Chapter 9 - SOCIAL WORK *

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I. HISTORICAL DEVELOPMENTS AND WORK ENVIRONMENTS

1. History

Social work is rooted in antiquity and in humankind's efforts to help one another in times of hardships like poverty, pestilence, and disease. These efforts began around 2100 BC. Drawings on the walls of tombs depict Egyptian rulers giving things to the poor; Egyptian farmers were given seed in the event of a crop failure (Conger, 1975).

Social inventions continued, through a process of progressive differentiation, to comprise charity given by monastic orders (350 AD to the present); to laws regulating the movement of "able-bodied beggars" and the "right to relief of those who were unable to work for themselves" (First English Poor Law, 1388 AD); to the establishment of "hospitals" (almshouses, orphanages and training homes -- 1520 AD); to "welfare officers" (civil officers who directed the expenditure of tax funds levied for the purpose of relieving the poor -- England, 1572 AD); to the Elizabethan Poor Law of 1601 AD which established categories of relief recipients, artifacts of which still exist in Canadian and American legislation currently, implicitly describing the poor as "deserving" or "undeserving"; to the major public and private programs and policies of the Nineteenth and Twentieth Centuries (Sickness Insurance in Bismark's Germany in 1884 and his Workmen's Compensation in 1885 and Old Age and Incapacity Insurance in 1889; Family Allowance in France in 1918; Old Age Pensions in 1908 and compulsory health insurance in 1911 in Great Britain; the New York Children's Aid Society in 1853 and the Juvenile Court in Chicago in 1898) (Conger 1973).

As "charity" moved from religious auspices to secular auspices, and as our understanding of human and societal development deepened, the need for personnel with skills above and beyond those intuited by "good will" became apparent. This gradual realization led to the development of the profession we now call "social work". Volunteers could no longer fully meet the demands for service and thus, the first paid charity workers, i.e., social workers, were employed in America and England in 1890. They were not all women, as is popularly thought:

> "Brilliant young graduates of Harvard University made a career of charitable work; so also did men past middle age... Feminine tact and sympathy were prized in friendly visiting and many women who started as volunteers remained as paid charity workers."
>
> Conger, 1973

At about the same time, the training of social workers moved from a model based on in-service, in social agencies, to one based on university training.

Initially, when the Canadian Association of Social Workers (CASW) was founded in 1926, professional social workers across Canada belonged to that Association as individual members; since 1975, CASW has been a federation of 11 provincial and territorial associations, representing within its own borders roughly 8,000 social workers in the country.

(b) Training Programs

The first school of social work was established in Amsterdam in 1899. On the North American continent, the first summer session in social work was offered in 1896 in the United States with the first eight-month social work program following in 1904; and the first Canadian school to admit students was the University of Toronto, in 1914.

There are now 26 schools, faculties, and departments in Canada, designated as "accredited schools" or "provisional members", through their affiliation with the Canadian Association of Schools of Social Work (CASSW), the national standard-setting body. The forerunner of CASSW, established in 1967, was the National Committee of Schools of Social Work, which had existed since 1948.

In addition, through a high degree of co-operation with the Council on Social Work Education (CSWE), New York, Canadian schools received accreditation of their programs. It was only with the initiation of CASSW as a voluntary, national, non-profit association of university faculties, schools, or departments offering professional education in social work, that Canadian accreditation standards and criteria were established. (CASSW 1979) It should be noted that more than 50 years of liaison and co-operation among social work academics, internationally, has led to a remarkable degree of agreement as to what constitutes a core curriculum in social work education in whichever country it may be taught.

Most Canadian social work schools offer undergraduate and graduate degrees: the Bachelor of Social Work (BSW) degree, known within the field as "the first professional degree", and the Master of Social Work (MSW) degree. Only the University of Toronto offers a program of studies leading to a doctoral degree in social work (DSW); two other schools propose to offer a doctorate of philosophy in the near future: Wilfred Laurier University Faculty of Social Work and the University of Calgary Faculty of Social Welfare.

There exist, as well, community college programs in social services, leading to a diploma or certificate. Usually of two years' duration, these produce graduates who work in direct social services, usually under the supervision of a university-trained social worker. Although there is not currently a national or international accreditation body for these training programs, most have an active liaison with schools of social work in their region, to provide an educational ladder for those wishing to continue formal studies in social work.

In general, the BSW requires four years of study, with an additional year or two for completion of the master’s degree. Some students may enter BSW or MSW programs with a prior undergraduate degree (usually, a Bachelor of Arts with a major in the social sciences) although they may be required to take a qualifying year, particularly for graduate admission. Doctoral studies, undertaken in Canada or in the United States, usually require two to three years in residence plus a variable period of time to complete the required dissertation; the Canadian average is five years from the time of commencement of studies. As is true for all professional schools and at all levels of their programs, admittance is gained by superior academic achievement (as measured by grade point average), personal suitability, and, where possible, evidence of work experience or substantial volunteer experience in the field in which studies are to be undertaken.

Professional social workers work in a variety of settings including: child welfare organizations; group homes; neonatal intensive care units of active treatment hospitals; probation services; United Ways and social planning councils; policy and planning secretariats of major provincial and federal social programs; law reform and human rights organizations; boards of self-help groups and agencies; institutions for the physically and mentally disabled; services for the aging and elderly; youth drop-in centres and street

agencies; academic institutions; personnel departments in major industries and businesses; and treatment organizations for those suffering alcoholism and drug addiction.

II. BODY OF KNOWLEDGE

Social work, like other professions, does not have an exclusive "corner on the knowledge market"; what is unique to social work is its perspective on people's problems in living, the solutions to those problems and, therefore, the body of knowledge required to sustain work from that perspective. Social workers take a broad view of problems that focuses on the inter-connectedness and interdependence of individuals with their society, believing that "private troubles" and "public issues" are intimately related. The knowledge base, therefore, is derived from research about individuals and society and, more importantly, about the dynamic relationship between the two (where general systems theory is a key principle).

(a) Core Subject Matter

Most social work education assumes a "two plus two" arrangement in BSW programs, i.e., a minimum of two years of (liberal) arts education in relevant areas (psychology, sociology, anthropology, political science and economics) followed by two years of more specialized subject matter, which reflects the perspective of social workers that individuals and their society are interdependent.

There is international agreement on the knowledge base of social work and the core subject areas are: human growth and social environment; social policy; social welfare administration; research methodology and design; supervised practice or field work experiences; and, methods courses in the application of and integration of the learned knowledge base. In addition, most Canadian education programs consider an interviewing and communications course an integral part of the curriculum.

(b) Specialized Subject Matter

Graduate and post-graduate education provide opportunities to specialize in a particular area (casework, group work, policy and administration, community organization, and research are the traditional forms), or in a given field of practice (child welfare, education and social work - social work services in schools, gerontology, social work in health settings), or in a particular methodology (family therapy, behaviour modification, social planning, locality development, supervision).

The emphasis on research in social work is demonstrated by the requirement that all graduates must have successfully completed research courses in the arts portion and/or in the core social work portion of studies. The goal, mainly, is to train social workers to be good consumers of research and, secondarily, to design and conduct studies in their own profession, thereby fulfilling the profession's commitment to evaluation, which is considered a core skill in all forms of social work practice. Because social work draws heavily on the information provided by psychology and sociology, it is important that social workers be able to judge the validity and worth of their studies.

III. CLINICAL SKILLS

Social work practice has a generalist and a specialist component. For all forms of practice, the purposes, functions, foci, objectives, and values are the same, wherever that practice occurs. Further, knowledge base, methods and skills are a part of all practice, although they differ from one practice site to another.

Specializing assumes that a social worker, accepting and building on a common base of beliefs; purposes, foci, and objectives for the profession, has decided to pursue one of the basic functions of social work

more than others; to confine practice to a particular methodology (for example, social planning or family therapy) or to a particular field of practice (practice in a hospital or health care setting). Thus, specializing (including "clinical practice") implies a declaration of emphasis within the broad range of practice but never a denial of the complete range of social work functions.

The term "clinical skills" in social work is something of a misnomer, inasmuch as what one is really referring to is social work skills used in a "clinical" setting where the social worker works mainly with individuals, families and small groups, as opposed to working with large groups, institutions, organizations and communities. The social work research and literature of the seventies has underlined the commonalities of skills in all practice areas, and the integrated functions of social work.

(a) Functions of Social Work

Seven separate functions of social work have been identified. (Pincus and Minahan 1973) These functions, while they appear to be separate and distinct entities, in fact, are not. There is a high degree of interaction and inter-dependency among the functions and, taken together, the whole represents a greater entity than the sum of its parts. Each function, while separate and identifiable, does not tell one a great deal about the package-as-a-whole; it is the entire package that comprises the substance of social work practice.

When social workers talk about the functions of social work practice, they often use a term called "resource systems". These systems fall into three categories. The first is the "informal resource system" which refers to that set of linkages that most people in our culture possess, i.e., connectedness and a support network involving family and friends. These are the people to whom we turn for the nurturance of our daily emotional and physical lives. A second is termed the "formal", which refers to the more structured attempts people make to support one another (e.g. self-help groups, memberships groups, professional associations, unions). The third is the societal one, which comprises the largest attempts on the part of western industrialized democracies to cope with common human needs. Examples of societal resource systems include health, education, social welfare, and justice/legal services. It follows that when social workers link people with systems that provide them with resources, services and opportunities, they are linking human beings with other human beings in each of the resource systems identified.

Thus, the functions of social work include the following:

1. Helping people enhance and more effectively use their own problem-solving and coping capacities. This is done via counselling which closely approximates the tasks and activities of psychologists and psychiatrists. Further, social work draws on the techniques of psychoanalytic theory and its derivatives: social learning theory; existential theory (more properly, a philosophy rather than a treatment technique); social systems theory; and (unlike psychology and psychiatry) certain economic and political theories.

2. Establishing linkages between people and resource systems.

3. Facilitating, modifying, and building new relationships between people and societal resource systems.

4. Facilitating, modifying, and building relationships within resource systems.
These linkages, relationship, and interaction activities cover an inexhaustible list of items.
Linkages may mean connecting a runaway adolescent with her family; organizing a national conference of deputy ministers of social welfare; referring an indigent client to a legal aid society in order to obtain counsel in a divorce application; arranging a workshop with the criminal law association to enable social workers to perform better in the role of expert witness; or recognizing a new client population (like

"battered wives", parents of "foetal alcohol syndrome" children, or parents of "sudden infant death syndrome") and linking members of that client population for their mutual benefit and support.

Relationship and interaction activities may include family therapy with dysfunctional families; retreats and think-tanks; Nominal Group Process with a dysfunctional staff group in a social agency; getting a frightened senior citizen living alone to accept and welcome a dally telephone call on a "buddy" basis from a senior citizen self-help society; coordinating efforts of local, provincial and federal officials concerned with services to seniors to fund agencies (so that a "buddy" service can be offered in the first place); accepting referrals from pediatricians to organize special education services for a learning disabled child, and later, consulting with the pediatrician on strategies to persuade local school authorities to expend more funds on the diagnosis and remediation of learning-disabled children.

5. Contribution to the development and modification of social policy.
Social workers manifest professional responsibility for contributing to social policy by working, often with others, for policy objectives. They call attention to unmet needs, gaps, dysfunctional social policies and legislation; design and promote the establishment of new services; coordinate and integrate existing societal resource systems; and influence and change social policy and legislation designed to alter the social conditions and restraints under which people live. (Pincus and Minahan 1973) Social Workers have involved themselves in "middle-range levels of policy change" rather than involving themselves in basic changes in the entire structure of societal institutions. It is their belief that fundamental social change is brought about in the political arena through political processes; while professions can offer technical expertise in these processes, no one profession should have sole responsibility for an area which ultimately affects the lives of all people in a particular province, state or country. Social workers feel that falling to work on the development and modification of social policies and provisions for humans is to function from a stance alien to social work (that is, that the client is "the problem", or "the client is the author of his own misfortune").

6. Dispensing material resources.
This function has traditionally been associated with social work: the involvement by social workers in the planning and implementation of a variety of social allowance and other income security plans. More subtle forms of this allocation of resources function include decision-making in which school social workers participate (e.g. to select students for limited space in special classes). Similarly, the selection, maintenance, and co-ordination of foster homes is an example of dispensing resources available to children.

7. Serving as an agent of social control.
Tasks and activities include the supervision of people labelled deviant by society; investigation of complaints of abuse and neglect in child welfare matters; and licensing resource facilities to ensure^-hat adequate care is provided to those in need. Social work is a profession that is mandated by the society in which it exists; some social workers believe that the profession cannot exist outside of democratic countries and governments. Professions mandated by a society in turn reflect and validate societal beliefs, thereby becoming agents of social control. While this function is traditional, more subtle forms may not be obvious. Social workers note particular "therapeutic" techniques which may carry biases unfair to certain segments of society, and thereby conflicting with the code of ethics to which social workers adhere.

(b) Skills Unique to the Profession

The skill areas in clinical social work practice, follow the series of skills established for all areas of social work. That the skills are manifested with varying degrees of finesse and intuition adds an element of art to this process.

Skills in "generalist" social work practice include assessing problems; collecting data (by direct verbal questioning, written questioning, projective verbal techniques, and use of existing documents); making initial contacts (including reasons for initiating contact and assessments of motivations and resistances to change); negotiating contracts (including a knowledge of consent versus informed consent; developing strategies and techniques for contract negotiations, and dealing with resistances thereto); forming and maintaining systems of action so that social workers may work in concert with others to engage in a planned changed process; exercising influence in change; intervening in the lives of individuals, groups, and communities through use of specific methods of intervention; and, finally, terminating and evaluating the change effort and disengaging from the particular set of relationships initially established to achieve that effort. The final skill is in stabilizing the change effort that has occurred, to prevent regression to a previous level of functioning. Irrespective of whether the client system involved is an individual, a group, or a community. (Pincus and Minahan 1973). In clinical practice, distinguished from general 1st practice by its location or the size of the client system (individuals, families, and small groups), the clinical skills represent much the same typology although the language differs somewhat: study, diagnosis, and treatment; or assessment, planning. intervention, evaluation and termination. Further, in clinical practice there is a greater tendency to focus on counselling, but never to the exclusion of the other functions.

(c) General Clinical Procedures and Treatment Program

Most clinical social work is founded on a knowledge base borrowed more from psychology than from the sociocultural and socioeconomic sciences. Social workers, in this form of practice, refer to the users of their services as "clients" or "patients" (the latter if they are in health care set-tings) rather than as "consumers" or "citizens" (more commonly used in community practice).

Social workers take a client's comprehensive social history, and made judgments on the amassed data classified into social, psychological, cultural, economic, physical, and biological components. This classification results in an assessment of the entire person-in-situation constellation and indicates possible directions for change (i.e., intervention/treatment).

Social treatment requires a contract (informed consent) on the part of the client to such intervention. The goals of the treatment include the restoration, maintenance and enhancement of adaptive capacity, and facilitating adjustment to social reality. (Klenk and Ryan 1974)

A treatment strategy is selected which best fits that client's needs (and if the social work specialist does not have that technique in his interventive repertoire, referral to a professional who does is indicated). Intervention techniques are selected based on a (prior) analysis of their elements including: importance attached to present versus past versus future experiences as behavioural determinants; plasticity of behaviour (nature versus nurture); extent to which behaviour can be changed; kinds of behaviour which can and cannot be changed; consequences of behavioural change; importance of intrapsychic versus social influences on behaviour; amenability of a technique to scientific testing; presence of empirical evidence to support a technique; and absence of value conflicts in applying the technique. (Briar and Miller 1971, Whittaker 1974)

The treatment plan contracted with the client is then initiated. Most treatment is focussed (as opposed to non-directive), and seeks behavioural (rather than personality) change in a brief time-limited period in a climate where an accepting and empathic relationship is a foundation for action rather than a goal in itself.

Historically speaking, earlier treatment models based on psychodynamic formulations have given way to models based more heavily on social learning (problem-solving strategies: including task-centered

practice, behaviour modification, reality therapy); systems or ecological models (systems approaches to family therapy); and neo-dynamic models (transactional analysis, for example).

Evaluation of any intervention is. in some ways, on-going; it is a formal part of terminating treatment undertaken toward goals agreed to by the client and social worker, at the outset of their contacts.

Specializations described above are based on variable therapeutic methodologies. Another way to specialize is by gaining specialized knowledge and skills required for work in certain micro-level settings. While a methodology may remain constant, the knowledge base specific to certain client populations varies considerably. For example, behaviour modification techniques and communication skills may be used with a group of parents learning parent-effectiveness training; convicted sexual offenders on a forensic ward of a mental hospital; a child in a special education classroom for the behaviourally-disordered; or parents who are child abusers. However the knowledge base required to work with these populations is highly specific.

IV. RIGHTS AND RESPONSIBILITIES OF THE PROFESSION

(a) Autonomy Needed by the Profession

Social work possesses commonalities with other helping professions; and some distinct differences. Like other professions, social work has (in virtually all of the provinces in Canada, save two), a mandate to practice (legislated or under the aegis of a board of professions or a societies act).

A key distinction between social work and the mainline organized professions like law and medicine is that, while virtually all social work associations in Canada have control of specific titles for their members and registrants, (such as "Registered Social Worker") there is no professional social work association in Canada with complete control of practice as well as of the (assorted) titles. In many provinces people can refer to themselves as a "social worker" or may practice "social work" without fear of infringing on any law. This uneven distribution of powers, rights and obligations of the profession has led to confusion in the minds of the public, and to difficulties in relating to the mainline professions, particularly around issues, which may, at times, remain unregulated by law (for example, issues such as sharing confidential information).

In most provincial social work jurisdictions the initials RSW, following a particular practitioner's name, indicates that practitioner has subjected himself to the full range of professional and civil legal responsibilities and is, therefore, subject to charges of malpractice and incompetence, as well as breaches of the Code of Ethics.

Social work most resembles law in the organization of its professional members; while no particular specialties are recognized by statute, members are allowed to confine their practice to specific areas but must, upon investigation, be able to justify why they, by virtue of experience and training, are practicing in a particular area. Thus, the pattern in medicine (i.e., of specialties involving specific titles and entitlement) is not the model used by most social work associations in Canada to indicate to the public the characteristics of its practitioners.

Because of social work's connectedness with governmental and organizational forces, it is the profession's belief that it is important to demand a degree of accountability from policy makers and organizational experts who apply what policy makers and others have developed regarding institutional arrangements for helping people. It is for this reason that the social work profession has continued to demand accountability not only from direct service practitioners but also from those individuals who (while their

job description may call them executive directors, managers, consultants) obtained their position by virtue of their social work training and are, therefore, still accountable to the social work profession for their professional performance of duties.

(b) Referral Systems

In social work practice in clinical settings, since social workers often work in teams with other professionals, in-house referrals are readily accepted between and among team members. For example, in a child guidance clinic, referrals to psychologists, psychiatrists, and psychiatric nurses are usually pro forma; in an education clinic, referrals to reading/education specialists speech pathologists. audiologists, and psychologists are routine practice.

Referrals to disciplines outside of a multi-disciplinary setting, and acceptance of social worker s referrals by those other disciplines are, however, fraught with unpredictability, and varying laws regulations and prerequisites for service. Many medical specialists will not and (depending on the exigencies of health care funding bodies) cannot accept referrals from social workers. Social workers, for their part, are sometimes seen as making unreasonable demands on physicians who have referred clients to them ("I am a family therapist and I will see only the entire family not just the mother and child"). Referrals to public agencies (e.g., child welfare, income security organizations.) are accepted from all professions... and form the general public. Some services are available only in the public sector. Accessing a reading specialist, for example. may mean having to deal with a variety of levels of the education bureaucracy.

In general, it is safe to say that social workers who are registered/licensed/certified, thereby ensuring accountability in terms of ethnics and conduct) have relatively little difficulty referring their clients to a variety of professions (language-speech pathologists. medical specialists psychologists, etc.) as long as they have also developed a skill called "exercising influence": Their “exercising influence" translates as possessing real knowledge and expertness; having legitimate authority; possessing material resources and services; status, reputation, charisma, and know-how" to establish and maintain relationships with their "professional family". (Pincus and Minahan 1973) This, however, can be said of any professional making a referral to another.

V. SUBJECTIVE EXPERIENCE AND EXPECTATIONS OF THE PROFESSION

(a) Cooperative Services from Other Professions

Co-operation among professionals is a dream when it occurs, a nightmare when it does not... the terrors of which are borne by the client and to a lesser extent by the professionals concerned who are, presumably, less vulnerable.

In the intricacies and complexities of rehabilitation, the team approach is the preferred strategy. Referrals to other colleagues who possess the skills a patient needs are facilitated quickly, avoiding costly delays associated with a series of sequential professional referrals. Working in close physical proximity with colleagues who share a common goal permit trusting relationships, which promote security for patients. Team charting and record keeping produce current, readily available data useful to all professions involved. Thus a patient's varying needs may be met in one location, with a minimum of duplication of effort (particularly so in the data collection and assessment phases). The management of particular client populations may be distributed, depending upon the particular personal attributes and experiences of the individuals in a team. This differential use of manpower is simply not possible in non-team situations.

Rehabilitation teams are rewarding experiences for professionals, themselves, in addition to the increased quality of care for patients. The common commitment to high quality of care, a value system that prefers co-operation to competition, a history of working together as a group in good times and in bad, the cumulative gains and losses, are all experiences which strengthen bonds - highlights in one's career. The pooled energies of a well-functioning team are truly more than the sum of the contributions. Few who have sung with such a chorus wish to sing solo again.

(b) Areas of Conflict with Other Team Members

The real prohibitor to good teamwork is the tendency to view problems in team functioning as functions of the "personality" of one or more of the team members. The only solutions available then, of course, are to eliminate a team member, or to try to change the "personality" of the team member; neither step, predictably, engenders much support from the involved member. What is wrong is the failure to recognize that so many difficulties in team functioning are based on systemic variables (regulated lines of authority; tradition; varying case load sizes; differing societal sanctions; budget constraints) and not on the personalities of the individual practitioners concerned.

Another potential problem lies with practitioners, in any discipline, who do not have a deep and abiding acceptance and understanding of their own profession before entering into inter-disciplinary practice. Unsure in their own profession-of-origin, they quickly become a hybrid professional, operating without societal sanction in fields for which they were never trained and doing a disservice to the field for which they were (allegedly) trained.

The problem for the latter decades of this twentieth century will not be which profession has rights, priorities, and responsibilities that supersede another profession but, rather, whether the professions, as collectivities which offend the pseudo-egalitarian instincts of a population currently unimpressed with the rigours of scientific investigation and self-discipline, will be allowed to survive through the forthcoming years.

(c) Issues Within the Profession

The major issues facing the social work profession, apart from the ones facing all professions (above), include:

1) the differential use of social work/social welfare manpower, i.e., what training level is required to perform which tasks?;
2) the need to make all trained social workers accountable in law for their practice. i.e., mandatory registration or licensing;
3) the maintenance and improvement of the health, education and welfare systems through negotiated and fair federal-provincial fiscal arrangements; and
4) careful attention, in social planning, so that certain principles of service delivery are maintained: universality within Canada, accessibility (including co-ordination, regionalizatlon, decentralization and integration of services), and continuity of care.

(d) Rewards, Challenges, and Satisfactions

The challenges are many. The first is to understand, in the words of Agnes Denes, that "the universe contains systems, systems contain patterns (and)... the purpose of the mind is to locate these patterns and to seek the inherent potential for new systems of thought and behaviour." This "location of patterns", as it were, is the challenge to social workers in all forms of practice.

The second challenge to social workers is to maintain this creativity and innovation, research and development in a climate currently beyond the expansionist programs of the sixties, when the current theme is "making do with (comparatively) less".

A third challenge is to find in one's own profession and in the other professions those persons of like mind and competence who envision a better world and are willing to undertake the work to make it so. The energy manifested by such a "community" sustains and enriches its members and makes possible the most difficult of undertakings.

The rewards of social work lie in meeting the above-named challenges.

REFERENCE MATERIAL FOR THE PROFESSION

a) The Code of Ethics of the Canadian Association of Social Workers (CASW) is available from the CASW national office: 55 Parkdale Avenue, Ottawa, Canada K1Y 1E5

b) A list of the Canadian faculties and schools of social work is available from the Canadian Association of Schools of Social Work national office: 151 Slater Street, Ottawa, Canada KIP 5H5

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