-shifting sociotechnical context, social work is agile, responsive, and generative. Social work education prepares students to be critical consumers of technology as well as informed developers of mechanisms to effectively employ and generate human centered technologies to meet the professions mission.¹⁴

This definition of the purpose of social work is consistent with the four goals of social work just mentioned. However, it adds one additional goal of social work, as follows.

Goal 5: Promote Human and Community Well-Being

The social work profession is committed to enhancing the well-being of all human beings and to promoting community well-being. It is particularly committed to alleviating poverty, oppression, and other forms of social injustice. About 10% of the U.S. population has an income below the poverty line.¹⁵ Social work has always advocated for developing programs to alleviate poverty, and many practitioners focus on providing services to the poor.

Poverty is global, as every society has members who are poor. In some societies, as many as 95% of the population lives in poverty. Social workers are committed to alleviating poverty not only in the United States but also worldwide. Alleviating poverty is obviously complex and difficult. Social work professionals work with a variety of systems to make progress in alleviating poverty, including educational systems, health-care systems, political systems, business and employment systems, religious systems, and human services systems.

Oppression is the unjust or cruel exercise of authority or power. In our society, numerous groups have been oppressed—including African Americans, Latinos, Chinese Americans, Native Americans, women, persons with disabilities, individuals identifying as LGBTQIA+, various religious groups, and people living in poverty. (The listing of these groups is only illustrative, and certainly not exhaustive.) Social injustice occurs when some members of a society

have less protection, fewer basic rights and opportunities, or fewer social benefits than other members of that society. Social work is a profession that is committed not only to alleviating poverty but also to combating oppression and other forms of social injustice.

Social justice is an ideal condition in which all members of a society have the same basic rights, protection, opportunities, obligations, and social benefits. Economic justice is also an ideal condition in which all members of a society have the same opportunities to attain material goods, income, and wealth. Social workers have an obligation to help groups at risk increase their personal, interpersonal, socioeconomic, and political strength and influence through improving their circumstances. Empowerment-focused social workers seek a more equitable distribution of resources and power among the various groups in society. Diverse groups that may be at risk include those distinguished by “age, class, color, culture, disability and ability, ethnicity, gender, gender identity and expression, immigration status, marital status, political ideology, race, nationality, religion/spirituality, sex, sexual orientation, and tribal sovereign status.”¹⁶

Human rights are commonly understood as inalienable fundamental rights to which a person is inherently entitled simply because they are a human being. Human rights are universal (applicable everywhere) and egalitarian (the same for everyone). Examples include freedom of thought, freedom of religious choice, freedom of peaceful association, and liberty. Human rights are further discussed in Chapter 3.

LO6 The Strengths Perspective and Empowerment

For most of the past several decades, social work and the other helping professions have had a primary focus on diagnosing the pathology, shortcomings, and dysfunctions of clients. One reason may be that Freudian psychology was the primary theory used in analyzing human behavior. Freudian psychology is based on a medical model and thereby has concepts that are geared to identify illness or pathology. It has very few concepts to identify strengths. As described earlier in this chapter, social work is now shifting to a systems model in assessing human behavior. This model focuses on identifying both strengths and weaknesses.

It is essential that social workers include clients' strengths in the assessment process. In working with clients, social workers focus on the strengths and resources

of clients to help them resolve their difficulties. To utilize clients' strengths effectively, social workers must first identify those strengths.

There is a danger that a primary focus on weaknesses will impair a worker's capacity to identify a client's growth potential. Social workers strongly believe that clients have the right (and should be encouraged) to develop their potentialities fully. Focusing on pathology often undermines this value commitment.

Another reason for attending to clients' strengths is that some clients need help in enhancing their self-esteem. Many have developed feelings of worthlessness and inadequacy, a sense of being a failure, or a lack of self-confidence and self-respect. Glasser noted that low self-esteem often leads to emotional difficulties, withdrawal, or crime.¹⁷ To help clients view themselves more positively, social workers must first view them as having considerable strengths and competencies.

Dennis Saleebey is recognized as the founder of the strengths perspective.¹⁸ The *strengths perspective* is closely related to the concept of “empowerment.” Empowerment is the process of helping individuals, families, groups, organizations, and communities to increase their interpersonal, personal, political, and socioeconomic strengths so that they can improve their circumstances. The strengths perspective is useful across the life cycle and throughout the assessment, intervention, and evaluation stages of the helping process. It emphasizes people's abilities, values, interests, beliefs, resources, accomplishments, and aspirations.¹⁹

According to Graeme Stuart, seven principles underlie the guiding assumptions of the strengths perspective:²⁰

1. *People have many strengths and have the capacity to continue to learn, grow, and change.* People have an inherent power to learn, grow, and change. When clients come to the social worker for assistance with some problems, they are much more than that problem. They also have a number of strengths and abilities that allow them to survive, and thrive, in the face of past and present challenges. Social workers need to understand that all clients have hopes, skills, aspirations, and other people that have helped them to survive; and that positive changes are most apt to occur when social workers understand and collaborate with clients' aspirations and strengths.

Clients who have been victimized in the past are seen as active and developing individuals who, through their traumas, learn skills and develop personal attributes that help them cope with future struggles. We often grow more from crises in which we find ways to handle situations effectively than from periods in our lives when we are content and comfortable.

2. *The focus of intervention is on the strengths and aspirations of clients.* Too often service providers have focused on the deficits, problems, and pathologies

Critical Thinking Questions

Do you have a desire to improve the living conditions of people who are poor and/or oppressed? Why, or why not?

of clients. Such a focus empowers the problem and disempowers the person. It leads the client to feel powerless and creates a victim stance (where the client feels victimized). A focus on strengths does not mean that clients' concerns and problems are ignored, but they are not the main focus of the intervention. Intervention works best when there is a focus on the skills, interests, hopes, desires, and resources of clients to improve their lives.

3. *The community or social environment is seen as being full of resources.* If the social environment (i.e., the community) is viewed as being dangerous, hostile, pathological, or even toxic, then potential resources are often overlooked. For every individual in need, there is a wide range of groups and organizations in every community that can provide help, including family, work, friends, sporting groups, churches, schools, police, hospitals, libraries, social service agencies, medical clinics, and local businesses.

Many American (and foreign) cities have pockets of deeply troubled communities. These pockets may have high rates of crime, violence, unemployment, gangs, drug involvement, homelessness, and vacant and abandoned land and buildings.

There are two paths for seeking to find solutions for deteriorated communities: the deficiency-oriented model, and the focus on assets and strengths. Both of these approaches will be briefly described.

The deficiency model focuses attention on what is “wrong” with a community. A key instrument used in the deficiency model is a “needs” survey, which focuses on the deficits in a community. The deficiency model often leads to the creation of “client neighborhoods.” The creation of a client neighborhood may be accelerated by the media focusing on emphasizing the problematic components of a client neighborhood. It is apt to lead residents in these neighborhoods to view themselves as incapable of taking charge of their lives and their community's future. Targeting resources based on a “needs map” directs funding to service providers rather than directly to the residents. This approach furthers the perception that only outside experts can provide “real help.” Such an approach hinders the development of the leadership capacities of the residents.

A strength-based approach to assessing communities is called mapping assets. The mapping assets approach focuses on the strengths and potential of the community, including persons, groups, and resources, in order to identify and build on these strengths and to help individuals and the community meet challenges.²¹ The mapping assets approach believes that significant community development occurs only when local community people are committed to

investing themselves and their resources in improving the community. This model views residents as being “citizens”—who have untapped resources, assets, capabilities, and potential. The focus is on the community's assets, capacities, and abilities. In addition, every community has a number of citizens' associations—where the citizens assemble to share common interests and activities, and to solve problems. (Every community has associations with religious, athletic, cultural, and recreational purposes.) These associations are key instruments in having the potential for community development.

The key to asset-based community development is mobilizing the assets of individuals, associations, businesses, and public institutions to build a community from inside out.

4. *The service provider collaborates with clients.* Clients are usually experts on their own situations. Service providers in the role of “expert” or “professional” are often not at the best vantage point to understand and appreciate the strengths of clients. Clients are most motivated to improve their situations when they feel they have an egalitarian, collaborative relationship with the service providers. Clients are the primary problem solvers of their problems—not the worker.
5. *Interventions are based on client self-determination.* Clients are the primary problem solvers of their problems. A basic ethical principle of social work practice is the client's right to self-determination. The power of decision making regarding what course of action a client will take needs to be placed with the person living that life.
6. *There is a commitment to empowerment.* Empowerment is the process of helping individuals, families, groups, organizations, and communities to increase their interpersonal, personal, political, and socioeconomic strengths so that they can improve their circumstances.

The strengths perspective seeks to identify, use, build, and reinforce the strengths and abilities people already have. The strengths perspective is useful across the life cycle and throughout all stages of the helping process—assessment, intervention, and evaluation.

7. *Problems are seen as the result of interactions between individuals, organizations, or structures rather than deficits within individuals, organizations, or structures.* In the model of social work that uses a deficit approach, the problem is viewed as being with the client (the “client” may be an individual, family, group, organization, or community). The client is viewed as being responsible for having the problem, which often results in the client being blamed for the problem. With a person-in-environment model, and the strengths approach, the focus is not on assigning blame, but on

identifying strengths of individuals, families, groups, organizations, and communities that can be utilized for improving the lives of the people.

LO7 Summarize Societal Stereotypes of Social Workers

The image of the social worker has undergone a more rapid change than that of perhaps any other professional. Eighty years ago, there was a stereotype of a social worker as a moralistic upper-middle-class older woman who carried a basket of food and had little understanding of the people she tried to help. The image is much more positive today, reflecting the improved professional nature of the training and services provided. The image is also much more varied.

Grace Wilson identifies social work misconceptions, and then presents evidence refuting them.

1. Social workers do not make anything financially. (Wilson indicates that the range of salary is quite broad and depends on the type of work.)
2. Social workers are all bleeding-heart liberals. (Wilson indicates that social work as a whole is rather balanced with 53% leaning liberal and the other 47% aligning with moderate or conservative views.)
3. Psychologists are better than social workers. (Wilson indicated that both psychology and social work are categorized as “helping professions,” but they are not the same, nor is one better than the other.)
4. Social workers all work in Child Protective Services (CPS) and remove children from homes. (Wilson indicates CPS is just one of many specialties that social workers can choose to work in; she adds that the first priority of CPS workers is to improve problems families are facing so that children can remain with their families.)
5. Social workers are people who could not decide or find something better to do with their lives. (Wilson indicates social workers have extensive skills in communication, have attained a degree in a rigorous professional field of study, are interested in many facets of life, and decide to use their skills and knowledge to empower their clients to have a better life.)²²

The U.S. Department of Labor, Bureau of Labor Statistics, has a positive view of social work, as indicated in the following description:

What Social Workers Do

Child and family social workers protect vulnerable children and support families in need of assistance.

Social workers help people solve and cope with problems in their everyday lives. Clinical social workers also

diagnose and treat mental, behavioral, and emotional issues.

Social workers typically do the following:

- Identify people and communities in need of help
- Assess clients' needs, situations, strengths, and support networks to determine their goals
- Help clients adjust to changes and challenges in their lives, such as illness, divorce, or unemployment
- Research, refer, and advocate for community resources, such as food stamps, childcare, and health-care to assist and improve a client's well-being
- Respond to crisis situations such as child abuse and mental health emergencies
- Follow up with clients to ensure that their situations have improved
- Maintain case files and records
- Develop and evaluate programs and services to ensure that basic client needs are met
- Provide psychotherapy services

Social workers help people cope with challenges in their lives. They help with a wide range of situations, such as adopting a child or being diagnosed with a terminal illness.²³

LO8 Future Employment Opportunities in Social Work Are Excellent

There are currently more employment opportunities in social work than in many other fields. Social services and their delivery are becoming an integral part of our fast-paced existence, and the demand for qualified personnel is expected to expand. If you are looking for the challenge of working with people to improve their social and personal difficulties, then you should seriously consider a career in social work.

From 1960 to 2019, the number of employed social workers grew by over 750%—from 95,000 to 713,000.²⁴ The median annual wage for social workers was \$50,470 in 2019.²⁵

The Bureau of Labor Statistics projects the following job outlook for social work positions: “Overall employment of social workers is projected to grow 13 percent from 2019 to 2029, faster than the average for all occupations.”²⁶

Widely varying employment settings are available for social workers, including foster care, adoption, probation and parole, public assistance, counseling, services to single parents, day-care services, school social services, services to populations-at-risk, services to veterans, recreational services such as Boy Scouts and YWCA programs, social services in a medical or psychiatric hospital, antipoverty programs, social services in

nursing homes and other services to older persons, marital counseling, drug and alcohol counseling, services to those struggling with emotional issues, abortion counseling, family planning services, services to people diagnosed with a physical disability, sexual counseling, equal rights services, protective services, services in rehabilitation centers, research, social action, and fundraising. (These settings will be described in detail in the chapters that follow.) In addition to these direct services, there are employment opportunities for those with experience and advanced professional training in social planning, community organization, consultation, supervision, teaching, and administration.

Social work majors who are most likely to secure employment in social work following graduation are those who are outgoing, dynamic, and able to “sell” themselves during an interview as having the competence, confidence, and skills to perform the job they are applying for. Involvement in groups and extracurricular activities while at college facilitates the development of these

capacities, as does volunteer work at one or more social service agencies. Many of our students secure employment through the relationships they develop with staff during their field placement. If they do well at their field placement and a vacancy occurs, they have an inside track in being hired. Also, through acquaintances with staff at an agency, they hear about employment opportunities at other agencies and frequently receive a positive letter of reference from their field placement supervisors.

Students who consider majoring in social work frequently ask: “Is a graduate degree needed to get a job in social work?” It definitely is not. The vast majority of employed social workers hold only a baccalaureate degree. In fact, some agencies prefer to hire a person with a bachelor’s degree because it is less expensive. Of course, as in most fields, a master’s degree provides higher status, greater promotion opportunities, and perhaps more gratifying work (see Case Exhibit 2.2: Establishing and Maintaining Worker Safety in the Field).

Case Exhibit 2.2 Establishing and Maintaining Worker Safety in the Field

Social workers are faced with an ever-changing work environment and often exposed to the possibility of a dangerous situation arising during the course of their day. Social work practice takes place in a number of settings including, but not limited to: schools, mental health clinics, residential facilities, and hospitals within the community setting and at the state level, all which have the possibility of creating uncertain and potentially unsafe situations.

Although safety has always been an area for concern, the National Association of Social Workers highlighted the importance of safety in 2005. The executive director at the time noted, “As first responders for troubled families, dedicated social workers and caseworkers far too often put their own safety in jeopardy to ensure the safety of others.”^a Situations such as domestic violence, substance abuse, access to weapons, and an economy where unemployment and feelings of despair and hopelessness have impacted many individuals and families, all increase the risk of danger to a worker.

Although few workers are seriously injured during the course of their employment, social work continues to be considered one of the more dangerous careers. In 2018, the Bureau of Labor Statistics found that “health and social service workers were nearly five times as likely to suffer a serious workplace violence injury than workers in other sectors.”^b Although there are many variables to consider, the wide variety of settings social work takes place in plays a large role in this. As best practice outlines, people are often best served in their environment. The profession has worked hard to get away from more formal, institutionalized settings to meet a client where

they are at socially, emotionally, and physically. However, in doing so, social workers face unique vulnerabilities, as they typically provide services outside the perceived safety of an office.

Social worker Teri Zenner may be one of the more well-known social workers killed in the line of duty. Her spouse, in conjunction with Congress, has gone to great lengths after her death to highlight the importance of safety in the workplace. Mrs. Zenner was working as a mental health case manager, when she was stabbed to death in 2004 while conducting a routine home visit to a mentally ill client. Mrs. Zenner’s death brought the potential dangers of the social work field into the spotlight and people began to notice. It was after Mrs. Zenner’s death that Congress introduced a resolution to raise awareness of these dangers and encouraged agencies to address the issues of safety in the social work field.^c NASW has applauded a bipartisan group of House and Senate lawmakers for introducing *The Protecting Social Workers and Health Professionals from Workplace Violence Act of 2019*.^d This legislation is a crucial step forward in curbing violence against social workers and other helping professions. The legislation will provide grants to states to help employers improve facility safety, provide safety training to staff, and purchase safety equipment. It also allows for support services, counseling, and additional resources for professionals who have experienced violence in the workplace.

For the safety of all workers, as well as those they serve, it is important to establish and maintain safety practices while in the field and in the office. It is also

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Case Exhibit 2.2 (continued)

important to have these practices reinforced by agencies and policy makers. As part of the ongoing mission of the National Association of Social Workers, the *Guidelines for Social Worker Safety in the Workplace* was published in 2013. This document outlines best practices for workers and agencies related to safety^e and highlights the need to promote, develop, and protect the profession and its workers. The guidelines also validate that practice is often done in a variety of settings that can be unpredictable and sometimes unsafe. This document highlights the need for risk assessment skills and interventions to keep workers safe while practicing in the office, at a client's home, or in the community. The guidelines also reinforce that workers have a right to practice in an environment that is free from verbal or physical abuses or the threat of either.

Social workers are often faced with individuals who are angry, agitated, hostile, or in a state of crisis. As students, social workers are trained in techniques of active listening, using questioning to explore with curiosity, mirroring, and empathetic engagement. Schools of Social Work are committed to teaching students basic de-escalation skills while in the classroom to assist students in building the skills to defuse anger with clients, once they enter the field. Even though clients may become agitated, a worker should always try to remain calm and present in situations. Although a worker may feel intimidated or tense, it is important not to present in this manner, so to help alleviate some of the distressing emotions being experienced by the client. Workers should also remain respectful in all interactions. When angry or agitated, clients will often lash out at a worker or become verbally abusive. It can be easy to want to respond in a similar way or feel the need to defend one's self. A worker can empathize with and validate how the client is feeling, but should remain respectful and calm in that dialogue at all times. During the times when clients are escalated or angry, it is important that the worker constantly be assessing the situation and make the decision to leave if necessary.

It is highly recommended that workers do their research prior to meeting a client, especially for the first time. This is also important to keep in mind, even after working with a person for a duration of time, because life circumstances often change. Prior to meeting a client, it is important to gather information such as: who is living in the home; if there is a history of violence with the individual client or in the family; if there is any reported substance abuse or mental health disorders; if firearms are reported to be in the home; or if there are any possible environmental dangers that may pose a risk to the worker. By gathering as much information as possible on the frontend, a worker will be more prepared to respond to any situation once they are with the client and less likely to encounter unforeseen danger.

In the age of advanced technology, social workers can utilize technology as an essential resource. Oftentimes a cell phone is the only direct connection to assistance when a worker is out in the community working with clients. It

is important that workers keep their cell phone located on their person and charged at all times. If a crisis situation was to arise and the phone is not charged or accessible at that moment, it is a useless tool. An example of this would be keeping a cell phone in a purse where it is hard to find, or leaving it in the car when a worker goes into a home. Activating the location function on the cell phone is also highly encouraged as a means of allowing others to find them if necessary.

Although it is important always to dress professionally, it is also important for workers to dress for the environment they will be working in. If a worker is going to be out in the community completing visits, they should keep in mind the potential for danger and dress accordingly. Comfortable shoes are important, as are clothes that a worker can move quickly in, if necessary. Social workers should also avoid excessive jewelry, handbags, or other clothing items such as scarves that could be grabbed or used to restrain a worker. A worker should also consider carrying photo identification on their person, so that if a crisis were to arise, the worker can accurately identify themselves and their agency.^f

Social workers frequently carry large caseloads and schedules can change quickly. It is important for workers to be on time, when possible, and to inform their client if they are going to be late. Tardiness can contribute to a person's frustration and agitation, leading to a potentially hostile environment. It is also good practice for workers to plan to let someone know where they are going to be and for approximately how long. Many agencies have shared calendars and require workers to use these. By letting others know where a worker intends to be, a worker ensures that if they were not to return or be gone for an unexpected period of time, the agency would know where to find them or where to send assistance.

Whether a worker is with a client in a car, home, or office setting, it is always important for workers to be conscientious of their environment and their location in that environment. Social workers should always place themselves between the client and the exit of their setting. This may mean that a worker has to reposition themselves during interactions with a client, but should do so as needed. This also may force a worker to decline a seat that the client offers, which would place them away from the exit. Most importantly when working with clients, workers should always trust their instincts. If a worker is feeling like the situation is escalating and beyond their control, they should leave that situation. A worker could do this by just exiting the home or office, or could indicate that they had a call to make and then leave the situation. A worker could also indicate that they forgot some needed paperwork and leave to retrieve it. Most importantly, if a worker feels that they are in an unsafe situation, they should leave that environment.

Workers often do their work in the privacy of individuals' homes. It is important to be aware of who is in a home at all times. Oftentimes living situations change, so it is good

Case Exhibit 2.2 (continued)

practice for a worker always to ask who is in the home at the time of each visit. When entering a home, a worker should consider asking for a tour of the residence to assess for any environmental hazards within the home. This is also a good time to identify the layout of the residence and to note the exits of the residence in case a quick exit is required.

When working with clients in the office setting, workers should always be aware of their building's emergency response plan of action. There are times that workers are in the office during times other than usual business hours. Workers should keep in mind that they should not be in an office building alone with a client. For some workers, they may be providing evening or weekend services to better accommodate a client's schedule. Workers should ensure that another colleague is in the building until the conclusion of that session, when possible. If a worker has a client that they know is agitated or has a history of violence, the worker should consider interacting with that individual in a room designated for handling difficult situations or where others can enter quickly for assistance if needed. This room should be centrally located, so that if the worker were to need assistance, other people would be available and aware of the intervention plan. This room would also be void of any items that could be potential weapons or pose a threat to the client or worker and equipped with a phone for emergency use.

Social workers often find themselves in situations where they are driving to see a client or have a client in the vehicle with them. Before leaving for any appointments a worker should always ensure that they have enough gas in their vehicle for the trip, which will eliminate a stop either with a client or possibly in a neighborhood the worker is unfamiliar with. When driving in the community, it is important for a worker to know the route and plan to stay on as many main roads as possible, which can be complicated by working in a rural area. This is important so that if something were to happen, a worker can call for help, be as accessible as possible, and be able to describe the exact location. Remaining on main roads also allows for more people to be around and present in the area, which could be beneficial if something was to happen and the worker was to need assistance of any sort. If a worker is traveling with a client in their car, they should always insist that the individual wear a seatbelt. This is not only a safety precaution and the law, but also a natural restraint if the client were to become agitated and want to lunge at the worker for any reason. As with all working environments, the worker should also ensure to put away any objects, such as pens, paperclips, or other items, that could be used as weapons, because "usually the violence is not premeditated, and the weapon is frequently an object found in the immediate surrounds" according to Trainin-Blank.⁹ It is also advised that workers keep an item of distraction in their vehicle.^h This could be a magazine, a snack, or anything else that could be given to a client if they appear agitated during the ride. The object of distraction could assist the client in refocusing their attention on the object and hopefully

divert their attention from any agitating stimuli that may lead to a volatile situation.

It is important that workers also take precautions when parking their vehicles. When leaving the vehicle, workers should put away any items of value. This could mean disassembling a GPS system or stowing items such as a purse or other electronic devices. Any work-related paperwork that may include confidential information should also be stored in a secure location. Individuals should always park in a well-lit area, close to the entrance of their destination. A driver should also avoid parking behind or near any large vehicles or structures, as these pose as natural ambush points, due to the limited visibility that they create.ⁱ It is also important that workers keep in mind the dangers of parking in a driveway or alley. If a situation were to arise and the worker needed to leave the location quickly, having to back out of a driveway or an alley can be difficult and slow the worker's exit time. Parking in a driveway or alley creates a scenario that allows for someone to block the worker's car in with their own vehicle, creating a safety concern for the worker if they are not able to leave quickly. A parking spot should always be chosen in terms of the ability to drive directly out of it, and quickly. This is true, even if it means the worker must walk a little bit further to their destination.

Mental rehearsal is another technique used by professionals to plan for and prepare to respond to potentially dangerous situations. Mental rehearsal is the skill of picturing oneself in a situation, without actually being there. E. Scott Geller notes that "the more vividly individuals can imagine themselves performing desired behaviors, the greater the beneficial impact of this technique on actual performance."^j It is wise for workers to utilize mental rehearsal to visualize themselves in undesirable situations. For example, a worker could picture themselves being locked in a home with an angry client and how to escape from that situation. By mentally taking oneself through that circumstance and imagining what one would do in that situation, the body and mind are more likely to respond favorably, rather than to freeze, if that scenario were to ever occur. Consequently, the worker would be more prepared to respond to that unsafe scenario having practiced their response during the mental rehearsal.

In an effort to prioritize safety, the NASW charges agencies with the duty to respond to safety with short-term directives and long-term policies that maximize safe practices. Agencies are encouraged to create workplace cultures that protect their workers by keeping them free from threats or violence and guaranteeing the right to report such concerns or situations without repercussions. Agencies are also encouraged to create policies and safety committees that direct, implement, and oversee safety practices. Ongoing training should also be encouraged and facilitated by agencies in an effort to keep safety practices as a top priority for all who serve within the agency. Workers should also be encouraged to trust their judgment and

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