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Community Practice

An Introduction

Social: *adj.* of or relating to society or its organization.[1]

President Obama started his career as a community organizer on the South Side of Chicago, where he saw firsthand what people can do when they come together for a common cause. (Briefing Room, The Blog. Change has come to WhiteHouse.gov, Tuesday, January 20th, 2009 at 12:01 pm.)

Social work is community practice. Community is a synonym for social. It is necessary for all social workers: generalists, specialists, therapists, and activists. *The Oxford Encyclopedic English Dictionary* (p. 1377) defines social as "1. of or relating to society or its organization, 2. concerned with the mutual relations of human beings or classes of human beings. 3. living in organized communities; unfitted for a solitary life. . . ." Although usually associated with community organization, social action, social planning (Rothman & Tropman, 1987; Wells & Gamble, 1995), and other macro-practice activities, direct service and clinical social workers are community practitioners if they make client referrals, assess community resources, develop client social support systems, and advocate to policymakers for programs to meet clients' needs.

Social work's ecological perspective is about community. Whittaker, Garbarino, and associates (1983) persuasively argued that "the ecological-systems perspective . . . will compel us to do several things: (1) view the client and the situation—the 'ecological unit'—as the proper focus for assessment and intervention, (2) see the teaching of *environmental coping skills as the*

primary purpose of helping, and (3) place *environmental modification* and the provision of concrete services on an equal plane with direct, face-to-face interventions with clients" (Italics added, p. 59). Indeed, as this text illustrates, social work practice is using the community and naturally occurring and socially constructed networks within the social environment to provide social supports.

This chapter provides an overview of community practice with our conception of community practice as social work practice, reviews the importance of community practice knowledge and skill for all social workers, describes the generic social work community problem-solving strategy and its use in community practice by clinical and community social workers, and critically examines the ethical imperatives and constraints of community practice.

Community Practice

Community practice applies practice skills to alter the behavioral patterns of community groups, organizations, and institutions or people's relationships and interactions with the community structures. Netting, Kettner, and

McMurtry (1993) conceive of community practice as part of macropractice, which they define as the "professional directed intervention designed to bring about planned change in organizations and communities" (p. 3). Community practice as macropractice includes the skills associated with community organization and development, social planning and social action, and social administration.

Community practice involves a set of cognitive, analytic, and sorting skills, plus the ability of the worker to secure commitments and establish partnerships. Think of priority setting, delegation and problem sharing, problem solving, assessment, and contracting.

- Community practice requires the abilities of looking, listening, finding, and theory building.
- Community practice entails persuasion, representation, and reframing to allow social workers to deal with different agendas when working with individuals and groups and in communities.
- Community practice necessitates organizational, management, and group skills.
- Community practice calls for interactive, responsive, and socially oriented skills of public information, collaboration, and interorganizational tasks such as networking, social marketing, and public information.
- Community practice requires social action, evaluation, advocacy, and lobbying skills.
- Community practice *demands* a strong commitment to social justice and client and community empowerment.
- Community practice requires the ability to learn new theories and skills as needed.

Community intervention, like clinical intervention, is complex in terms of the circumstances of those needing help and in terms of professional performance challenges or use of self.

Community organization and the related community development are the practices of helping a community or part of a community, such as a neighborhood or a group of people with a common interest, to become a more effective, efficient, and supportive social environment for nurturing people and their social relationships (Butcher, Banks, & Henderson with Robertson, 2007; Delgado & Staples, 2008; Hardina, 2002; Mancini, Bowens, & Martin, 2005). Ross (1967), an early pioneer of bringing community organization into social work, conceived of community organization as "a process by which a community identifies its needs or objectives, orders (or ranks) these needs or objectives, develops the confidence and will to work at these needs or objectives, finds the resources (internal and/or external) to deal with these needs or objectives, takes action in respect to them, and in so doing extends and develops cooperative and collaborative attitudes and practices in the community" (p. 28).

Social planning, a subset of community organization, addresses the development and coordination of community agencies and services to meet community functions and responsibilities and to provide for its members. Social action, another community organization subset, involves practices and strategies to develop, redistribute, and control community statuses and resources, including social power, and to change community relations and behavior patterns to promote the development or redistribution of community resources.

Well and Gamble (1995) elaborate this basic tripartite community practice prototype into an eight-component model that combines practice acts or the *doing* with the purposes of the practice. The unifying features of their inventory are purpose and objectives. Community practice's purpose is "empowerment-based interventions to strengthen participation in democratic processes, assist groups and communities in advocating for their basic needs and organizing for social justice, and improve the effectiveness and responsiveness of human services systems" (p. 577). Community practice's objectives are to:

- develop the organizing skills and abilities of individuals and groups
- make social planning more accessible and inclusive in a community
- connect social and economic involvement to grassroots community groups
- advocate for broad coalitions in solving community problems
- infuse the social planning process with a concern for social justice (p. 577)

The model's eight practice domains are (a) neighborhood and community organizing, (b) organizing functional communities, (c) community social and economic development, (d) social planning, (e) program development and community liaison, (f) political and social action, (g) coalitions building and maintenance, and (h) social movements (Well & Gamble, 1995, pp. 580–589). Hardina (2002, pp. 2–3) expands the practice domains into more specific skills such as budgeting, grant-writing, and a wide range of research skills. Hardina (2002) also includes analytic skills of power analysis, needs assessment, and political analysis.

While these domains and skills are not mutually exclusive, the schemata expand the scope of community practice. More importantly, they specify a range of social work roles and skills necessary to fulfill the domains: organizer, teacher, coach, facilitator, advocate, negotiator, broker, manager, researcher, communicator. These are roles and skills that cut across all social work practice domains.

Our conception of community practice goes beyond macropractice as a practice arena to embrace the use of community practice skills to help individuals make use of community resources or ameliorate oppressive community structures. Community practice is broader than community organization to encompass the efforts to allow the individual to be an active community participant in the community's life. Henderson (2007) states, the processes of community practice are, as hopefully are the processes of therapy, to promote the individual's participation and engagement in community to build democratic participation in democratic community decision making and active communities.

We encourage further expanding the crosscutting social work community practice skills for all social workers regardless of client systems to encompass campaigning, staging, marketing and social marketing, and acting as network consultant and facilitator. In our highly technological and media-driven age, these skills are essential.

Advocacy to pursue social justice is a practice task common to and required of all social work practice (Ezell, 2001; Schneider & Lester, 2001). All social workers are obliged to advocate in social and political arenas to achieve an equitable distribution of the community's physical, economic, and other social resources for social justice under the profession's ethical code (National Association of Social Workers [NASW], 2008).

The macro social worker and the direct service or clinical social worker can differ in perspective. The community organizer assumes that if the community (its organizations, institutions, and behavior patterns) functions more effectively and is responsive to its members, they will be healthier and happier. The direct service practitioner tends to view the community as a supportive or potentially supportive resource for a specific client or a class of clients, with community change efforts designed to improve the community for these clients. In attempting to improve the quality of life for individual clients, the social worker may operate from the perspective that if enough individuals can be made healthy, the community will be better for everyone. Both perspectives require knowledge of community structures and behavior and the skills to effect behavior changes in some part of the community. Both sets of social workers generally use a similar problem-solving strategy as described later in this chapter.

Social workers often engage in both modalities of practices, either simultaneously or sequentially. They work directly with clients and, at the same time, develop community resources. Social work supervisors, administrators, and social activists often begin their professional careers as direct service social workers.

The Community in Social Work Practice

Communities are always the context, if not always the content, of social work practice. Communities and community practice have been central to social work's history and development. Understanding, intervening in, and using the client's social environment as part of the helping process are skills consonant with the profession's ecological foundation. Social systems, especially communities, strongly influence the ways people think and act. Communities can be nurturing environments providing basic social, economic, and emotional supports to individuals and families. Conversely, communities can be hostile places with inequities that

contribute significantly to individual and family malfunctioning (Clampet-Lundquest & Massey, 2008; Coughlin, 2004; Grogan-Kaylor, Woolley, Mowbray, Reischl, Güster, Karb, Macfarlane, Gant, & Alaimo, 2007; Mulroy, 2004). One's self-concept, at least in part, is developed through involvement in and identification with social and community groups (Clampet-Lundquest & Massey, 2008; Miller & Prentice, 1994; Sharkey, 2008; Vartanian & Buck, 2005).

Community theories help us understand what communities are, how they function, and how they influence our behavior. Often theories offer propositions to explain how communities can function to serve their members most effectively. Community theories are complex because communities are complex. Like many social science concepts, community is a slippery, intricate, ideological, and multifaceted summary concept covering a range of social phenomena. Cohen (1985) cataloged more than 90 different definitions of community used in the social sciences literature.

Communities are nonetheless real for most people, although, as will be discussed in Chapter 4, the concept of community means different things to different people. Community is a geographic space, a geopolitical or civic entity, a place of emotional identity, and a refuge in the mind. It is community's emotional identity that gives it meaning and power for most people (Bellah, Madsen, Sullivan, Swidler, & Tipton, 1985, 1991; Cohen, 1985; Grogan-Kaylor, Woolley, Mowbray, Reischl, Güster, Karb, Macfarlane, Gant, & Alaimo, 2007; Lasch, 1994).

Cohen's (1985) conception of community's reflect emotional charging, personal identification, and symbolic construction by people. He conceives of community as "a system of values, norms, and moral codes which provoke a sense of identity within a bounded whole to its members. . . . Structures do not, in themselves, create meaning for people. . . . [Without meaning] many of the organizations designed to create 'community' as palliative to anomie and alienation are doomed to failure" (p. 9). The community, Cohen continues, is "the arena in which people acquire their most fundamental and most substantial experience of social life outside the confines of the home. . . . Community, therefore, is where one learns and continues to practice how to 'be social' (p. 15)."

If we accept community's essential importance to people, it follows that community knowledge and community practice skills are necessary for all social work practitioners. Community practice calls on social workers to employ a range of community practice theories and skills to help clients contribute to use and the resources and strengths of their communities. Indeed, postmodernist social work theorists such as Pardeck, Murphy, and Choi (1994) assert that "Social work practice, simply stated, should be community based. . . . [Community] is not defined in racial, ethnic, demographic, or geographic terms, as is often done. Instead a community is a domain where certain assumptions about reality are acknowledged to have validity" (p. 345).

Community Practice Skills as Foundation for all Social Workers

Community practice is the shared foundation skill of all social workers; it is rooted in the profession's purpose and mission, its history, the policies of the two major American professional social work associations, and shared by most professional associations globally.

BOX 1.1.	**Communities and Clients**

1. Communities shape and limit client behavior.
2. Communities provides opportunities for and limits to client empowerment.
3. Client empowerment requires that clients have a capacity to assess, access, manage, and alter community resources and forces.
4. Clients need a capacity to contribute to, reciprocate, and affect the welfare of their communities.
5. Community involvement provides clients with a capacity to affect their communities.

Social Works Purpose and Mission

Gordon (1969), a leading social work theorist until his death in the early 1990s, stated that improving the client's social functioning is the cardinal mission of contemporary social work practice. The profession's attention is focused on the transactions between people and their social environment and the management of these transactions. "Transaction is *exchanges in the context of action or activity*" (italics added; p. 7).

Polsky (1969) in the 1960s advocated even more strongly for community knowledge and skills by the practitioner and participation by the client in community change: "Changes in dysfunctioning individuals cannot be effectuated [or] sustained unless the system in which they function also undergoes modification through client efforts" (p. 20).

The importance of the client's community is reflected in social work's dual perspectives of person in environment and person and environment, and the ecological approach to social casework practice promoted by Bisman (1994), Ewalt (1980), and Germain (1983). Bisman (1994) clarifies the complexity of the dual perspective with the community's role in social work practice: "What has been called the dual perspective of person and environment actually has three components. Person and environment means the consideration of individuals within the context of the community and its resources, societal policies and regulations and the service delivery of organizations" (p. 27).

Specht and Courtney (1994), in their critique of the contemporary profession, *Unfaithful Angels: How Social Work Has Abandoned Its Mission,* insist that:

The objective of social work is to help people make use of social resources—family members, friends, neighbors, community organizations and social service agencies, and so forth—to solve their problems. . . . Helping individuals to make use of their social resources is one of the major functions of social work practice. And just as important is the social worker's function of developing and strengthening these resources by bringing people together in groups and organizations, by community education, and by organizational development. (p. 23)

Specht and Courtney (1994), like Gordon (1969), contend that social workers should examine and facilitate the transactions between clients—indeed, between all people—in the community and inveigh against the social isolation of psychotherapy: "Social work's mission should be to build a meaning, a purpose, and a sense of obligation for the community. It is only by creating a community that we establish a basis for commitment, obligation, and social support. We must build communities that are excited about their child care systems, that find it exhilarating to care for the mentally ill and frail aged, that make demands upon people to behave, to contribute, and to care for one another. Psychotherapy will not enable us to do that. . . . to give purpose and meaning to people's lives, and enable us to care about and love one another" (p. 27).

The 21st century's first decade, with its loss of community obligation and support with globalization, reveals the wisdom in Specht and Courtney's insights.

The mission of most national and international professional social work associations reinforces social work's social context and social justice mission. NASW's 2008 Revised Code of Ethics (2008) states:

The primary mission of the social work profession is to enhance human wellbeing and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty. A historic and defining feature of social work is the profession's focus on individual wellbeing in a social context and the wellbeing of society. Fundamental to social work is attention to the environmental forces that create, contribute to, and address problems in living.

Social workers promote social justice and social change with and on behalf of clients.

The codes of ethics of the British Association of Social Workers (2002), the International Federation of Social Workers (IFSW, 2004), the Canadian Association of Social Workers (2005), and the emerging Russian social work association, the Union of Social Educators and Social Workers (2003), all affirm the American code's concern with social context, social justice, and community.

Emphasizing community theories and practice skills for all social work practitioners is not anti–clinical social work practice; it is pro–social work practice. We are critical of social work

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BOX 1.2.	**Our Position on Community Practice**

Our position, theory, and set of propositions, briefly stated, on the requirement for community practice is that people best exist in social ecologies or communities. Behavior is biopsychosocial and not exclusively biopsychological. Behavior is shaped by interactions, engagements, and exchanges with the social ecology. Personal empowerment requires the capacity to develop and manage the interactions and exchanges with the social ecology. All people, including social workers and social work clients, have the capacity to develop and improve their social management skills and functioning. If all people have this capacity and if empowerment is a goal of social work, then all social workers and all people will need to develop knowledge and skill to better enable them to assist people to develop and manage supportive social ecologies or communities.

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practice done with blinders that does not recognize social obligations to and of clients and their social context. Community knowledge and community practice skills are distinguishing attributes separating the complete social worker from the wannabe psychiatrist, a social worker who is only marginally professionally competent. Community competence is one of the properties that has historically distinguished the social work profession and effective social work practice from the profusion of other counseling and therapeutic professions (Doherty, 1995, p. 47). If social work devalues its social mission, other professions such as community psychology stand ready to pick up the mantle. Without community knowledge and skill, social workers are limited in their ability to understand and assist clients in shaping and managing the major forces that affect their lives and to help clients empower themselves to develop and manage personal and social resources. The incomplete social worker who does not recognize the importance of community apparently assumes that the client is unaffected by community, whether living in Dhaka or Des Moines.

Social Work History

Community practice skills have been an indispensable component of social work's repertoire since the inception of the profession. Beginning with its formation as a profession at the start of the 20th century, social work's professional concern has been to improve individual and collective social functioning. Mary Richmond, the American social casework pioneer, recognized the importance of community theory, the social environment, and community practice skills for social casework in her two books *Social Diagnosis* (1917) and *What Is Social Casework?* (1922/1992). Richmond's social casework was concerned with the person in the community. The 1929 Milford Conference on Social Work, convened to specify social work's professional content and boundaries, followed Mary Richmond and went beyond counseling, advice giving, and modeling and demonstration of behavior to include the community practice skills of information gathering and referrals to other community resources (American Association of Social Workers, 1929).

The social casework Richmond and the Milford Conference championed was not deskbound or introspective counseling; rather, it involved confronting the client's problems in the community where the client lived and where the problems existed. The Charity Organization Society, Mary Richmond's principal agency and the leading casework agency of the era in Great Britain and the United States, held that community work was fundamental to casework. Bosanquet, an early leader of the British Charity Organization Society movement, is quoted by Timms (1966) as stating that "Case work which is not handled as an engine of social improvement is not . . . Charity Organization Society work at all" (p. 41).

The profession's often-reviewed cause and function strain between social action, social change, and reform, on one hand, and individual treatment and change, on the other, poses a spurious dilemma. Spurious because it is wrongly framed as an either/or choice between two mutually exclusive activities rather than uniting

function with cause as two supportive and complementary social work components. Porter Lee, in his 1929 presidential address to the National Conference on Social Welfare, recognized the unity of *both* cause and function for the profession (Bruno, 1948). Lee, while credited with conceptualizing the strain in his "cause and function" address, his speech's title and the speech's emphasis were on the cause *and* function unity, not a cause *or* function division (Spano, 1982, p. 7). Lee saw no dichotomy or dilemma, nor is there one. Social work has always emphasized individual help, use of the social environment in providing help, and social action and reform (Pumphrey, 1980).

National Association of Social Workers and the Council on Social Work Education Policy

Social work's largest professional association globally, the National Association of Social Workers (NASW), and America's social work education's accrediting body, the Council on Social Work Education (CSWE), recognize the importance of community theory and skills for all social work practitioners. NASW (2008), as reviewed earlier, states that "A historic and defining feature of social work is the profession's focus on individual wellbeing in a social context and the wellbeing of society. Fundamental to social work is attention to the environmental forces that create, contribute to, and address problems in living."

NASW's Code of Ethics Preamble further notes that community and macro skills are central to the profession:

Social workers promote social justice and social change with and on behalf of clients. "Clients" is used inclusively to refer to individuals, families, groups, organizations, and communities. Social workers are sensitive to cultural and ethnic diversity and strive to end discrimination, oppression, poverty, and other forms of social injustice. These activities may be in the form of direct practice, community organizing, supervision, consultation administration, advocacy, social and political action, policy development and implementation, education, and research and evaluation. Social workers seek to enhance the capacity of people to address their own needs. Social workers also seek to promote the responsiveness of organizations,

communities, and other social institutions to individuals' needs and social problems.

The professional code does not limit these obligations to nominal community practitioners. It holds all in the profession responsible. NASW's *Code of Ethics* (2008) also sets forth a set of ethical principles to which all social workers should aspire. First among the principles is that "Social workers' primary goal is to help people in need and to address social problems" (Ethical Principle 1, NASW, 2008). Additionally, "social workers recognize the central importance of human relationships" (Ethical Principle 4, NASW, 2008). This principle holds that social workers "seek to strengthen relationships among people in a purposeful effort to promote, restore, maintain, and enhance the well-being of individuals, families, social groups, organizations, and communities" (NASW, 2003).

NASW developed and advocates that social caseworkers and social work clinicians use a "person-in-environment" (P-I-E) diagnostic and classification system. Social environment in the P-I-E schema is defined as "systemic relationships that people have by virtue of being in the same location" (Karls & Wandrei, 1994, p. 3). The social environment in the P-I-E classification system is essentially the same as the conception of community just presented.

NASW's formulation of the practice methodology claimed by a majority of NASW members—clinical social work—reinforces the importance of community theory and skills. "The perspective of person-in-situation is central to clinical social work practice. Clinical social work includes intervention directed to interpersonal interactions, intrapsychic dynamics, and life-support and management issues" (NASW, n.d., p. 4). Standard 4 of the policy's 11 standards guiding clinical practice requires that "Clinical social workers shall be knowledgeable about the services available in the community and make appropriate referrals for their clients" (NASW, n.d., p. 8).

The CSWE's Commission on Accreditation (2008), the national accrediting organization for graduate and undergraduate professional social work education, charges that all social work students acquire knowledge and skill in social relations and the range of social systems (including

organizations, social institutions, and communities) as part of their professional foundation. Indeed, the Commission recognizes that a basic purpose of social work is "to promote human and community well-being" (Commission on Accreditation, 2008, p. 1).

Changing Nature of the Social Work Practice Environment

The last quarter of the 20th century saw profound changes in the social work practice environment. After the 1960s and 1970s, with their emphasis on federal government involvement and services coordination, since the 1980s we have seen federal, state, and local human services policies move toward reduction, competition, divestiture, and privatization of public programs in a generally conservative era. These changes are accompanied by the rhetoric, if not always the reality, of returning power, responsibility, and control to state and local governments and the private sector for welfare and social services, and an increase in personal and family responsibility. The federal government's role and responsibilities for welfare and human services have undergone and are still undergoing their greatest transformation since the New Deal era of the 1930s. Reforms first instigated by conservative governments have subsequently been embraced and expanded by the traditionally liberal political parties (Callinicos, 2001; Deacon, 1997; Dicken, 2003; 1994; Gray, 1998; Harris, 2006; Mishra, 1999; Sennett, 2006; Tanzi, 2002; Wagner, 1997).

The national political landscape from the Reagan 1980 election to the 21st century generally was conservative. The 1995 Congressional elections saw Republicans gain control of both houses of Congress for the first time since 1958, a majority of the governorships up for election, and significant Republican gains in state legislatures (Connelly, 2000). Republicans held five of the seven presidencies since 1980 and recaptured the presidency in the 2000 election after an arduous, contentious, and still-disputed process involving dubious recounts and a legally tenuous U.S. Supreme Court ruling. The U.S. Supreme Court is the more conservative than it has been in decades (Liptak, 2010). The Republicans also retained control of the House of Representatives.

After Vermont's Senator James Jeffords dropped his Republican Party membership for Independent status and aligned with the Democrats, the Democrats controlled the Senate. The first two 21st-century elections were Democratic disasters, no matter the spin. The Republicans, after vigorous campaigns by President Bush, increased their margin of control in the House and regained control of the Senate.

Both parties have moved more to the political right since Reagan. The Democrats have become more conservative in their welfare policies generally. Since the September 11, 2001, terrorist attacks on the World Trade Center, the Pentagon, and United Flight 93 over Shanksville, Pennsylvania, ideological positions, regardless of party, are more conservative, authoritarian, and jingoistic.

From 2006 forward there were grounds for progressive optimism that the regressive tide of the past quarter century has been slowed if not halted. The Democrats gained Congressional control in 2006 largely based on voter dissatisfaction with the Bush and Republican global adventurism and domestic ineptitude and social and political intolerance. The House of Representatives increased from 46% Democratic to 53% and the Senate from 44% to 51%, with the Independents aligned with their caucus (US Census, 2009). The 2008 election offered even more progression. America elected its first African-American president with 53% of the popular vote. He is the first democratically elected president in a developed Western industrial democracy from a publically identified ethnic minority group.[2] This election also gave Democrats 59% control of the House and 59% control of the Senate with the defection of Senator Arlen Specter of Pennsylvania from the Republican Party to the Democratic Party and the continuing alignment of the Senate's Independents with the Democratic caucus. The 2010 bi-election reflects the conservative trend.

Obama's election as the first minority president is the dramatic symbol of change. He campaigned on a slogan of "Change we can believe in" and made skillful use of social marketing, community organization methodologies, and grassroots organizations such as MoveOn.org. Obama garnered 53% of the popular vote and

68% of the essential Electoral College vote (US Census, 2009). The 2010 congressional elections were not promising for Democrats. The Obama victory, historically significant as it was, reflects America's continuing challenge of ethnicity. The election occurred during America's most severe economic recession since the Great Depression of 1929 and a seemingly perpetual and increasingly unpopular war launched by a Republican administration and supported by a Republican congress. Obama's victory, while comfortable, constituted less of a popular vote received than Eisenhower in 1950, Johnson in 1964, Nixon in 1972, Reagan in 1984, and Bush I in 1988, and the margin of victory over his opponent was less than both Eisenhower elections, Johnson's, Nixon's in 1972, both Reagan's, Bush I's and Clinton's 1998 defeat of Dole (US Census, 2009). Obama's African-American identification lowered his vote total in that the political circumstances were poised to give a Democratic presidential candidate the highest margin since Roosevelt over Hoover in the midst of the Great Depression. However, in additional to Obama's political charisma and skills, the social conditions may have also allowed the election of the African-American and minority candidate.

The world and its nations are unstable. The world's economies move toward globalization with the global consequences of the continuing 2008 recession is shaking up prevailing economic philosophies. Governments have to fiscally prop up the pillars of capitalism—the financial institutions and major corporations—at the public's expense. The government propping resembles socialism without the same degree of public control. The United States, supposedly the world's only superpower, has dramatically increased military spending since September 11, 2001. However, its global military adventurism has not brought world stability or even a sense of security at home. Superpower status doesn't appear to give control. With increased military spending and dominance, the welfare state is devolving, with decreasing federal responsibility for welfare and returning greater authority and responsibility to states, localities, and the private sector. As of 2009, with the recession and its accompanying increase in poverty, unemployment, and deprivation, there has not been a mending of the social safety net. With devolution and increased local authority, control, and responsibility for social welfare, all social workers increasingly need community practice knowledge and skills. Social workers need to assess local communities for needed resources, develop resource networks and support systems, and advocate for themselves and their clients.

Social workers have to develop their own resources in a competitive world. Clinical skills alone are insufficient for professional maintenance. With privatization, private practice, and managed care, social workers can't survive unless they are able to advocate and market themselves and their services, get themselves included on managed-care vendor lists, and access and manage networks. Privatization, contract services, managed care, and proprietary practice by social workers has become the norm. Proprietary social work, either solo, as part of a group, or with a for-profit corporation, is as extensive as public sector employment (O'Neill, 2003; Whitaker & Arrington, 2008).

The Need for Revitalization of the Community and the Social in Social Work

Despite social work's rich history of community practice, the evidence is that the importance of community practice in social work is declining. Specht and Courtney in *Unfaithful Angels* (1994) allege that social work has abandoned its historical mission of service, especially service to the poor, in the pursuit of psychotherapies, private practice and autonomy from social agencies, and increased income and status. Only 1% of licensed social workers spend 20 hours or more a week in either community organization or policy development. Only 34% spend any time in community organization and 30% in policy development (Whitaker & Arrington, 2008).

The problem is not that some individual social workers have abandoned the traditional mission of the profession and, in a sense, the historical profession, but rather that the profession itself has abandoned its customary service mission to the community and the community's most needy and vulnerable citizens.

The profession's movement away from community and social concerns is illustrated by NASW's social action and legislative agenda. NASW's major legislative efforts and successes, nationally and by state chapters, to obtain licensure and the legally mandated capacity to receive third-party vendor payments for therapies have led to a policy thrust of function over cause.

NASW's 2009–2010 (National Association of Social Workers, 2009) federal policy priorities were:

- Social Work Reinvestment Initiative: to secure federal and state investments in professional social work to meet the increasing public demand for services
- Dorothy I. Height and Whitney M. Young, Jr. Social Work Reinvestment Act: to establish a Social Work Reinvestment Commission to provide long-term recommendations and strategies to maximize the ability of social workers to serve their clients with expertise and care, to provide funding for demonstration programs in the areas of workplace improvements, research, education and training, and community-based programs
- The National Center for Social Work Research Act
- Strengthen Social Work Training Act
- Teri Zenner Social Worker Safety Act
- Legislation addressing loan forgiveness for social workers and training for child welfare workers
- Implement state and territory plans focusing on:
  - Title protection
  - Loan forgiveness
  - Establishment of social work education programs
  - Education of the public about social workers
  - Increased salary compensation

The agenda report (National Association of Social Workers, 2009) concludes with the promise that "NASW will continue its work to promote public awareness and understanding of the social work profession through public education efforts and collaboration with the Center for Workforce Studies to inform the public and policymakers about the importance of professional social workers' services."

The state NASW chapters largely focus on professional maintenance agendas and are silent in the legislative battles on welfare reform and health care. Salcido and Seek's (1992) conclusions, after a survey of the political activity of 52 NASW state chapters, still generally hold true. The chapters "seemed to act on behalf of goals related to promoting the profession and to a lesser extent on those promoting social services legislation. . . . These findings imply that the thrust of future chapter political activities may be associated with professionalization and to a lesser degree with political activism on behalf of disadvantaged groups" (p. 564). Scanlon, Hartnett, and Harding (2006) in a similar study over a decade later found similar results: "Although a majority of state chapters report working on federal policy legislation, more than one-third of chapters do not address these issues. Nearly half of all chapters also report that they do not engage in advocacy on local legislation" (p. 52). The survey also indicated that the respondents reported "that advocacy efforts by state chapters are less than effective" (p. 50).

The importance of the social—the community—is emphasized in the profession's name, *social work*. The diminishing attention directed to developing the community practice skills of all social workers, compared with the attention given to development of the more circumscribed clinical skills, is reflected in social work's and social workers' apparent lack of policy effectiveness and influence. Specht and Courtney (1994), Bellah et al. (1985), and Doherty (1994–1995) maintain that psychotherapy as therapeutic individualism can be socially amoral, isolating, and at odds with the mandate to strengthen the community and social commitments. Participating in and looking to primary social structures and groups such as the family, church, and neighborhood for guidance has often been replaced by therapy and the therapist. The therapist becomes teacher, spiritual guide, and moral arbiter without a moral base. While these roles are satisfying, they hardly allow for the building of mutual support, a sense of the common good, and a feeling for community.

Social work as a profession exists in and reflects the larger society. The decay of social

work's social skills and commitment has accompanied the erosion of community spirit and social commitment in the United States. It is reflective of the "me-ism," the libertarian, self-centered philosophy currently rampant, and the social isolation and fragmentation of contemporary America (Bellah et al., 1985; Etzioni, 1993; Lasch, 1994).

Communities as unifying social institutions are declining, and this decline does not bode well for the future of the individual or the country as a whole. Strong communities enhance individual rights and individual well-being. The 1980s and 1990s—the Generation X decades—were an age of anomie and breakdown of social standards with a focus on the self and the individual. Community as a basis of identification is becoming exclusionary rather than inclusionary, socially fragmenting rather than integrating, and now rests on a negative rather than a positive base. The community has become a means for division rather than integration. In negative communities, the individual is socially isolated, and too often the reasons for community participation are individualistic, fragmented, and therapeutic.

Social workers need to integrate clients and constituencies into positive communities. Positive communities are non-utopian, cohesive communities where personal relations are captured by agreed-on communal purposes. The positive community offers the individual a shared structure of meaning, explanation, purpose, and support in both good times and bad (*The Responsive Communitarian Platform,* 1992). The Catholic theologian Hollenbach (1994/1995) asserted that both democracy and freedom require dynamic community involvement by its members: "Solitary individuals, especially those motivated solely by self-interest and the protection of their rights to privacy, will be incapable of democratic self-government because democracy requires more. It requires the virtues of mutual cooperation, mutual responsibility, and what Aristotle called friendship, concord, and amity (p. 20)."

The Social Work Problem-Solving Strategy

The social work generic problem-solving strategy is a linear planned-change process that begins with the identification of a problem—a condition that someone wants changed—and terminates with the evaluation of the change effort (Compton & Galaway, 1979, pp. 232–450; Epstein, 1980, pp. 2–5; Hepworth & Larsen, 1986, pp. 25–44; Lippitt, Watson, & Westley, 1958; Netting et al., 1993, pp. 203–220; Pincus & Minahan, 1973, pp. 90–91). The strategy, not limited to social work, is a linear, comprehensive, and rational approach to problem analysis, resource analysis and aggregation, and intervention. While the strategy's model is linear as presented in Box 1.3, in practice it consists of overlapping phases with much backfilling and looping to fill in operational gaps and modify as information and conditions change. Its social work application is constrained by the profession's values and ethics and by the preferences of the client and the client system. The client or client system can be individuals, families and other primary groups, communities, community organizations, and community groups such as neighborhoods or interest groups.

There are other models of change strategies or practice that emphasize different components of problem, task, or practice. Generally the models involve assessment and information gathering, goal setting, theory building, intervention, and evaluation (Hardina, 2002).

BOX 1.3.	**The Social Work Problem-Solving Strategy**

1. Recognition of a problem and establishment of the need for change
2. Information gathering
3. Assessment and the development of a case theory and plan for change
4. Intervention and the change effort
5. Evaluation and termination of the change effort

Phase 1: Recognition of a Problem and Establishment of the Need for Change

Problem-solving and change efforts begin with the recognition by an individual or a group, the initiator of the change effort, of a condition perceived as a problem that requires change. The initiator may be the client, a parent, a couple experiencing marital discord, or others, such as an individual who fears child abuse or neglect by another person and refers the situation to a protective services agency. A community group also may pinpoint problems of employment, crime, or poor treatment received from public or other social organizations. Implicit, if not explicit, in the identification of the problem and the recognition of the need for change are the goals and objectives sought. Without a statement of desired outcomes, data gathering and assessment, especially resources assessment, is hindered. This phase will be discussed more fully in later chapters.

Although the labels *goals* and *objectives* are often used interchangeably, goals will be used here as the broader, more final objective of a case plan. *Objectives* are more specific outcome events that, when accomplished, lead to the next event and eventually to the goals. Sub-objectives are the events that lead to the next level of objectives. Operational goals and objectives are set forth in a SMARRT format (adapted from *Administrative Systems for Church Management*, n.d.; Reddin, 1971). The SMARRT format criteria (Box 1.4) require goals and objectives that are *specific, measurable, acceptable, realistic, results oriented,* and *time specific.* SMARRT-formatted objectives guide case planning, case theory, and the intervention and problem-solving strategy. At the conclusion of the assessment phase, a case theory and a SMARRT case plan specifying goals, objectives, and responsibilities should be completed.

Phase 2: Information Gathering

Phase 2 in the problem-solving process is to gather information on the problem and on possible resources for intervention to achieve the SMARRT objectives.

During this phase, the social worker gathers information on the problem to develop an intervention plan. The information-gathering phase is guided and limited by the theoretical perspective of those working for the change, on the causes of the problem and the potentially available interventions. This phase includes accumulating information on the problem itself; the client system, including strengths and potential resources useful for intervention; the strengths and limitations of support and potential support systems; and any potential constraints and limitations of any change effort by the target system. Community-based practice models devote more attention to the social ecology, the environment, and the social systems in gathering information on the condition and the potential resources than do psychologically centered problem-solving strategies.

Phase 3: Assessment and Development of a Case Theory and Plan for Change

The third phase is assessment and development of the case theory and plan for change to accomplish a SMARRT objective. The case can be an individual, a group, a community, or part of a community. However, the change effort extends beyond the individual unit to include its ecology and situation. Case theory, like all theory, involves an explanation of phenomena and situation. Case theory (Bisman, 1994; Bisman & Hardcastle, 1999) is the theory or coherent explanation of a case's problem, its relevant causations, a specification of desired outcomes, selection of intervention strategies and methods of changing a condition and producing the desired outcomes, and a prediction of why and how the selected interventions will work. To refine and specify SMARRT outcomes clearly during this phase, it may be necessary to collect additional information on the availability of potential resources. Case theory is developed from the data collected in Phase 2. The data are assessed and organized according to the change agent's, the social worker's, and social and behavioral theories of choice. Examples of social and behavioral theories include systems theory, exchange theory, operant and social learning theory, and psychodynamic theories. The case theory is the social worker's construction of the problem and the model for the proposed change effort. As a case situation is both unique and complex, a case theory should avoid an overly

BOX 1.4.	SMARRT Objective Evaluation Check Sheet

SMARRT objectives are the desired accomplishment and results of an intervention with a client system, the change sought. Objectives are stated in empirical and behavioral language and specify changes in the client system, target system, or ecology.

1. **Specific:** Goals and objectives, as well as the words, ideas, and concepts used to describe them, are precise and not stated in vague generic language such as to "improve the condition of" unless operational meanings are given for "improve" and "condition." Specific goals and objectives need to be developed with and understood by the client and action systems.

2. **Measurable:** Goals and objectives need to contain operational and measurement criteria used to indicate their achievement. A case plan states how the goals and objectives are measured or judged. Client and action systems need to understand both the goals and the measurements used. Measurements can be quantitative and qualitative (more often both) but must always be reliable and valid.

3. **Acceptable:** Goals and objectives must be acceptable to the client system and, ultimately, to the action system and other resource providers that must cooperate with the problem-solving strategy to achieve the objectives. If the goals and objectives are unacceptable, participation is probably coerced. Acceptability implies informed consent by clients to the plan, its goals and objectives, and the intervention. The acceptability of the goals and objectives will be constrained by the mission and eligibility criteria of the social worker's agency and funding sources.

4. **Realistic:** Goals and objectives are accomplishable within the complexities of the case, time frame, resources, and intervention methodologies available. They are significant enough to be worth accomplishing. Goals and objectives are realistic if they are achievable in the best judgment of the social worker, change agent and action system, and a client or client system given the potential costs and resources available, the readiness for change of the target, and the knowledge and skills of the action system.

5. **Results Oriented:** Final goals and all objectives are expressed as outcomes, events, and accomplishments by the client and action system or changes in a target rather than as a service event or a process. The provision of service or an intervention does not constitute an objective and does not meet this SMARRT criterion. The results of the service and how it will benefit the client must be specified. If an intervention or service provides skills training, the results are not the provision of skills training or attendance at training classes but the client's acquisition of the skills.

6. **Time-Specific:** A specific time frame or target for accomplishing the goals and objectives is projected. Time limits are inherent if objectives are real and not simply desired outcomes. Time limits are based on an intervention's power, the resources available and conditions favorable to change, and the barriers blocking change and objective accomplishment. Without a time-limit criterion, it is not possible to measure accomplishments or have accountability. Without a time limit, achievement always occurs in the distant and indeterminate future. The condition can remain socially dysfunctional or a client can remain in trauma indeterminately while an ineffectual intervention is continued. It becomes "an unending war."

reductionist view of cause and effect. The causes of any problems lie in a range of phenomena. Solutions also require a complex intervention strategy and resources appropriately coordinated and managed (Chazdon, 1991, p. x).

In community practice, the concept of assessment is generally preferred over the more limited concept of diagnosis. Gambrill (1983) provides a useful discussion of the distinction between diagnosis and assessment and insight into why assessment is preferred in community practice:

The term *diagnosis* was borrowed from medicine. . . . Observed behavior is used as a sign of more important underlying processes, typically of a pathological nature. Methodological and conceptual problems connected with the use of diagnosis include frequent low degree of agreement between people in their use of a given diagnosis, and the low degree of association between a diagnosis and indications of what intervention will be most effective. . . .

Assessment differs in a number of ways from diagnosis. Observable behaviors are not used as signs of something more significant but as important in their own right as *samples of* relevant behaviors. Behavior is considered to be a response to identifiable environmental or personal events. . . . Rather than using behavior as a sign of underlying intrapsychic causes, assessment includes an exploration

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of how current thoughts, feelings, and environmental events relate to these samples of behavior. (pp. 33–34)

Assessment is a more inclusive and generic concept than *diagnosis,* with a greater emphasis on social and environmental factors. Agreements on an assessment, SMARRT goals and objectives, and problem-solving strategies between social worker, client, and other relevant case participants working toward change are critical for cooperative efforts.

Phase 4: Intervention and the Change Effort

The intervention is the change efforts to achieve the desired outcomes based on the case theory. Social work interventions can be categorized under casework strategies, clinical approaches, community organization, or environmental and social change, among others. Each intervention plan involves a variety of skills, techniques, and tactics; a range of people or systems, either directly or indirectly; and the use of resources. The case theory directs selection of specific intervention methodologies and technologies.

Phase 5: Evaluation and Termination of the Change Effort

The last phase of the social work problem-solving strategy is the evaluation of its effectiveness in achieving the stated goals and objectives. Depending on the level of achievement and the stability of the change, the case may be terminated, the process repeated to enhance its effectiveness or to achieve additional objectives, or the case referred to additional service resources. Evaluations also can assess interventions or processes. However, process evaluation without linking process to effectiveness is more an assessment of art than of change. Change, as Pincus and Minahan (1973) rightly asserted, whether targeted to individual or community change, is to help people, to change people, "not [deal in] vague abstraction such as the 'community,' 'the organization' or the 'system'" (p. 63). What is changed are the behaviors and interactions of the people who constitute the groups, organizations, communities, and systems.

While evaluation is generally presented in the models as part of the termination phase, it is a continuous effort and a part of all the phases. Relevant evaluation methodologies are reviewed in later chapters.

Problem-Solving Systems

The people involved in a social work problem-solving and planned change strategy can be examined, using the system's metaphors, according to what they contribute and how the change process affects them (Netting & O'Connor, 2002; Payne, 2006, pp. 142–180; Pincus & Minahan, 1973, pp. 53–64). A system, most fundamentally, connotes an arrangement of entities that interact to achieve a shared purpose or fulfil functions. The system's metaphors, as demonstrated in Box 1.5, represent functions that people fulfill in the change effort. The same people can fulfill more than one function and hence can belong to more than one system in the change process.

Although some systems and people generally are involved throughout the problem-solving strategy's change process, such as the change agent and client systems, not all systems need to be involved in each phase. Table 1.1 illustrates that the same people at the same or different phases in the process may be involved in multiple systems, and their involvement may shift as their contributions and their relationships to a change process evolve. All the systems together compose a problem-solving system.

The change agent (that is, the social worker) must anticipate and identify the people who will make up the various other systems involved in the problem-solving processes. The social worker should recognize that the people or the systems are not static. The membership and importance of a particular system's contributions vary with each phase of the change strategy.

Case Illustration of the Problem-Solving Strategy in Direct Practice: Ms. S

Phase 1: Recognition of a Problem and Establishment of the Need for Change.   A working single mother, Ms. S, with two preschool-age children, ages 5 and 7, has difficulty finding a suitable babysitter. She also recognizes she is becoming more

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BOX 1.5.	**Problem-Solving Systems in Social Work**

1. *Initiator system:* The people or persons who first recognize the problem and bring attention to the need for change
2. *Support system:* The people who have an interest in and will support the proposed change and who may receive secondary benefits from it
3. *Client system:* The people who sanction, ask for, or expect to benefit from the change agent's services and who have a working agreement or contract, whether formal or informal, with the change agent
4. *Change agent system:* The people who will work directly to produce the change, including the social worker, any social action organizations and groups, clients, and the people who belong to the social worker's agency and the organization working to produce the change
5. *Action system:* The change agent system and the other people the change agent works with and

through to achieve the goals and affect the target system. The action system generally includes the client as an essential component of the change process. Not all elements of an action system are part of a change agent system or need to favor the change.

6. *Controlling system:* The people with the formal authority and capacity to approve and order implementing a proposed change strategy
7. *Implementing system:* A subset of the host system composed of the people with day-to-day responsibility for implementing the change
8. *Target system:* The people who are the targets of the change effort; the people who need to be changed to accomplish the goals of the change strategy and produce the benefits for the client system. The target system can be something other than a client.

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short-tempered with her children because of the fatigue and stress of working full time and raising the children alone. She worries about money. Ms. S exhausted her Temporary Assistance to Needy Families for the older child and is reluctant to exhaust it for the younger child. She is worried about keeping her job during this "Great Recession." She is distressed about the childcare arrangements. It is difficult for Ms. S to maintain her composure when disciplining her children, and she recognizes that if she loses control, she might physically abuse the children.

Ms. S is not sure what to do, as she is very tired at the end of the day after getting up at 5:30 A.M.; fixing breakfast for herself and the children; getting the children up, dressed, and fed; taking them to whatever babysitter is available; and getting to work by 9 A.M. After the work day

ends, she must first pick up the children, then fix dinner and put them to bed. She has no time to play with the children or for herself. Ms. S recognizes that she is starting to resent the children and at times she feels she would be better off without them.

Ms. S saw a poster on a bus advertising the local child guidance clinic's parent effectiveness training. She goes to the child guidance clinic to obtain help in maintaining her composure while disciplining her children and training to develop effective parenting skills to reduce the need for discipline. Her job-sponsored health insurance will cover only five sessions. The social worker assigned by the agency to work with Ms. S recognizes that she is under a lot of stress and needs assistance with more than just her parenting skills.

Table 1.1. Systems Typically Involved in Phases of Problem-Solving Strategy

Problem-Solving Phase	Systems Typically Involved
Recognition of problem and establishing need for change	Initiator, client, and change agent
Information gathering	Initiator, client, support, and change agent
Assessment and development of case theory and plan for change	Client, support, controlling, and change agent
Intervention and change effort	Client, support, controlling, change agent, action, and target
Evaluation and termination of change effort	client, support, change agent, controlling, and action

Ms. S is the initiator system, as she recognized a problem, perceived a need for change, and wants to change. She and her children are the original client system as the beneficiaries of the change effort. The social worker is the change agent and part of the initiator system in recognizing the problem and helping Ms. S define the need for change.

Phase 2: Information Gathering.   The social worker obtains information about Ms. S, the children, and the children's father, who is regularly employed but pays no support and only occasionally visits his children. The social worker also obtains information on possible resources in Ms. S's neighborhood and other potential social and community supports. She discovers the existence of an increasingly rare public 12-hour day-care center.

The systems most involved in information gathering are the client and the change agent systems. The information accumulated is to define and build the other necessary systems. The necessary information goes beyond describing the client, her problems, and their etiology. It includes information about potential supports for the client and her children; for example, from the absent father, the day-care center, and other potential community resources for the client that might be constructed into a support system. These potential resources make up a target system, the people who need to be changed to accomplish the goals of the change strategy and bring about benefits for the client, until they are formed into a support system for the client. The composition of the systems is dynamic over time.

Phase 3: Assessment and the Development of a Case Theory and Plan for Change. The social worker and Ms. S review the information to explain why Ms. S is stressed and fatigued and to decide what might be done to change the situation. The father has stated he will not pay support until he has regular visitation with the children. Ms. S will not allow visitation until he pays support, thus creating a standoff.

The client and change agent systems, the social worker and Ms. S, develop a case theory and plan with SMARRT objectives to resolve the

problem. The case theory is client and situation specific. Both the theory and goals are straightforward and direct. Ms. S is exhausted and stressed because she maintains a full-time work schedule in addition to the demands of being a single parent living financially on the edge. She has no social life, only the demands of work and caring for her children. Her fatigue and resentment place the children at risk. She doesn't know if she can spare the time for parent effectiveness training, although she wants the training and would enjoy the social interaction and support provided by the sessions. The goals are to achieve stable childcare, financial and social assistance from the children's father, and the use of any time gained by Ms. S from a stable childcare arrangement and the father's increased responsibility for the children for parent effectiveness training and her own needs.

The plan specifies other needed systems in the change strategy. The father and Ms. S are the target system clients, since the behavior of both must changed. The day-care center is also a target system because Ms. S's children need to be enrolled in the center. If the intervention called for by the plan is successful, the father will ultimately become part of Ms. S's support system. As an agent of the child guidance clinic, the social worker needs approval of the plan by the controlling system, the agency. The court, which must order the support payment, also is part of the controlling system. The agency is the host system, and the social worker is the implementing system. Ms. S, the social worker, and the parent effectiveness trainer are the implementing system, as they have the day-to-day responsibility for carrying out the change.

Phase 4: Intervention and the Change Effort. The intervention plan resulting from the theory of the case is a social intervention. Ms. S is to allow the children's father to have the children for one weekend a month and two evenings a week if he pays child support. A court-ordered support judgment will be obtained for the support and visitation. This should ease Ms. S's financial worries and provide help with parenting responsibilities and some time for herself. The social worker assisted Ms. S in obtaining stable day care from the public neighborhood day-care

center. Ms. S. will attend the child guidance clinic's parent effectiveness training classes on one of the evenings that the father has the children.

Ms. S, the social worker, the court, and the parent effectiveness trainer form the action system to change the target systems: Ms. S, the father, and the day-care center. As indicated above, if the change effort with the father and the day-care center is successful, they become part of Ms. S's support system for subsequent changes and development.

Phase 5: Evaluation and Termination of the Change Effort. At the conclusion of the parent effectiveness training classes, Ms. S, the social worker, and the father, now a part of the problem-solving process, will evaluate the current arrangements. Single case design and qualitative research methodologies are the evaluation tools of choice (Bisman & Hardcastle, 1999).

The evaluation also is a continuous part of the monitoring of the problem-solving process. The monitoring involves Ms. S, the social worker, and often the support, controlling, host, and implementing systems. The evaluation of a problem-solving strategy before its termination can involve all of these systems through member-checking; Ms. S, the social worker, the parent effectiveness trainer, the father, and possibly the child guidance clinic supervisor.

Case Illustration of the Problem-Solving Strategy in Rural Community Development and Action

Phase 1: Recognition of a Problem and Establishment of the Need for Change. California's San Joaquin Valley naturally is a semi-desert with rainfall between 4 and 12 inches annually depending on the location. It is very fertile. With the expenditure of millions of federal and state dollars since the 1930s to bring water to the valley's communities and agriculture, the San Joaquin Valley is now the food basket of the nation. It also is the area with the lowest level of human development in the United States as measured by the American Human Development Index (HDI). The HDI was created to measure the actual experiences of people in a given country or region. Three areas are measured: health, as indicated by life expectancy at

birth; access to knowledge, measured by educational enrollment and attainment; and income, reflected by median earnings for the working-age population (Conley, 2009; United Nations Development Programme, 2008).

In the 1960s and still today, there are small rural communities populated by Chicanos, black, and poor white agricultural laborers still without a public water supply. La Colonia was one of these rural communities. Similar colonias to the one described here currently dot the southwestern United States. A colonia is a "rural, unincorporated community . . . in which one or more of the following conditions exist: lack of portable water supply or no water system, lack of adequate waste water facilities, lack of decent, safe, and sanitary housing, inadequate roads and/or inadequate drainage control structures" (Henkel, 1998, p. 18). La Colonia was a small Chicano rural farm labor village of about 100 families adjacent to a larger agriculturally based community, the Town, with about 5,000 people. La Colonia was a stable unincorporated area with a 90-year history. Its homes were generally owned by its residents. There was no formal government other than a local public utilities district (PUD) with a commission elected by La Colonia's property owners. The PUD provided no utility services because, after its formation and incorporation, it discovered that La Colonia was too small and poor to afford the startup costs of providing public services. Individual La Colonia homes received electric and gas services from the regional gas and electric utility company. The families provided their own sewage service in individual septic tanks or cesspools. Garbage and trash disposal was an individual household responsibility. The PUD and its commission basically serve as a forum to discuss community problems, mediate community disputes, and plan and conduct community events such as the celebrations of *Cinco de Mayo* and other traditional holidays. The families obtained their water from individual wells, a significant capital investment for a farm laboring family, by individual agreements with neighbors who had wells, by hauling water from the Town's public water tank taps, or from the irrigation ditches that surrounded La Colonia. The untreated water from the individual wells was often polluted by

septic tank and cesspool seepage. The irrigation canal water contained agricultural field runoff with fertilizer, herbicide, and pesticide contaminants. The Town's water system was built largely by state and federal community development grants. It delivered abundant potable water to the Town's residents. The water system's mains were located less than a quarter of a mile from La Colonia. A water system connecting each home to the Town's water system could be constructed at a relatively low cost to La Colonia and the Town, as most of the cost would be paid with state and federal funds. However, the Town Council did not want to provide water to communities not incorporated into the Town, regardless of the cost. The Town Council did not want to establish a precedent and risk a possible demand from other rural communities more distant from the Town. The Town Council's policy was to restrict its provision of water to areas incorporated within its boundaries. La Colonia's PUD Commission, La Colonia's nominal leadership, did not want to be annexed to the Town, as they feared La Colonia would lose its identity, would be unable to remain a defined community with its own traditions, would simply become another Town barrio or ethnic neighborhood, and would perhaps incur a Town property tax increase. The Commission simply wanted good, affordable water.

The Commission approached the county's community action agency (CAA), a not-for-profit community development and social action organization, for help with their water problem. After a meeting of the CAA's director and the PUD Commission, the director assigned a Chicano community development worker (CDW) from the Town to work with La Colonia and the commission to obtain a potable water system.

La Colonia's PUD Commission was the initiator system and the client system. The contract was between the CAA and the commission. La Colonia was also part of the client system, as the commission was acting on the community's behalf. The change agents were the CAA director and the CDW. During this phase, the controlling system was the CAA and the commission. The CAA and the commission constituted the host system, with the CDW and volunteers from La Colonia composing the implementing system.

The client system and the change agent system saw the Town Council as the target system.

Phase 2: Information Gathering. This phase involved the action system—the CDW, La Colonia volunteers, and CAA staff— gathering information on (a) the ability and willingness of La Colonia's residents to pay their share of the water system development costs, hookup cost, and monthly water bills; (b) grant requirements for state and federal community development funds; (c) the direct costs to the Town beyond La Colonia's costs and the state and federal grants for expanding the water system to serve La Colonia; (d) potential support systems in the Town and county; and (e) procedures for placing the item on the Town Council's agenda.

Phase 3: Assessment and Development of a Theory for Change. The initial SMARRT objective for the planned change strategy was to obtain a stable, cost-effective potable water supply and system for La Colonia. The CAA also had an empowerment goal endemic to community development: to develop La Colonia's capacity as a community to work together to solve its problems and achieve greater cohesion in the process.

The theory for change, the case theory, based on an assessment of the information obtained in Phase 2, was rather simple and direct. The problem—the lack of a stable potable water system— was a result of La Colonia's lack of resources and an unwillingness of the Town to connect La Colonia to its water system under mutually tolerable conditions. La Colonia could develop the infrastructure for the water system within its boundaries if a connection with the Town's water system was made. The Town was unwilling to connect the water system for political and economic reasons. Although the Town was ethnically diverse, its Council consisted of the white establishment that largely represented the agricultural interests. In addition to the underlying racism and classism, there were the fiscal costs of expanding the water system (though minor to serve La Colonia) and the fear of a precedent that would require expansion of the water system to all surrounding rural areas, with

ever-increasing, though incremental, costs, accompanying each expansion. Eventually, the council reasoned, the incremental costs would necessitate a politically unpopular property tax increase, an equally disliked water use fee increase, or both.

The case theory explaining the lack of a stable water system for La Colonia rested on the intransigence of the Town Council and La Colonia's PUD. La Colonia could petition for a property owner's incorporation vote and, if it passed, obtain water as an incorporated area of the Town. The Town could alter its policy against providing water to areas not incorporated into the Town. As La Colonia was the client system, its preferences directed the change strategy to alter the Town's policy.

The information gathered in the assessment phase indicated that (a) one Town Council member had ambitions for higher office as a county commissioner, (b) several local churches were supporting civil rights efforts in other communities and were eager to do something locally, and (3) farm labor unionizing activity was occurring in the eastern part of the county. The Town and its growers were located in the western part of the county and, as yet, were unaffected by the union organizing activity.

Phase 4: Intervention and the Change Effort. The intervention and change effort based on the case theory called for a combination of technical assistance to the Town, social action, and political persuasion and support. The intervention was both social action and "bottom-up" community development. In the process of obtaining good water La Colonia would increase its capacity to address other community needs and strengthen itself as a community (Turner, 2009). The basic political strategy was for La Colonia's leadership to target certain individuals and groups in the Town—ministers, church leaders, and a politically ambitious council member—to bring them into either the support or action system. The Town ministers and leaders were to be brought in by casting the problem as a civil rights issue. La Colonia was a Chicano community. The ministers and church leaders were first a target system, with an intent of making them part of a support system. This strategy called for expanding the action and support systems to induce the politically ambitious council member to become a sponsor of a proposal to expand the Town's water system to serve La Colonia. In return for this sponsorship, the support system would support her county commission bid. Additionally, the CAA would assist the Town and La Colonia in developing the proposals for federal and state community development funds. La Colonia leaders would also let it be known that if the proposal did not receive favorable consideration from the Town Council, La Colonia would approach the farm labor union for assistance in developing a water system for La Colonia. This would introduce the farm labor union to the San Joaquin Valley's west side and provide the union with a local sponsor and local sanction. When the support and action systems were expanded, the Town Council (the target system) would be addressed. If the proposal to expand the water system was accepted by the Town Council, it would become the controlling system, part of the action system, the host system, and—with the Town's city manager, water department, and CAA—the implementing system to take the final step in La Colonia's water system development.

Phase 5: Evaluation and Termination of the Change Effort. Evaluation of the change effort by the client system and the CAA (as part of the action system) of the SMARRT objective of obtaining a potable water system is direct: The system was obtained. However, evaluation of the community development goals is more complex. Has the community increased its ability to continue its development? Is in more cohesive and empowered? These questions can be evaluated by participant observer methodologies. Has the number of people participating in the community increased and does it respond to other community issues?

The problem-solving approach for planned change, with its community practice skills of systems identification, community assessment, and developing and linking resources, is important whether the problem-solving strategy is used with a delimited client system such as Ms. S and her family or a larger client system such as La Colonia.

Ethics, Advocacy, and Community Practice

A discussion of professional practice in this new millennium is incomplete without attention to its ethics, the values that motivate the ethics, and ethical practice. The 20th century's last decade was and the first decades of the 21st century are soiled by a lack of ethical behavior in high and low places in the public and private arenas. We will examine the social basis for professions and the social work profession and the limitations of social work's professional ethics to provide guidance to for community practice.

Profession as Calling

A profession is more than an occupation or tradespeople with special skills (Banks, 2006, p. 130). A profession is a vocation, an avocation, and a calling. The notion of vocation comes from the religious base of most professions, meaning that the adherent will lead a certain type of life of moral behavior and service. It is a calling to care (Banks, 2004, p. 35). A profession's values constitute the service calling, not its technology; this is what distinguishes professions from occupations and contributes to their public sanction. Professions require a vision of and commitment to ends to be served and not just the techniques practiced (Bisman, 2004; Howe, 1980; Lubove, 1977).

Vocation also specifies the relationship to the community. Professions are given public protection and sanction because they are to benefit the community and the public good in addition to individual clients (Gustafson, 1982, p. 512). The mandate is to place client and public good above professional self-interest and gain. The British Association of Social Workers' *Code of Ethics* (2002) emphasizes the social responsibility of social workers with its stated principle: "Social workers have a duty to . . . humanity in their work before personal aims, views and advantage, fulfilling their duty of care and observing principles of natural fairness" (sec. 3.3.2.a.). The American Code urges social workers to elevate service to others above self-interest. Social workers are encouraged to volunteer some portion of

their professional skills with no expectation of significant financial return (pro bono service) (NASW, 2008, Ethical Principles).

It is the outward service to others that provides the basic requirements of ethical conduct and the inner rewards to the professional. For example, the value of service leads to the ethical principle that "Social workers' primary goal is to help people in need and to address social problems" (NASW, 2008, Ethical Principles).

Although service as a pristine motive of a profession has been tainted and is often ignored by contemporary professionals, it is embedded in most conceptions of profession. Adherence to the outward service orientation provides professions and professionals with the community's mandate and authority to be self-regulating (Hardcastle, 1990; Howe, 1980; Vollmer & Mills, 1966).

Social Work Values

Social work ethics are derived from more abstract values. Ethics are rules to guide the social worker's conduct and behavior. Values are the motivators for the behaviors called for by ethics. Banks (2006, p. 6) somewhat tautologically defines values as "particular types of belief that people hold about what is regarded as worthy or valuable." Reamer (1995, p. 11) provides a more formal definition of values as "generalized, emotionally charged conceptions of what is desirable, historically created and derived from experience, shared by a population or group within it, and they provide the means for organizing and structuring patterns of behavior. But as Banks (2006, p. 6) reports, the concept of values is vague, with a variety of meanings.

Values have a greater emotional charging than do ethics. They motivate ethics and behavior. Values direct the nature of social work's mission—the relationships, obligations, and duties social workers have for clients, colleagues, and the broader community. Social work's basic value configuration is the result of the many forces and orientations that the profession has been subjected to and embraced over the years. Some authorities hold that social work's values base distinguishes it from other professions (Hardina, 2002, p. 17).

Professional social workers are assumed to embrace a core set of values. The NASW Code of Ethics (2008, p. 1) states that the core values of the social work profession are "the foundation of social work's unique purpose and perspective":

- service
- social justice
- dignity and worth of the person
- importance of human relationships
- integrity
- competence

Service, human relations, integrity, and competence reasonably can be assumed as core values of most, if not all, human service professions. They are not unique to social work.

The value that is most uniquely social work is an explicit commitment to social justice. Banks (2006, pp. 81–89), in her review of national codes of ethics of the social work profession globally, found that the codes of ethics of different nations draw heavily from each other. The core of most of the codes rests on the values of:

- Self-determination of client and service user
- Social justice
- Professional integrity or the notion of virtue ethics

Social Justice

Social justice is a *sine qua non*, if not the *raison d'être*, of social work. NASW (2008, p. 2) holds social justice as one of its six core values and ethical principles. It states the ethical principle in the converse: "Social workers challenge social injustice."

Social workers pursue social change, particularly with and on behalf of vulnerable and oppressed individuals and groups of people. Social workers' social change efforts are focused on issues of poverty, unemployment, discrimination, and other forms of social injustice. These activities seek to promote sensitivity to and knowledge about oppression and cultural and ethnic diversity. Social workers strive to ensure access to needed information, services, and resources; equality of opportunity; and meaningful participation in decision making for all people (p. 2).

Unfortunately, NASW compels us to deduce its conception of social justice from the indicators used: oppressed, victims, vulnerable, poor, powerless.

The IFSW (2004, 4.2) places social justice as one of the profession's foundation values: "Social workers have a responsibility to promote social justice, in relation to society generally, and in relation to the people with whom they work." Social justice requires social workers:

1. Challeng[e] negative discrimination[3] . . . on the basis of characteristics such as ability, age, culture, gender or sex, marital status, socio-economic status, political opinions, skin colour, racial or other physical characteristics, sexual orientation, or spiritual beliefs.
2. Recognising diversity . . . recognise and respect the ethnic and cultural diversity of the societies in which they practise, taking account of individual, family, group and community differences.
3. Distributing resources equitably . . . ensure that resources at their disposal are distributed fairly, according to need.
4. Challeng[e] unjust policies and practices . . . to bring to the attention of their employers, policy makers, politicians and the general public situations where resources are inadequate or where distribution of resources, policies and practices are oppressive, unfair or harmful.
5. Working in solidarity . . . to challenge social conditions that contribute to social exclusion, stigmatisation or subjugation, and to work towards an inclusive society.

The British (British Association of Social Workers, 2002, pp. 2–4), Canadian (Canadian Association of Social Workers, 2005, pp. 2-6), and Russian (Union of Social Educators and Social Workers, 2003, Sections 3, 6-7) codes hold social justice equally central for social work.

While core and omnipresent in the profession's literature, social justice is not easily defined. Banks (2006), after Rawls, holds that social justice is based on "the idea of distributing resources in society according to need (as opposed to desert or merit), challenging existing power structures and oppressive institutions and

actions" (p. 39). Clifford and Burke (2009, pp. 123–124) follow an expansive view of social justice compatible with its use in social work. Social justice, like justice, has the components of:

- Fair distribution of goods and services to people based on equal opportunity
- Limitation of institutional discrimination and oppression
- All people are equally free to use opportunities without discrimination.
- Equality as the end position, with goods and services shared fairly between individuals and groups

Clifford and Burke differ from Banks in the different elements of justice. Banks separates equality from social justice. Clifford and Burke's conception poises the components as alternatives, "or's," rather than as components, with goods and services shared "fairly" rather than "equally." Equality as an end position of a fair sharing of goods and services assumes a conception of fair as being equal without consideration of need, effort, or contribution. Their conception of social justice used here varies from Karl Marx's position ("From each according to his abilities, to each according to his needs"; Marx, 1959, p. 119), which places both abilities or contribution and need as the core elements of "fairness" in a socially just distribution for consumption of goods and services.

Banks addresses the fairness issue of equality, contribution, and need by separating equality and distributive justice, although in social work these concepts often used as same. Equality means "the removal of disadvantage" as equal treatment, equal opportunity, and equality of results. Equality of treatment and opportunity are more easily achievable than results. Results require that end products, services, and behaviors be the same (Banks, 2006, p. 50).

Distributive justice means that the distribution of goods, social power, rights, and statuses is made according to specified rules and criteria. The rules and criteria specify "rights" according to criteria of deserving and of need (Banks, 2006, p. 51). But there lies the rub: who and how are the rules determined as to what constitutes need and deserving? The problems, as with any variance in rights and need, are that the criteria, the

rules of allocating, can lead to and promote inequality. With only a single kidney available for transplant, who has the greater need or is more deserving—a 25-year-old alcoholic vagrant, a retired alcoholic baseball legend, or a 70-year-old retired state governor? As Anatole France (2004) wrote, "The law, in its majestic equality, forbids the rich as well as the poor to sleep under bridges, to beg in the streets, and to steal bread."

Others, such as von Wormer (2009, pp. 107–116) and Gumz and Grant (2009), include *restorative justice* in the conception of social justice. Restorative justice is when injustice's perpetrators *restore* or compensate victims. Restorative justice can be individual, as a crime against individual victims, or collective, as when a powerful victimizer, such as a government or corporation, harms and victimizes communities of the less powerful. Restorative justice holds the victimizers accountable to victims for at least partially restoring and compensating them. von Wormer (2009) holds that it focuses on reconciliation rather than punishment, although compensation is a major component. Examples of the latter are payments by the German government to Jews and Israel; by Australia to the mixed Aboriginal Australians children comprising the "lost generations"; to victims of 1984 Union Carbide chemical gas disasters as in Bhopal, India; by France to persons in the Pacific islands harmed by nuclear tests; by affirmative action to victims of discrimination; by BP to the Gulf State residents and businesses, and by efforts to obtain restitution to descendents of African slaves in America and to American Indians. Individual compensation to individuals not part of a class includes compensation to individual victims of child abuse and medical malpractice. Affirmative action is another example of restorative justice.

A thorny problem in restorative justice is when the direct victims are not available, as the African-American slaves, to restore or compensate, but descendents suffer because of the injustice to the direct victims. The knotty tasks are is to determine what was and is the damage and to whom; how the descendents suffer as a result of the earlier acts of injustice (the damage to the descendents); how to determine, restore, and "compensate" descendents; and who is responsible to "restore" and compensate the descendents of the perpetrators (how compensation is made).

If only descendents of slaves are to be "restored," are only the descendents of slave owners and those who gained from slavery liable, or is the community as whole responsible (Gates, 2010)? If social justice is at social work's core, these are questions the profession must address.

Virtue Ethics

Virtue ethics is at the heart of social work's values of professional integrity and competence. Virtue ethics is an approach to ethics that is rooted in judgments about the character or virtue of the individual as the basis of what is ethical. Virtue ethics is about character, living well, or good. Virtue ethics represents the good life in a moral rather than a material or sensual sense. Moral virtues that a virtuous person exhibits are prudence, a sense of justice, courage, truthfulness, and compassion (Banks, 2006, pp. 55–58; Bisman, 2008, pp. 17–18; Clifford & Burke, 2009, p. 69).

There is growing academic, if not professional, interest in virtue ethics and in educating the profession about virtue. Banks (2006, p. 61) holds that virtue ethics is concerned about the social relationships people have with one another and with "developing good character and good judgment in professionals—what we might call moral education" (p. 69). The attention is more toward the character of the people than with rules of behavior. Clifford and Burke (2009, p. 103) state that virtue ethics is an approach to ethics "that concentrates on the integrity and character of the actor rather than on rules or actions."

The difficulty with the conception of virtue ethics is that it is something of a tautology: it contends that a virtuous actor's behavior is virtuous as the actor's character is virtuous. The behavior or actions of a virtuous actor cannot be otherwise than virtuous. It is like President Nixon's assertion, "If the President does it, it's legal." But is a virtuous actor virtuous regardless of his or her actions and behavior, as courage, honesty, integrity, helpfulness, and the other virtuous traits are only manifested in behavior or actions? Or is an actor virtuous in any situation when acting virtuous? Is it a duck if it walks, quacks, or behaves like a duck, or is it a duck because it is intrinsically a duck regardless of how it walks, quacks, or behaves? A virtuous or good person can't be identified except by the

person's "good behavior," so the task is to learn how to chose good behavior,

Gray and Gibbons (2007) argue that teaching how to make choices for virtuous behavior is a social work education task. "The moral life must be lived morally and good prudent judgment is an individual virtue that must be cultivated. . .it is in the moment that decisions are made and social workers have to become virtuosos at 'good judgment' and always mindful that ethical action more often than not rocks the boat" (p. 235).

Virtue character and ethics provide a grounding to the forces buffeting the profession, ranging from its social justice orientation, political ideologies, religious and spiritual biases, and scientism. These are only some of the paradigms working to shape the practitioner's practice values. The movement toward scientism is perhaps the most insidious as it is presented as non-ideological. It is an amoral orientation, and there is a growing force in social work that rejects a strong value base of normative concepts in favor of an emphasis on technical, scientific knowledge as the exclusive guide to evidence-based interventions and *best practices* (Reamer, 1993; Webb, 2000).

Social Work Ethics

Ethics, as indicated above, are prescriptions and proscriptions for professional behavior. Ethics deal with the right, the good, the correct, and the rules of conduct and behavior. They address the *what*s of behavior more than *why*s of behavior. Ethics provide a basis for defining professional good guys and bad guys.

The profession's and professional's values and ethics, along with practice wisdom and experience, and technical and empirical research-based knowledge, provide the criteria for selecting actions and making judgments, choices, and decisions of intervention methods and practice behavior. Interventions are not totally a matter of empirical science, nor is the profession merely an amalgamation of technologies and evidence-based interventions. The profession and its interventions must reflect a set of coherent values and virtue ethics capturing its service orientation and social justice imperative and reflecting its ethical standards.

The codes of ethics[4] of the IFSW and NASW and the codes for national social work associations

of other nations provide ethical guidelines for social workers. Many states have adopted the NASW's code of ethics as part of their legal regulations for social work (Hardcastle, 1990). NASW's code is one of the most extensive codes when compared to other codes globally (Banks, 2006, p. 86). The profession's six values enumerated above have predicated six major ethical categories: (1) social workers' ethical responsibilities to clients, (2) social workers' ethical responsibilities to colleagues, (3) social workers' ethical responsibilities in practice settings, (4) social workers' ethical responsibilities as professionals, (5) social workers' ethical responsibilities to the social work profession, and (6) social workers' ethical responsibilities to the broader society. NASW (2008) asserts the standards "are relevant to the professional activities of all social workers."

The six ethical categories have generated 51 specific ethical standards, many with numerous sub-standards. The reader is urged to consult the Code of Ethics, as there are too many for a detailed review here. For example, there are 16 separate ethical standards addressing the ethical responsibilities to clients, ranging from rules on (1.01) Commitment to clients through (1.07) Privacy and confidentiality, with 18 separate rules to (1.16) Termination of services. There also are some rather contemporary standards, such as (1.13) Payment for Services, that would not have been needed for much of the 20th century when social work was largely a public profession.

Social worker ethical responsibilities to and relationships with colleagues is regulated by 11 standards, again many with sub-standards. The standards covers a range of behaviors, including a prohibition on sexual relationships (2.07) with students, if supervised, subordinates, and sexual relationships generally with anyone over whom the social worker exercises professional authority or if a sexual relationship might produce a conflict of interest.

The IFSW and other international codes are less extensive and detailed than the NASW code. However, for all its detail, NASW (2008) contends that:

code of ethics cannot guarantee ethical behavior. … resolve all ethical issues or disputes or capture the richness and complexity involved in striving to make responsible choices within a moral community.

Rather, a code of ethics sets forth values, ethical principles, and ethical standards to which professionals aspire and by which their actions can be judged. … Principles and standards must be applied by individuals of good character who discern moral questions and, in good faith, seek to make reliable ethical judgments. … Some of the standards … are enforceable guidelines for professional conduct, and some are aspirational.

It appears that for all the detail of the NASW code, ethical behavior by social workers may be predicated more on professionally socialized virtuous social workers who fulfill their fiduciary responsibility to clients.

Ethics and Social Work's Fiduciary Responsibility

The fiduciary responsibility of a profession is embedded in its service calling and is the underpinning of all professional relationships (Kutchins, 1991). It goes beyond specific professional ethical codes. Clients have a right to expect professional competence: for professionals to be current in the valid knowledge and skills necessary to intervene in the problems of clients whose cases they accept, for professionals to know their limitations, and for professionals to adhere to *primum non nocere*—"Above all, not knowingly to do harm." The late Peter Drucker (1974), the management guru and social theorist, asserted:

Men and women do not acquire exemption from ordinary rules of personal behavior because of their work or job. . . . The first responsibility of a professional was spelled out clearly 2,500 years ago, in the Hippocratic oath . . . *primum non nocere*—"Above all, not knowingly to do harm." No professional . . . can promise that he will indeed do good for his client. All he can do is try. But he can promise he will not knowingly do harm. And the client, in turn, must be able to trust the professional not knowingly to do him harm. Otherwise he cannot trust him at all. And *primum non nocere*, "not knowingly to do harm," is the basic rule of professional ethics, the basic rule of ethics of public responsibility. (pp. 366–369)

The client has the right to expect that the professional will make an effort to know. And any potential risks the client faces as a result of the social worker's intervention are the client's choice under informed consent. The fiduciary responsibility inherent in the professional mission of

service and shared with all professions is reflected in the values of *integrity* and *competence*.

Advocacy

Advocacy is a professional and ethical responsibility for all social workers. It is a part of a social worker's fiduciary responsibility. Advocacy, simply defined, is representing and supporting a client, group, organization or cause to others. The ethical codes of most U.S. and international professional social work associations call for social work advocacy (Hardina, 1993; IFSW, 2004; NASW, 2008). Case and client advocacy are inherent in NASW's ethical standard 1.01 regarding primacy of client interest and 1.02 calling for client self-determination. On a larger stage in standard 6.01, Social and Political Action, the advocacy responsibilities extend beyond a particular client, group, or cause to social and political advocacy to achieve an equitable distribution of social resources and for social justice (NASW, 2008).

Gilbert and Specht (1976) alerted social workers to guard against the seduction of the teleological position of ends justifying means in client and social advocacy. Means and ends must be within the bounds of ethical behavior. Additionally, social workers who are employed or paid by an agency or third party must be alert to any constraints to advocacy imposed by this relationship. Clients, whether an individual or a community group, under the ethical requirement of informed consent must be alerted to the worker's constraints. We discuss advocacy more fully in chapter 12.

Informed Consent

A social worker's first responsibility is not to risk the client, whether an individual or a community organization, for a greater good unless the client makes an informed decision to be at risk in the quest for a greater social, collective, and institutional good. Informed consent requires that a client has valid information on the risks, the probability level that the risks will occur and that if they occur will produce greater good, an appreciation of any personal gains and losses by client and worker, and any organizational and employment constraints placed on the worker in

the advocacy and change effort. Individuals, groups, and community organizations have the right to decide their risks (e.g., jeopardizing jobs, risking jail time, losing a home). They have a right not to be unilaterally and ignorantly placed in harm's way by a community practitioner pursuing a social, collective, or institutional good. Clients and action systems deserve the opportunity to participate or not to participate, on the basis of appraisal of the gains and risks to them. They need to be advised of the extent to which the social worker or sponsoring agency will go to protect them or to share the risks with them. Clients have a right to provide or refuse informed consent.

The social worker has a duty to warn others of the risk that a client's behavior may pose to them, and a duty to warn a client of the risks faced in any personal or social change effort. We will discuss some of the difficulties in obtaining informed consent and limitations on the duty to warn later in the text. Conflict situations, the social worker's ideological commitments, or employer interests do not remove ethical imperatives. Informed consent is necessary for worker accountability and client self-determination and empowerment.

Community Practice and the Fiduciary Responsibility

Community practice in all its forms and the use of community practice skills by direct service practitioners require adherence to the same high ethical standards of conduct as those required of any professional social work practice. Unfortunately, NASW's and the other international codes are more reflective of Howe's (1980) private model of profession, one with members who "are primarily responsible to individual clients" (p. 179). Private professions in the main are concerned with the private good of individual clients. Reisch and Lowe (2000, p. 24) contend that NASW's ethical code assumes that the ethical issues it addresses, especially in its standards 1 and 2, arise primarily within the context of a clinical relationship and the administrative and supervisory environment of that relationship. They claim that social work's code of ethics does not provide sufficient ethical guidance to community practice and that the social work

literature gives little attention to the ethics of community practice. Community practice does not represent a higher form of practice exempted from ethical constraints and fiduciary responsibility. It requires the same value base with a commitment to social justice, informed consent, self-degermination, and empowerment of clients and community (Banks, 2004; Butcher, Banks, & Henderson with Robertson, 2007; Hardina, 2002, pp. 18–43). Indeed, community practice may require greater adherence to virtue ethics and the fiduciary responsibility, as both the scope of an intervention and the change's potential for good or harm often are greater. Community practice interventions can't rest on the teleological claim that moral and equitable ends can justify unethical means (Schmidtz, 1991, p. 3). Ethics governs means or practices as much as ends. Not only must the ends be ethical and just, but also the tactics and behavior used in the pursuit of the ends must meet ethical and moral criteria. No matter how well-meaning the social worker is in the search of noble ends for the client or community, the ethical constraints of informed consent and the rights of clients (albeit clients often difficult to define in community practice) inherent in ethical codes remain operative, even if these ethical standards interfere with the processes of change. Racher (2007) argues that feminist ethics should guide community practice: "Inclusion, diversity, participation, empowerment, social justice, advocacy, and interdependence are key considerations of feminist ethics from the individual to the societal level. These concepts form an ethical foundation for . . . community practice" (p. 71). Beyond feminist ethics, the core value of social justice guides the ethics of community practice (McGrath, George, Lee, & Moffatt, 2007).

The Association of Community Organization and Social Administration (ACOSA) has not developed or promulgated an ethical code for community practice. Its literature does urge proactive ethics rather than reactive ethics (Beverly, 2003). Proactive ethics focuses or preventing ethical problems rather than merely reacting to them. Beverly (2003) argues that "[i]n proactive ethics practice, one may forgo direct confrontation of the responsible individual and focus on preventing such problems in the future. For example, the social worker forms

a coalition of advocates focused on the problem and/or gains appointment to the Board that governs the pertinent organization, then co-shapes policy actively aligning with the Code (p. 8)." This is similar to President Obama's decision not to investigate any misdeeds of the Bush II administration and to concentrate on moving forward. Proactive ethics, in its avoidance of direct confrontation, may also be avoiding the accountability and justice of reactive ethics, appears to require a major time investment, and, Beverly outlines, must still rely on aligning with reactive codes in the example to prevent unethical behavior.

A fundamental deficit of the private ethical codes is that they are designed to regulate professional behavior with individual clients and are not ethics for community practice. In most professions that deal with macro-practice there are not *large systems ethics* that specify standards of behavior when not dealing with the individual or collectives of individuals. The banking crisis and other major financial and corporate system practices of the early 21st century demonstrate this. It is important to also distinguish between illegal behaviors and unethical behaviors. Behaviors can be illegal and not unethical and unethical but completely legal. This will be discussed more fully below.

The Client in Community Practice

The *client* is not clearly defined in macro and community practice by traditional notions of a client relationship. Community practice shares with much of social work practice a third-party employment relationship, unwilling targets of change, and people not seeking the practitioner's service. The social worker generally is employed by and accountable to an agency rather than the service recipients. This clouds and often preempts any social worker's accountability to a client, target, or beneficiary of the professional action. In community practice the goal often is "systems change" and social justice aims not selected by the action systems.

In community practice, care must be taken not to stretch the conception of client and a client relationship beyond recognition. Most conceptions of a client in a professional relationship indicate that a client is the person who in some

way engages the professional service of another. Community practice, as pointed out by Gilbert and Specht (1976), emphasizes the importance of being clear about the responsibilities to the client and to the employing agency. But who is the client? The social worker in social advocacy, social action, community development, and much of macro- and community practice is employed and engaged by a social agency or organization to produce social change. The practitioner may have no formal or even implied or informal contract with a client group, let alone the client system. Community groups are used in the action system to pursue change. The social worker is not employed by the community. The funding may come from sources outside any target or beneficiary community. The problem-solving systems discussed earlier in this chapter require careful professional attention.

Social workers, community psychologists, and similar professionals must decide and be clear about to whom they are accountable, as there are bound to be conflicting loyalties and vague mandates. O'Neill (1998, p. 234), a community psychologist, notes that we often intervene on behalf of groups who are "only vaguely aware that a professional is working to advance their presumed interests" and "who gave no consent at all." The conception and subsequent construction of a client system in situations where the practitioner is employed by a social organization other than client systems must be approached carefully. Client systems generally are the people who ask for and sanction the proposed change *and* who have a working agreement or contract, whether formal or informal, with the change agent as well as being the expected beneficiaries of the change agent's services. A meaningful conception of *client* goes beyond being a target of change, the agent of social change, or beneficiary of change to the inclusion of agreeing to the change.

As Reisch and Lowe point out (2000, p. 25), other challenges confronting community organizers include issues involving truth telling and competing interests and goals, paternalism and the limits on an organizer's interventions when there are divided professional loyalties, allocation of scarce resources between competing interests, and resolving differences between public and private interests.

The social work codes of ethics provide little guidance to the community practitioner in the client relationship, although they are more helpful in providing guidance for relationships with colleagues, employing agencies, the profession, and society.

An examination of a few of the ethical standards delineated under *Social Workers' Ethical Responsibilities to Clients (NASW, 2008, pp. 2-5)* will illustrate the point:

1.01 Commitment to Clients: Social workers' primary responsibility is to promote the well being of clients. In general, clients' interests are primary.

This raises questions as to who is the client: the community, which is rather nebulously defined, the action system, or those who may most benefit, or the social justice aim? Who is the client, and does primary commitment lie with client or with cause?

1.02 Self Determination: Social workers respect and promote the right of clients to self determination and assist clients in their efforts to identify and clarify their goals.

1.03 Informed Consent: (a) Social workers should provide services to clients only in the context of a professional relationship based, when appropriate, on valid informed consent.

Again, with 1.02 and 1.03 the community practitioner is faced with the daunting challenge of determining who is exercising self-determination and has granted truly informed consent to exercise the self-determination. Do all the problem-solving systems have the right to privacy and informed consent, or is it limited to the client system only? What about the action system? Who provides the informed consent for the community and how is it provided? Community organization as a field of practice, as separate from using community practice skills on behalf of a defined client, has a problem of "informed consent." Who gives consent: the community, agents or spokespeople of the community, or the community organizer's employer and sponsor? If the community, how does the community give it? If spokespeople or agents, how are they selected and who selected them? If the sponsor or employer, by what right and authority does it speak for the community if the client (the community) is to provide the consent after being informed? This is very similar to the

question in community organization of "who is the client?"

1.09 Sexual Relationships: This standard, with its four clauses, proscribes sexual relations with current and former clients and basically with all the client's primary social networks. But how does this apply to the client systems in community practice? Is the community practitioner forced into celibacy at least in the community of practice?

Hardina (2002, pp. 28–31) argues that celibacy is hardly a viable solution. She presents a series of reasonable guidelines to govern the community practitioner's sexual relations (perhaps most relationships) with community organization participants and constituents, focusing on the nature of the power relationship between the potential sexual partners. The community practitioner should:

- Avoid sexual relationships when the partners have a superordinate–subordinate community or organizational relationship
- Not use the community organization position in any way to promote a sexual relationship or any other relationship that can lead to a conflict of interest or harm the partner in any in the community.

The difficulties in using the codes for community practice rest with the difficulties in defining client and community as client. However, the use of community practice skills by social workers working on behalf of a defined client should adhere to the codes. The community organization practitioner should attempt to be virtuous in the strict sense of the concept and adhere to the imperative of *primum non nocere*.

Whistle-Blowing and Ethics

A pragmatic challenge to an agency-based social worker or a social worker who is financially dependent on a third party is whistle-blowing. Whistle-blowing calls public attention to social and legal wrongdoing by an agency's or funding source's personnel, usually persons in authority. A whistle-blower usually does not face ethical dilemmas, although whistle-blowing generally

carries with it very real personal costs, risks, and pragmatic dilemmas. No one appears to respect a snitch, even when snitching is in the public good. It can cost the whistle-blower his or her job, and potential future employers become wary. Thus, whistle-blowing should be done prudently. Whistle-blowing has become more popular as the website Leakapedia.com demonstrated, but again with costs to the whistle-blower when discovered.

Reisch and Lowe (2000) provide some guidance for potential whistle-blowers. After determining who is being accused and whether or not the accusations are fair, the potential whistle-blower should address the questions in the following guidelines.

Guideline Questions for Whistle-Blowing

1. Am I acting in the public interest and good, or for personal interests and motives?
2. Do the facts warrant this action? Have all internal alternatives been explored?
3. Does the obligation to serve the public interest outweigh my responsibility to colleagues and the agency?
4. Can the harm to colleagues and the agency be minimized? What are the least harmful methods available?

Whistle-blowing, under Ethical Standards 2.11: Unethical Conduct of Colleagues, 3.09: Commitment to Employers, and 4.04: Dishonesty, Fraud, and Deception (NASW, 2008, pp. 5–7) should be done only after exhausting all other avenues for change within the agency. Ethical Standard 2.01: Respect under 2. Social Workers' Ethical Responsibilities to Colleagues also must be weighed in the whistle-blower's decision. The use of alternative avenues for change ethically can be rejected after consideration, according to Reisch and Lowe (2000), for three reasons: (a) when no alternatives exist for the situation at hand, (b) when there is insufficient time to use alternative channels and the damage of no change or exposure outweighs the damage of premature whistle-blowing before alternatives are exhausted, and (c) when the organization is so corrupt that there is an imminent danger of being silenced or falsely refuted.

Dilemmas in Ethical Behavior

Consistent ethical conduct is difficult for social workers. The difficulty generally lies in conflicts between a social worker's pursuit of pragmatic self-interest or in meeting ethical obligations. True ethical dilemmas between two or more ethical imperatives are rare, but pragmatic dilemmas are frequent. An ethical dilemma exists when two or more ethical imperatives are equally important but require opposite behaviors. Both can't be satisfied, and satisfying one will violate other ethical imperatives, and the ethical guidelines do not give clear directions or set a clear priority as to the ethical imperatives to follow.

Pragmatic considerations frequently make ethical behavior arduous and professionally or personally risky, but the pragmatic considerations and hazards are not ethical dilemmas. The dilemmas are between ethical behavior on one hand and pragmatic consequences on the other hand.

The use of "enhanced interrogation" techniques by the Central Intelligence Agency and the military on suspected *al Qaeda* terrorists and others illustrates the point. Medical personnel were deeply involved in the abusive interrogation of overseas U.S.-held terrorist suspects, according to an International Committee of the Red Cross's secret report. The Committee held that the participation by the medical personnel was a "gross breach of medical ethics." The medical personnel functioned in the interrogation to

ensure that the torture did not kill the prisoners. According to current CIA director Leon E. Pannetta, "no one who took actions based on legal guidance from the Department of Justice at the time should be investigated, let alone punished" (Shane, 2009, p. A6).

This raises the question of whether it is ethical for professionals to violate their codes of ethics and ethical standards and behave unethically simply because the behavior is sanctioned by a government. If so, all the genocidal actions of doctors and others would be okay according to the Pannetta logic if sanctioned by a government. All the Nazi behaviors prosecuted by the United States after World War II at the Nuremburg trials would be legal, as they were based on the legal guidance of the Nazi government. Or perhaps the behavior has to be sanctioned by the *winning* government. The medical personnel were not facing ethical dilemmas. Certainly they faced dilemmas between pragmatic considerations of career-ending decisions and ethical behavior. They had options. But ethical behavior is behavior mandated by ethical standards irrespective of a government's desires. Otherwise there is no need for ethics—simply do what you are told to do by the government or employer: *I was only following orders.*

There are substantial risks to pragmatic self-interests and possible conflicts between ethical behavior and pragmatic interests involved in the ethical examples discussed in the following sections.

Ethical Challenges, Example 1: Community Practice: Advocating Client Interests Over Agency Interests

A community organizer was hired several years ago by a city as a community organizer in an inner-city neighborhood known as Crabtown. The city's mayor and managers at that time believed, based on some research, that neighborhood cohesion had a deterrent effect on street crime, vandalism, and deterioration (Castro, 1997/98; Rauch, 2004). The community organizer had some success and organized a neighbor association, a neighborhood watch program, anti-drug parent patrols, and community recreation. Street crime, vandalism and graffiti, and drug-related crimes decreased in Crabtown.

Some years later, a new city administration was in power and promoted a state law to allow casino gambling in the state. The city was to get one of the casinos and planned to put it in an abandoned warehouse in Crabtown. The city's administration believed the casino would revitalize Crabtown by bring new businesses to the neighborhood, increasing jobs, reducing blight, and generating tax revenue from the casino for the city. In short, the city government viewed it as a winner for everyone. The community organizer, a city employee, was directed by the administration to *sell* the casino to the Crabtown Neighborhood Association (CNA) and other neighborhood groups and obtain their support for a casino in Crabtown.

After several community meetings held by the CNA for community input, the CNA concluded that the casino should be opposed. The reasons for their opposition were:

- Potential for increased crime and drugs with all the new people coming into the neighborhood to gamble
- Gambling being an enticement for the predominantly low-income residents and youth of Crabtown
- Disruption of the community, with increased traffic and parking demands of the casino
- Increased property taxes and property costs to Crabtown residents

The CNA saw it as a losing situation. Even the few jobs created for Crabtown residents would not be sufficient to offset the costs to the neighborhood. As one resident said, "Go to Atlantic City and walk around in the poor neighborhoods if you dare. They've had casinos for years."

The community practitioner, a social worker, believes that she faces a dilemma. The city believes the casino would be good for the neighborhood and city, and she works for the city. If she doesn't *sell* the casino proposal to the neighborhood, she could lose her job. Her clients, the CNA and the other neighborhood groups, generally opposed the casino. Doesn't the code of ethics compel her to follow her client's interests? Or is there a larger social responsibility?

1. Social Workers' Ethical Responsibilities To Clients

1.01 Commitment to Clients

Social workers' primary responsibility is to promote the wellbeing of clients. In general, clients' interests are primary. However, social workers' responsibility to the larger society or specific legal obligations may on limited occasions supersede the loyalty owed clients, and clients should be so advised. . . .

1.02 Self-Determination

Social workers respect and promote the right of clients to self determination and assist clients in their efforts to identify and clarify their goals. . . .

1.03 Informed Consent

(a) Social workers should provide services to clients only in the context of a professional relationship based, when appropriate, on valid informed consent. Social workers should use clear and understandable language to inform clients of the purpose of the services, risks related to the services, limits to services because of the requirements of a third party payer, relevant costs, reasonable alternatives, clients' right to refuse or withdraw consent, and the time frame covered by the consent. Social workers should provide clients with an opportunity to ask questions.

The preceding example need not have become an ethical dilemma or conflict if the community practitioner had adhered to the ethical standards from the beginning of the relationship. Standard 1.01 specifies that sometimes a client's interests are not primary and may be superseded. However, the client needs to be advised of these limitations at the beginning of the relationship as advised in both Standards 1.01 and 1.03. The CNA and neighborhood groups should have been advised that the community organizer works for and follows directions from the city. The risk, of course, is that the client will withdraw consent when informed of the community organizer's relationship with the city and the community.

The dilemma is more pragmatic than between conflicting ethical standards. The strain is not between two equally compelling and opposed ethical imperatives. The NASW Code of Ethics is pragmatic in that it negates client primacy and interests when they conflict with employment standards, third-party payment, and legal imperatives regardless of the moral basis of the legal imperatives, insofar as there is informed consent. The strain and the dilemma are real and important, but this is not an *ethical* dilemma. There may be a dilemma between the value of social justice and NASW's Code of Ethics that places the social worker's ultimate primary commitment to employers, third-party vendor requirements, and legal requirements rather than to clients. If she provided informed consent to the community when she first entered the community, she may have never organized it. If the social work community organizer helps CNA oppose the casino and the city, the social worker pursues the ethical principle of social justice, the spirit of primacy of client interest, and the related social action, but violates the letter of ethical standard 1 and risks her livelihood in so doing. NASW's convenient posturing on the social workers' ethical obligations to client, employer, third-party payers, and laws regardless reduces the potential for strict ethical conflicts but increases the quandary of ethics as rules for behavior versus virtue ethics as motivators for behavior.

Ethical Challenges, Example 2: Casework Practice: Civil Disobedience to Maintain Ethical Behavior

Public law and policy, bowing to public pressure, has been revised several times over the past years to limit services provided to illegal immigrants. City, a Northeastern community, passed an ordinance that requires that service professionals in the City report illegal immigrants to the Immigration and Naturalization Service. Should a social worker employed by a City service or voluntary not-for-profit agency adhere to this ordinance?

If a social worker is discovered not reporting illegal immigrants, it, can result in the social worker's loss of employment and license, and he or she may be subjected to other civil and criminal penalties.

Reporting, however, violates a series of ethical standards from the social worker's ethical responsibilities to clients through 4.02: Discrimination (NASW, 2008):

"Social workers should not practice, condone, facilitate, or collaborate with any form of discrimination on the basis of race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, *immigration status*, or mental or physical disability".

The client is being reported not for any wrongdoing other than immigration status, so reporting appears to violate Standard 4.02. However, back to 1.01: Commitment to clients, which states that a social worker's responsibility to the larger society or specific legal obligations may on limited occasions supersede the loyalty owed clients.

This second example presents an ethical dilemma to a social worker because the ethical code presents an apparent internal inconsistency. The inconsistency is between the profession's values and its ethics. The conflict is between the profession's six ethical principles, especially the principles of service, integrity, and social justice.

Ethical Standard 1.01 presents social workers with the challenge of reconciling specific legal obligations that are assumed to supersede the loyalty owed clients and to social justice. A social worker's ethical behavior generally is a reconciliation of the often-disparate demands of personal values and ethics, professional values and ethics, and public rules of behavior called laws. Ideally they are derived from the same core values, but unfortunately, they are not always consistent. When not consistent, the social work practitioner is then challenged to adhere to the core ethical principles and values of social justice and integrity and act in a virtuous manner. History is replete with the challenges of disobeying unjust laws to behave in an ethical manner. Slavish adherence to public law in itself is not always moral, although according to the NASW's ethical standard 1.01 it is ethical. This standard negates civil disobedience in pursuit of moral goals, and historically this ethical requirement would have precluded social workers' participation in the civil disobedience to obtain full civil rights for all Americans during the Civil Rights Movement or acting as a righteous person sheltering Jews and other persecuted peoples in Nazi Germany.

The Organization of This Book

The book is divided into two parts. Part I explores the context, dynamics, and primary theories underlying community practice. This part contains three chapters that were not included in the first edition: Chapter 2, Theory-Based, Model-Based Community Practice; Chapter 3, The Nature of Social and Community Problems; and Chapter 4, The Concept of Community in Social Work Practice. Part II addresses essential community practice skills for all social workers in the 21st century and is divided into 10 chapters: Chapter 5, Assessment: Discovering and Documenting the Life of the Community; Chapter 6, Using Assessment in Community Practice; Chapter 7, Assertiveness: Using Self in Community Practice; Chapter 8, Using Your Agency; Chapter 9, Using Work Groups: Committees, Teams, and Boards; Chapter 10, Using Networks and Networking; Chapter 11, Using Marketing; Chapter 12, Using the Advocacy Spectrum; Chapter 13: Using Organizing: Acting in Concert; and Chapter 14, Community Social Casework.

BOX 1.6.	Social Work's Ethical Principles

Value: Service
Ethical Principle: Social workers' primary goal is to help people in need and to address social problems.
Value: Social Justice
Ethical Principle: Social workers challenge social injustice.
Value: Dignity and Worth of the Person
Ethical Principle: Social workers respect the inherent dignity and worth of the person.

Value: Importance of Human Relationships
Ethical Principle: Social workers recognize the central importance of human relationships.
Value: Integrity
Ethical Principle: Social workers behave in a trustworthy manner.
Value: Competence
Ethical Principle: Social workers practice within their areas of competence and develop and enhance their professional expertise.

Discussion Exercises

1. *Could theories of human behavior and social work intervention be developed and used without a consideration of community influence? If so, would the theories be equally applicable to anyone in the world, without consideration of culture or community?*
2. *How are interventions and post-intervention successes of clients affected by the community? Do the social relations, environment, and networks of a drug user affect drug use? Will drug use be influenced by a "clean" community and a social support network of non-users?*
3. *Are there values that are shared by most communities regardless of culture and ethnicity? If so, what are they?*
4. *What are the social worker's ethical responsibilities to a client and the limits of the social worker's capacity to engage in client advocacy when employed by a social agency? Which ethical codes limit advocacy? Should the scarcity of resources limit client advocacy?*
5. *Are there differences between the legal requirements and ethical obligations in duty to warn, client self-determination, and informed consent? When should values supersede ethical standards?*
6. *Do the simultaneous obligations to clients, the community, and the employing agency and advocacy of the primacy of the client's interests present practice dilemmas? What are they?*
7. *In social cause advocacy, does the social work advocate owe primary loyalty to the employing organization, the social cause, or the participants? Is there a client or a client system in social cause advocacy?*
8. *Can there be a profession sanctioned by the community for social reform and social reconstruction? Can reform and social change be professionalized? Can a profession or occupation dependent on public funding or employed by the public sector, either directly or under contract, become a radical change-oriented profession?*
9. *If the first ethical rule of all professional behavior should be primum non nocere—"first of all, do no harm"—what is your position on the question, "Should the social worker risk harming an individual client in order to produce social, collective, and institutional change that might result in good for a large number of people?" Defend your position based on the social work profession's code of ethics and values.*
10. *Can affirmative action, a form of restorative justice, be defended as ethical by the code of ethics? How is affirmative action compatible with the code of ethics?*
11. *Are there ethical canons that allow law and public policy to supersede the code of ethics?*

Notes

1. The Oxford Encyclopedic Dictionary. (1991). New York: Oxford University Press. p. 1371.
2. Peru elected a minority president, Alberto Fujimori, in 1990. Bolivia, another South American nation, elected Evo Morales president in 2005. President Morales claims to be an Amerindian, although critics insist he is Mestizo. Neither makes him a numerical minority but a member of a socially disadvantaged ethnic group. Neither Peru nor Bolivia is generally labeled as a developed Western industrial democracy.
3. The IFSW reports that some countries use "discrimination" instead of "negative discrimination." "Negative" is used by IFSW because in some countries the term "positive discrimination" is also used as "affirmative action" for positive steps to redress historical discrimination.
4. The complete and current Codes of Ethics are available on the Web at http://www.socialworkers.org/pubs/code/default.asp for the NASW and

http://www.ifsw.org/p38000324.html for the IFSW. All references to and excerpts from the NASW Code of Ethics were obtained from this source. Codes of Ethics for other national social work associations also generally are available on the Web.

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