

SOCIAL WORK PRACTICE. [This entry contains two subentries: History and Evolution; Theoretical Base.]

HISTORY AND EVOLUTION

ABSTRACT: Social work is a profession that began its life as a call to help the poor, the destitute and the disenfranchised of a rapidly changing social order. It continues today still pursuing that quest, perhaps with some occasional deviations of direction from the original spirit.

Social work practice is the primary means of achieving the profession's ends. It is impossible to overstate the centrality or the importance of social work practice to the profession of social work. Much of what is important about the history of the profession is the history of social work practice.

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We must consider both social work practice per se (the knowledge base, practice theories and techniques) and the context for social work practice. The context of practice includes the agency setting, the policy framework and the large social system in which practice takes place.

Social work practice is created within a political, social, cultural and economic matrix that shapes the assumptions of practice, the problems that practice must deal with and the preferred outcomes of practice. Over time, the base forces that create practice and create the context for practice, change. Midgley (1981) correctly notes that practice created in one social order is often inappropriate for work in another social order. Since the social order changes over time, practice created at one point in time may no longer be appropriate in the future.

KEY WORDS: social work history; social work practice; social work profession social work organizations

The Profession Develops

Social work, in the United States, is largely a product of the same industrial revolution that created the welfare state and industrial society. As Garvin and Cox

(2001) note, industrialization led to the factory system, with its need for large numbers of concentrated workers, and subsequently created mass immigration, urbanization, and a host of consequent problems. Social work was a response to many urban problems such as mass poverty, disease, illiteracy, starvation, and mental health challenges.

Both the Charities Organization Society and the Settlement House Movement were responses to these problems. Both movements were imported from Great Britain and supplemented the efforts of religious groups and other associations, as well local and state governments in dealing with the problems of urbanization and industrialization. The Charities Organization Society and the Settlement Houses were important forces in shaping the development of American social work practice and the professionalization of social work.

The Charities Organization Society (COS) represented the cause of scientific charity, which sought to introduce more rational methods to charity and philanthropy (Trattner, 2004). The direct services component consisted of paid investigators, who worked for the COS, and "Friendly Visitors," who were volunteers that visited the clients. There were also Councils of Social Agencies, which coordinated the efforts of social services agencies. It can be argued that the paid investigators were probably the precursors of caseworkers while the Councils of Social Agencies gave rise to social planning in community practice. The United Way Movement, which credits its founding to the Denver COS, was another product of this group. Richmond's (1917) very important contribution was *Social Diagnosis*, which presented her observations on the nature of social casework. Perhaps the final contribution made to social work practice by the COS was the mark it made on social work education through its role in creation of the New York School of Philanthropy. As Austin (1986) notes, the scholar practitioner model, where faculty come from a social work practice (as opposed to a traditional academic model), is our prevailing mode of preparing social workers today.

The Settlement House Movement aimed at the innercity and created houses as community centers in urban area. This was a completely different approach from that used by the COS. The settlement house workers used social group work to help socialize new immigrants to the city. They offered adult education for their urban neighbors and provided help and advice. They worked on community problems together with the other residents of poor urban neighborhoods. The Settlement House Movement is often most thought of for its social action efforts (Trattner, 2004). Working in conjunction with organized labor and other community

activists, the settlement house workers were instrumental in the creation of the juvenile court, mother's pensions, child labor laws, and workplace protections. This is often seen as the touchstone of social work's involvement in social action and policy practice. Jane Addams was well known in this regard. Because many of the Settlement house workers were social scientists who worked in conjunction with university-based academic social scientists, they began important research into urban problems.

Between these two movements lies the foundation of much of the practice we see today, accounting for casework, social group work, community development, social planning, and social action. The beginning of research supporting social policy is also here.

The development of fields of practice began to occur with the development of psychiatric social work and medical social work (Dolgoft & Feldstein, 1980; Lubove, 1969). These new specialties allowed the creation of practice methodology refined for certain populations.

All of this occurred during the process of professionalization described by Lubove (1969). This included the creation of professional organizations, a code of ethics, professional agencies, and the creation of professional schools and a knowledge base.

In 1915 Abraham Flexner questioned whether social work was actually a profession because of what he saw as the lack of a scientific knowledge base. This created an underlying theme in the profession that has occasionally led to unfortunate results (Austin, 1983; Eherenreich, 1985). Social workers, in response to this criticism, worked to find a knowledge base that would satisfy Flexner's critique. This quest continues to this day.

As the profession developed and changed, so did society. As America became more conservative, social action activities decreased. This was especially true during the first three decades of the 20th century. Eherenreich (1985) observes that the rediscovery of poverty and the changing national mood toward social programs created a crisis for the profession. It did not, on balance, lead to much in the way of changes in social work practice.

Freud and psychoanalysis became very influential in social work from the early part of the 20th century until the sixties. This period, often called the Psychoanalytical Deluge, saw social workers eagerly adopting psychoanalysis as a means to solve several of the profession's needs. While social work created its own variants that brought more social factors into the mix (ego psychology and psychosocial treatment), psychodynamic treatment became fashionable. Psychoanalysis

was popular with psychiatrists, which facilitated the creation of strong bonds with the medical profession and the emerging mental health movement (see Eherenreich, 1985). Although, it is not completely clear whether the profession as a whole endorsed Freud or just its leadership (see Alexander, 1972). The impact of psychoanalysis cannot be discounted. The individually centered nature of psychodynamic theory also served to push the profession further from social action. Although one can debate whether psychoanalysis was the cause or consequence of a disengagement from social action and the poor, it is clear that this extraordinarily individualistic practice method closed off many avenues of engagement. Casework was the dominant practice method, a trend that can be seen throughout the history of the professional, and this was, perhaps, its most individualistic form.

The Milford Conference (1923-1929) came to an agreement on the importance of casework to the profession (Eherenreich, 1985). The Lane Report in 1939 argued that community organizers deserved equal status to caseworkers and social groupworkers (Dolgoft & Feldstein, 1980).

There were dissenting voices in direct practice however. A group of social workers formed the Functional School, providing a challenge to psychoanalysis. Functionalist theory, based on the work of Otto Rank, advocated an agency-based view of practice, which was different from the psychodynamically based diagnostic school. The Functional-Diagnostic Debate continued, with the more psychodynamically based diagnostic school maintaining the upper hand.

There were also social workers who bucked both the more conservative national mood and the conservative orientation of the social work profession and engaged in social action. Perhaps the best known were Bertha Capen Reynolds and Mary Van Kleeck who led a group called the Rank and File Movement during the Depression years. They advocated more progressive politics and a movement away from casework (Eherenreich, 1985). The response of the profession was less than positive and the conservative mood that characterized social work reflected a conservative political mood.

Until the end of the 1950s, social work was a far more unified profession. Disagreements had been worked out and the profession presented a singular face to the world. That was about to change as the nation and the profession encountered the 1960s.

The Profession Changes in the Sixties

The sixties changed the social policy, and the forces changing the context of practice changed the nature of

professional social work practice and ultimately the profession. The politically and culturally conservative fifties gave way to a new national mood and a series of social movements that changed the political agenda for a nation. Poverty was part of the national debate in a way that it had not been since the Depression. This time, the results were different for social work and social work practice.

There were major changes in social work practice during the 1960s. Those changes continued at least for the next four decades and will likely continue into the future. The most momentous change was the erosion of the psychodynamic influence in social casework. There are many possible explanations for this situation, but it is important to note this as a major change in the profession's view of practices. This does not mean that social workers no longer do psychodynamic practice, nor does it mean that social work schools no longer teach psychodynamic practice theory. The hold that Freudian and neo-Freudian approach had on social casework was, however, broken.

In the macro area, politically oriented community action reemerged. Certainly the War on Poverty and the Ford Foundation's Gray Areas project helped this to occur. Involvement in social planning was facilitated by the Model Cities Program and the regional planning agencies such as the Appalachian Regional Commission. Rothman's (1969) influential approach to community organization theory helped define and organize the field. This was less than 10 years before the Lurie, writing in the Boehm Report, had questioned the lack of integration in the field.

It is fair to say that the 1960s began a pattern of fundamental change in the profession and within social work practice. This change continues even today.

The Changing Face of Social Work Practice

In the three decades that followed the 1960s there were a great many changes in the way that social work practice was described, conducted, and taught. This reflected an adaptation to changes in the context of practice, as well as the efforts of social workers to move beyond the older agreement.

Micro practice has taken advantage of models and approaches from the social sciences and from other helping groups. While some practitioners still use psychodynamic approaches, social workers also use behavioral and phenomenological approaches. Theories such as task-centered treatment, cognitive behavioral approaches, reality therapy, and so forth provide options for the social work micro practitioner. New approaches that look at social networks and other sets of relationships are also used. Turner (1996) and Payne

(2005) describe a vast variety of clinical approaches that move beyond the single theory approach of the profession prior to 1960.

Macro practice has matured since the 1960s and will continue to develop as time goes forth. Community practice has developed new approaches that encompass a wide variety of strategies and techniques. Political organizing, locality development, and social planning have matured and developed. Administration once had an unclear place in social work practice, but is now clearly established as a method of social work practice. This began with a series of reports and projects in the 1970s and evolved into eventual recognition of the approach. Recognition of policy practice as a practice field is also established in most of the profession. This brings in policy analysis and policy change (advocacy, lobbying, and so forth) together in a single social work role. These are developments that would have been unthinkable in the past.

Going beyond the macro-micro divisions, the growth of generalist practice theory is noteworthy. Generalist social work means using an essentially constant set of approaches at multiple levels. Generalist practice has developed a robust set of theories and approaches to inform this perspective.

Ecological systems theory and the Life Model, the Strengths Perspective and Empowerment practice, as well as Feminist Social Work Practice Theory, provide explanations at multiple levels that can encompass several types of techniques. These are, in many ways, recognition of the limitations of earlier approaches.

Evidence-based practice (O'Hare, 2005) is a likely paradigm shift in social work, judging from the impact of evidence-based approaches on medicine, public health, and nursing. The use of research findings to guide practice is an attractive theory and one that promises further improvement in the quality of practice.

Also important are the developments in technology-based practice, including e-therapy, telemedicine, electronic advocacy, and other techniques that use high technology. These are likely to grow in importance as the technology evolves and experience and research push the development of practice toward further refinement.

What Is Next?

We are now in midst of a new transition, one that began in the 1970s and continues today. This transition will create an information economy that will be as different from our industrial economy as it was from the agricultural society that preceded it. It is already changing the nature of society in many profound ways and changing the environment of practice. Friedman (2005)

identifies major changes in the political economy of the near future, including global competition, outsourcing, more technology, and so forth. This will have major impacts on policies, agencies, and clients. The profession will have to adapt, much in the way that social workers in the 1800s adapted.

The History of Social Work Practice Considered

There are a number of lessons that can be gleaned from this discussion of social work practice. It is undeniable that direct services/casework is the primary practice orientation in social work. The orientation of social work practice often conflicts with its concerns for social justice and systems change. When Specht and Courtney (1994) called social workers "Unfaithful Angels," there was significant evidence to back up that charge. Social work has evolved into a conservative profession that has a hard time resolving the conflict between its social justice values and its choice of primary practice methodologies. It often seems that whatever the problem is, casework or psychotherapy is often our primary answer. That does not mean that it is the correct answer.

Social work practice will face a number of challenges in the future. The change in political economy, coupled with other changes in culture and social organization, will create the need for new practice methods and make others less viable. Social workers must resist the temptation to hold on to the past when the future is at our door.

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—JOHN MCNUTT

THEORETICAL BASE

ABSTRACT: This essay broadly examines theory, practice, and the role of theory in practice. Theory has an abstract and philosophical side and a concrete, empirical, or practice side. Theories need practitioners to activate their power, which is to name the attributes, qualities, limits, and potentials of client and social work realities. No theory is so powerful it knows or explains everything, thus practitioners must use their in vivo perceptual skills to fit the best theory to the level of practice reality that confronts them. This essay broadly examines the role of theory in social work practice. To do so, one must answer three related questions: what is theory?, what is practice?, and, what is the role of theory in practice? In answering the first question, it is useful to examine the etymology of the word theory, identify its various meanings, and specify which meanings are relevant to a discussion of the role of theory in practice, and second, it is useful to understand the philosophical assumptions that inevitably influence the process of theory building and application.

KEY WORDS: theory practice; reflective practitioner; philosophy of social science

Theory

As a noun, the word theory can be traced to the last part of the sixteenth century. At that time, theory

referenced two related ideas: (a) the idea of a mental scheme or conception and (b) the idea of contemplation, speculation, a looking at, or things looked at ("theory," Online Etymology Dictionary. Douglas Harper, Historian. 02 Mar. 2007. Dictionary.com <http://dictionary.reference.com/browse/theory>). And from about 1638, theory became specifically associated with scientific explanations based on observation and reasoning. The 20th-century "evidenced-based practice" conceptualization of theory is very similar to the 1638 definition, yet for the purpose of this essay, theory is best understood when discussing it in the context of its scientific meanings and its broader meanings of "looking at" and "contemplation." For example, numerous scholars and practitioners have argued that intuitive, practical, or situated knowledge (that is, knowledge gained from practice) is a form of knowledge that does not conform to standard scientific rules but is, nevertheless, a type of theory that guides how social workers look at, reflect upon, or view clients, social problems, or institutions (Zeira & Rosen, 2000). If practical intuition were excluded from an overall definition of theory, and only the scientific meanings included (that is, rules of observation, testing, sampling, and deductive reasoning), then all nonscientific derived theories would be regarded as atheoretical and shelved as not relevant to any discussion on theory. Thus, although different rules (for example, scientific vs pragmatism) for what constitutes a valid theory are applied to the actual work of creating a theory, across all definitions and in its broadest sense, theory is the product of the mind and its work in social work is to create abstract or symbolic representations of social and client realities. It is the latter general meaning of theory that is applied in this essay.

Second, theories are the products of interconnected philosophical inquiries that question the nature of (a) what constitutes a social work knowledge claim (that is, epistemology) and (b) what constitutes the nature of social work reality (that is, ontology). These two philosophical questions have been at the center of social science debates for nearly two centuries, and since the 1960s, at the center of the qualitative/quantitative research and evidenced-based/interpretive practice debates (Gambrill, 2003; Gilgun, 2006). A detailed rendering of these controversies (Sayer, 2000) is outside the focus of this essay, but nevertheless, it is relevant for a discussion of theory to point out that absolute closure on which epistemological and ontological assumptions are true and which are false is not yet possible. No single philosophical viewpoint and corresponding theory can account for all that is uncertain about the meaning of life and history; nor for that matter, be

used to predict how the future will unfold. Thus, in this essay, the place of theory in social work is conceptualized as standing somewhere between the practitioner's philosophical assumptions and their social work action; theory is an intermediate concept situated with one foot in philosophy (that is, the most abstract moment) and one foot in practice (that is, the most concrete and empirical moment). In other words, theory lies in a restless tension between the universal and the particular; indeed, critics of a particular theory will often attack it for being too general or too specific.

Because client and community "facts" do not speak for themselves, theory, by definition, names the attributes, powers, and characteristics of reality (for example, client or community) that are not readily transparent; if theory did not do this work, then practitioners would have to find some other means to see things about their clients or communities that are not readily apparent. Social workers take action in real time and space and it is in the immediacy of taking action that practitioners inevitably see how theory works. For practitioners, theory makes it possible to see and understand the universal and the particular of a client's sense of self or being (that is, knowing, feeling, seeing, and acting self) or a community's sociocultural structure (that is, economic, political, and cultural). Without theory, a practitioner would either become endlessly immobilized by philosophical discussions about life and society, or they would be inclined to assume (that is, take for granted) that facts speak for themselves without any intermediate work on the part of the practitioner to use theory to understand clients and communities.

Practitioners are social beings and they *learn* theories through life experience, including educational pursuits and professional training programs. In other words, practitioners do not have intrinsic perceptual capacities that can be used to automatically recognize and make sense of clients and their social environments; instead, they require theory to do this work. Theory, on the other hand, does not have a mind, a brain, and a nervous and skeletal system with which it could perceive and take action (that is, these features define what is uniquely called human agency). Social work practitioners and theory are, therefore, in a mutually dependent and interactive relationship.

Indeed, a trained practitioner would not be necessary if, in fact, theory saw everything and could do everything. In short, theories provide the practitioner with the flexibility to see clients, social problems, organizations, or institutions with multiple points of view, allowing the practitioner to take into account the

immediacy of the present reality and then weigh its specifics against what we know about the general. It follows, then, that theories can be wrong, or practitioners can make mistakes in applying theory. Thus, there is no standpoint where theory might rest and be assured of getting social reality "exactly" right. Practitioners, thus, must cope with the restless position of theory and learn how to respect its limitations and appreciate its potential.

Practice

Up to this point, theory has been examined in this essay. The next question is what is practice? As a verb, practice has origins in the late 16th and early 17th centuries. Practice was defined as action: to do, to act, to perform in a habitual manner. Indeed, "practicing," in 1625, became associated with the professions about the same time that theory became associated with science (Practice, Online Etymology Dictionary. Retrieved March 14, 2007, from Dictionary.com website: <http://dictionary.reference.com/browse/practice>). A key point about the verb "to practice" is that a social worker has to put into action the skill of comparing and contrasting the facts (or empirical data) of a social work reality with a theory of that same reality; theory, in and of itself, does nothing, it is an inert force that requires a human agent to activate. In short, a professional social worker is a worker that applies theory to reality and takes (inter)action on that reality.

Practitioners, acting within the limits and potential of their own personal agency and history, apply their perceptual/action capabilities to client and community realities. Social workers have the perceptual and linguistic powers to ask, to observe, to listen, and to read symbolic systems, including all forms of language and life: oral, written, and images. The perceptual skill that a practitioner would use at any given instance depends largely on their targeted level of practice: micro, mezzo, or macro. Someone who studies the history of social welfare policy may depend heavily on reading legislative and organizational documents and use these data to derive a theory of social welfare. Another may read the hundreds of memos and manuals associated with a particular welfare office and with these data, theorize how welfare policies are organizationally implemented. Still, other practitioners are engaged in front line work; they listen, ask, and observe the clients who seek welfare support and determine (that is, take action) the type of assistance to be given. Thus, social work is *the act of using perceptual capacities* to gather, through our senses (for example, seeing, hearing, thinking, touching, and feeling), the relevant practice data.

At the micro level, practitioners see, feel, hear, and think about a specific client's reaction, for example, to the death of a loved one. At the mezzo level, administrative decisions to terminate a mental health service requires practitioners to think and feel about how a community might be affected. And, at the macro level, policy makers collect and analyze data to demonstrate that a national government is spending less on mental health services and relying more on business sector solutions to mental health funding. At each level of practice, practitioners study the empirical world that is served up to them, and then, hopefully, they use theory to guide action upon that world. In the micro example mentioned earlier, social workers would use various theories of grief and mourning to assist the client in naming their experience and in living through that experience; in the mezzo example, theories of how government organizations secure public monies might be used to help a community mental agency reorganize and advocate for services; and in the macro illustration, theories of the welfare state would be deployed to assist various groups to advocate for government sponsored social and mental health services. Practice, in sum, is our human capacity to perceive the environment and with these perceptions take action upon the world. And, of course, it is the perception/action interaction that allows for change and history. Thus, practitioners are both the byproducts of their environment, but also makers of their practice environment.

The Role of Theory in Practice

With theory and practice defined, the role of theory in practice, the third question, is now ready for examination. As mentioned earlier, theory holds a restless position between the abstract (that is, philosophical assumptions) and the concrete (that is, practice reality). Yet, there is another reason why theory holds such a restless position. Since practitioners, researchers, and scholars make up theories that are used to view reality, theories are never totally independent of the theorist. In other words, the practitioner is part of the world that their theory attempts to understand. This fact can make the work of theory-building and practice a very nervous and restless activity because it may appear that one cannot separate their theoretical constructions of reality from the actual reality that theory is attempting to represent; the latter assumption is a social constructivist view, a philosophical position that asserts that social workers construct reality (Greene & Lee, 2002). Restless because social work realities could have infinite theories to represent them, and nervous because, as a practitioner, no theory reveals truth; indeed, the social

constructionist position is that all theories are more or less correct.

Fortunately, the social constructivist conundrum is only related to the philosophical side of theory, that side of theory that assumes what something "is" (that is, ontology) and what criteria establish a knowledge claim (that is, epistemology). The practice side to theory, on the other hand, brings an immediate reality to the worker; for example, a client who has just experienced the death of a loved one, an administrator reducing services, and a government that has reduced taxes and social service spending. In each of these hypothetical illustrations, no amount of social work theory will make the "actual" realities disappear, or become something the worker wishes or theorizes them to be. In other words, there may be *competing theories* about grief and *grieving clients*, *the decline of social service spending*, and *the role of government*, but *those competing theories* reference a reality that a particular practitioner, in a specific time and space, has had to *come face-to-face with*. In short, theories compete to "represent" reality not to "create" reality. Practice realities present themselves to practitioners and theory is deployed to understand those realities (Floersch, 2004).

Consequently, the immediacy of reality, its here and now component, bumps up against the practitioner's theory of it and sets up the context for the "role of theory in practice." The practitioner is constantly testing theory against a specific reality, searching for the best, or good enough fit. Good enough or best, because no theory can see everything about a given social reality. The lack of an all-knowing theory means that practitioners must stay "actively" and "reflectively" engaged with clients or communities in applying theory to any given practice reality (Schön, 1983). To be complacent, and assume that theory does all the work without one's in vivo, reflective input, is to assume that some omniscient social scientist, or guru, has "the" theory and the role of the practitioner is to simply apply "the" theory, regardless of the context.

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—JERRY FLOERSCH

SOCIAL WORK PROFESSION. [This entry contains three subentries: Overview; History; Workforce.]

OVERVIEW

ABSTRACT: As social work enters the twenty-first century, we look back at the changing landscape that gave shape and form to this contextual profession in the twentieth century. Together with the unprecedented global strife of two World Wars, several conflicts, and current instability of the changing world, this era has witnessed extremes of economic depression and expansion; waves of immigration and in-migration; unprecedented recognition of human and civil rights; intervention in old human problems and awareness of new ones and recognition of the need for ongoing knowledge and skill advancement; and rapidly changing technological advances that have added new meaning and urgency to the meaning of "global." Thus, the social work profession has been transformed by internal and external conditions that have both challenged and embraced its role among professionals. As the social work profession ended its first professional century, there is renewed hope for growth in a more positive, socio-economic-political context for practice.

The Profession

This 20th-century profession recently celebrated its first centennial. Social work was established to address a panoply of social concerns associated with industrial growth and turmoil, poverty, child welfare, family relations, malnutrition and health care, infant mortality, waves of new immigrants and internal migration and other maladies associated with terrible slums in rapidly expanding cities and urban areas (Austin, 2000; Glick, 2007). Before the American Revolution, help for children, the poor, and the mentally ill had been available, based on the ideology embodied in the historical legacies of the British Elizabethan Poor Laws. By

the 1800s, aid was provided at local levels through town and county offices. Recognizing the limitations of these efforts, benevolent and faith-based societies and business leaders supplemented the early, often limited, public initiatives. The revivalist movement ushered in the age of enlightenment that undergirded a belief in the values of justice, rational thinking in approaches to human suffering, and the capacity of people to proceed with work for the "improvability" of men, women, and society (Karger & Stoesz, 2002; Katz, 1986).

In the last half of the 19th century, economic crisis, racism and social subordination, and immigration prompted the need for even stronger social programs and led to the organizing paradigm of scientific charity (Glicken, 2007). The profession grew largely in response to northern industrial growth; however, the South was also challenged by the depth and magnitude of human suffering (Wisner, 1970; Lowe & Hopps, *in press*). The slave question dominated thought in the South and later, a large segment of national society, as the Union became more divided over the immensely varied, complex dynamic of individual and collective white control and black slave resistance (Lowe, 2006; Wood, 1978). The level of care for this population however was shockingly divergent, not necessarily based on human standards available to men and whites but rather, sub-human ideals owing to beliefs in scientific sexism and racism, respectively, that held sway, as well as the insidious discrimination generated by social scientists (Abramovitz, 1998; Byrd & Clayton, 2000).

Friendly visitors, settlement house workers, muckrakers, social activists, and union organizers generated the enthusiasm and energy of this nascent profession, which was largely an informal, fragmented, and volunteer-led initiative to organize and distribute charitable acts, goods, and services. These leaders envisioned a more structured, systemic approach to unfathomable social ills, ignorance, poverty, disease, and human suffering that were endemic to the new industrial nation, based on the welfare capitalism (Austin, 2000) that was emerging at the end of the 1800s and the dawn of the 20th century. Even then, with modest ideals, but unbridled hope, this emerging profession envisioned that society's worst conditions could be relieved if individuals could be helped to move up and eventually out of the engulfing vortex of personal maladies and slum conditions through improvement of their own moral and physical capacities, with the aid of helpers. At the same time, other volunteers worked along with the poor to teach and help empower them to take matters in their own hands to improve personal and neighborhood circumstances through groups and collective

actions. Although different in conception and organizational ideas, these parallel efforts (that is, the former being micro-change and the latter macro-change) were largely mutually supportive (Morris, 2000), but there were times of struggle and contest (Abramovitz, 1998; Drew, 1983, as cited by Figueira-McDonough, 2007). Both approaches incorporated concepts of care and social control (Day, 2003; Figueira-McDonough, 2007; Piven & Cloward, 1971) though the latter is not often acknowledged.

These humble ideals became the basis for a profession that advanced the notion that national society was responsible for addressing the impact that a fast changing and evolving industrial world had on human lives; that a system's wide response, via agencies, would be needed to achieve the national purpose; that a part-time, lay person's responsibility would have to be replaced by professional responsibility, and that an emerging profession would need to direct attention to the intersection of psychological development and educational growth of individuals and the socio-political-economic world in which they lived and were hopefully nurtured (Morris, 2000).

The Origins

EARLY VOLUNTARY AND MUTUAL AID SOCIETIES As a natural response to local needs, voluntary-mutual aid organizations, including benefit and burial societies, relief associations and faith-based groups (that is, missionaries) that created collective networks for different immigrant and racial group and communities dotted the nation's landscape (Katz, 1986; Sabbath, 1994). Among early self-help and relief organizations were the Scot Charitable Society of New York (1744), African Masonic Lodge of Boston (1784), Philadelphia Free African Society (1787), New York Society for the Relief of Poor Widows with Small Children (1798), Samaritan Society of New York (1805), and the Children's Aid Society (1853) to name a few (Curry, 1981; Frazier, 1932; Katz, 1986; Lincoln & Mamiya, 1990). As a benefit society, the Philadelphia Society was organized to provide insurance benefits for widows and children, and later established branches in Charleston, South Carolina, Boston, and New York. In the meantime, many churches, synagogues, and other groups mobilized to organize orphanages and hospitals. As relief to the poor, in conjunction with blacks and members of the Abolition Society, the Society of Friends established in 1822 the Shelter for Colored Orphans in Philadelphia (Dolgoft & Feldstein, 2007). Despite these, and many other notable efforts, more organized efforts were necessary to address access and funding limitations, and to reduce service fragmentation. Similarly, in the

Southwest, early Latinos provided social welfare services through the auspices of the Catholic Church (Dolgoft & Feldstein, 2007). Missions, churches, schools, hospitals, convents, and missionaries provided some social services. Although Catholic priests and nuns provided social services, it has been reported, however, that similar to the attitudes of early protestant benefactors, there were traces of altruism, egalitarians, racism, and class-based condescension (Anderson, 2000; Trevino, 2003).

THE FREEDMEN'S BUREAU: THE FIRST FEDERAL SOCIAL WELFARE AGENCY In 1865, at the end of the Civil War, some four million formerly enslaved African Americans, never the recipients of basic human and civil rights, ravaged and poor, unlearned and unlettered, though skilled and with a demonstrated work ethic, were granted freedom. What meaning did freedom have in the face of abject poverty, lack of voting rights, property ownership, housing, health care, and education? What was life like for whites accustomed to a structure supported largely by slave labor? What was the nation's responsibility? The national response was the passage of the Freedmen Bureau of Refugees, Freedmen and Abandon Land Act of 1865 that established America's first federal welfare agency, commonly called the Freedmen's Bureau.

The Freedmen Bureau, a source of federal relief and the nation's first federal social welfare agency, provided a broad range of services, such as food, social and child welfare, and medical, educational, banking, and contract services at the individual and community levels (Olds, 1963). For example, the agency supervised labor contracts between newly freed slaves and the southern elite (that is, the planters' class) in an effort to prevent further exploitation and enforce provisions of contracts. One significant empowerment act accomplished with the aid of newly elected blacks and northern philanthropists during Reconstruction was the establishment of universal, free education for both blacks and whites in the South (Anderson, 1988; Hopps, 2006). Early leadership for emerging black self-help, church, and social service initiatives that paralleled primarily Euro-American settlements and social service organizations were aided by the educational and other initiatives of the Bureau (Burwell, 1994; Carlton-LeNay & Hodges, 1994; Lerner, 1974; Pollard, 1978).

CHARITY ORGANIZATION SOCIETIES: EMERGENCE OF SCIENTIFIC PHILANTHROPY The Charity Organization Societies (COS) facilitated both the professionalization and bureaucratization of social work by advancing the concept of scientific charity in the late 1800s. Philanthropists combined prudence with dedication in helping

and fueled the reorganization of COS. They adopted a systemic, organized approach to identify and determine needs (case evaluation), and to deliver services effectively. Their ideas about efficiency and functional specialization were based on those of the business/industrial world (Lubove, 1965). Based on social Darwinism, these ideals were also intended to facilitate principles of social stratification and the maintenance of social control (Day, 2003).

Although the thrust toward professionalization grew out of the reorganization of COS in the context of scientific charity (Larson, 1977), the professionalization movement was aided and accelerated by caseworkers who asserted that they had the "beginning of a scientific knowledge base, as well as specialized skill, technique and function that differentiated them from the layman or volunteer" (Larson, 1977, p. 182). In the push for professionalization, the leadership of caseworkers led to their subsequent dominance in the profession. Specializations were developed in social casework, child welfare, medical, and psychiatric work, and others facilitating the establishment of a program of study offered by the New York Charity Organization and Columbia University in 1897; several other schools followed in rather rapid succession. These specialties developed their individual associations and each operated with their own unique organizational culture. This phenomenon, compounded by religious and secular orientations, would make later negotiation and development of a unified profession more difficult to achieve (Hopps & Lowe, in press).

PROGRESSIVES AND THE SETTLEMENT MOVEMENT Settlements and the Progressive Reform movement joined together to tackle and improve the neglected urban infrastructure and poor sanitary conditions; deplorable, unsafe housing; exploitative employment; ignorance; poor educational opportunities; restrictive, if available recreation; police brutality and malpractice, as well as other quality of life concerns for immigrants and other poor people in cities, who were often isolated owing to language, cultural and/or resource limitations. Women reformers, usually well-heeled financially, who became settlement leaders, came from a number of disciplines and believed that opportunities for informal pedagogy could be instrumental in helping individuals improve their own human capital and competencies as well as the social capital of their environment via the group approach. They implemented this vision through their work, which was heavily influenced by thinker, philosopher, and activist John Dewey (Garvin, 1981). By the end of the first decade of the 20th century, there were over 400 settlements. Important work was accomplished: The

seeds for the founding of the Children's Bureau (1912) germinated at Hull House. Women's suffrage, labor, civil rights, and peace were among the movements that were led and/or assisted by settlement activists. These effective initiatives led to the development of many national, social welfare and social change-oriented organizations. In contrast to the COS, relief was not the focus of settlements—reform was the goal. Progressives advocated social insurance instead of charitable aid, which was eventually enacted following the Depression (DiNitto, 2007).

An important challenge to the Progressive's record was the lack of demonstrated concern about the plight of African Americans. Parenthetically, the conditions of white tenant farmers and their families in the southern states were also not targeted (Austin, 2000). There is evidence also of "social negligence" as the young social work profession did not show early support and commitment to service for people of color, which eventually forced the creation of a parallel system of aid for African Americans by African Americans, among others (Austin, 2000; Carlton-LeNay & Hodges, 2004; Hopps & Lowe, in press; Pollard, 1978). This separate system was severely underresourced, even when eventually given ideological support and encouragement by social reformer and iconoclast Jane Addams. For all of its fame and historical contributions, Hull House and its leadership are tainted because of the unwillingness to serve all Americans and most particularly African Americans and other people of color (Duster, 1970). In essence, a system of service apartheid (apartness) based on race was established in the social service delivery system. Vestiges of these 19th- and early 20th-century policies and services continue to challenge the field (Lowe, 2006).

Ida B. Wells-Barnett, an African American, spearheaded the establishment of a settlement house for her people in Chicago under the auspices of the Negro Fellowship League. In the South, Margaret Washington, the wife of Tuskegee Institute's founder and a leading American political figure, organized settlement efforts in the rural community of Tuskegee, Alabama. In the meantime, Eugenia Hope, wife of John Hope, the first African American President of Morehouse College, established the Wheat Street Settlement in urban Atlanta, Georgia.

Professionalism Develops in a New Century

It has been argued that there were many opportunities for the profession to continue and build upon the convictions that social work would develop expertise in understanding the behavior of individuals in their social, political, and economic context. In order to develop this mission well, there was expectation that

contributions from cognate disciplines including economics, sociology, psychology, political science, and later, science and technology, would be sought out and integrated into the profession. This ambitious ideal was undercut by the need to provide services to individuals often within the context of medical and mental health protocols (Morris, 2000). The emphasis on studying, understanding, and helping individuals on a case-by-case approach (Mary Richmond, *Social Diagnosis*, 1917), minimized the view that indigent and victimized people suffered from social and economic circumstances that could be changed by joint organizational and collective efforts and structural change (for example, the neighborhood Guild in New York, about 1886 and Jane Addams and Ellen Star, Hull House in Chicago, about 1889).

Over the 20th century, these initial positions were modified through choices relative to how the profession would simultaneously address the goal of improving the lives of individuals and family, and change societal conditions (Morris, 2000). Regardless of the reasons, at particular times in history, the profession made choices that limited its capacity to address structural change and to improve major societal problems and conditions. These decisions resulted in consequences that had a bearing on the status of the profession at the dawn of the 21st century. Morris (2000) summarized the profession thus:

- The tradition was initially a part of a much wider interest in social change and human needs that had been expressed since 1860 through the National Conference of Charities and Corrections and the American Social Science Association.
- The movement became a part of the later Progressive movement.
- The early participants were multidisciplinary, drawn from sociologists, nascent economists, other social scientists, lay community leaders, clergy, and workers in agencies.
- Social work as a distinctive vocation soon concentrated on developing its position as a profession, with the apparatus of a social science: academic training to combine learning and practical experience and professional associations with accrediting authority.
- The twin aims of providing individual care and changing social conditions have been retained in the expressed aims of the field, but after 1935, the Great Depression and World War II forced the field to reconsider its future.
- A series of choices, some taken almost unwittingly, were reinforced by the popularity of new mental health thinking and the compatibility of

psychological theory with social casework, along with the great social and economic changes following the Depression.

- By 1990, the field was primarily involved in interpersonal and mental health careers, while work to change conditions remained at the rhetorical level rather than providing jobs and institutional opportunities to work for change.
- At the same time, social work as a profession was identified mainly with counseling help to individuals or as adjunct staff for organizations, rather than becoming "the profession" associated with any one service system (Morris, 2000, p. 44-45).

SCOPE OF THE PROFESSION The scope of social work over the latter part of the 19th and 20th centuries has evolved as a result of many ensuing internal and external forces that gave rise to this contextual profession. External forces, both positive and negative, have played a stronger hand in defining the field than the former, since practice is defined by the profession's position in the geo-socio-eco-political environment at a particular period of time (Gibelman, 1999; Hopps & Lowe, in press). The social work profession has long been acknowledged for its breadth of practice, while concurrently criticized for its lack of sufficient depth, fragmentation, and inadequate conceptual framework (Hopps & Collins, 1995; Hopps & Lowe, in press). Relevant are the words of noted social work educator, the late Carol H. Meyer: "Whereas other professional specialists become expert by narrowing their knowledge parameters, social workers have had to increase theirs" (Meyer, 1976, p. 21).

THE BOUNDARY CONUNDRUM With knowledge created by the profession, from its own research enterprise and theory testing, practice intervention and monitoring for effectiveness, and stronger interest and expectations from universities for improved scholarship, the question is: What content is most relevant, verifiable and organized into a taxonomy, and is also useful for the profession?" (Hopps & Lowe, in press). Acknowledging the challenges regarding ever-expanding boundaries, the core issue can be narrowed to one of focus.

Do the lack of a cohesive organizing framework and the reality of fragmented approaches to both knowledge development and knowledge application cast a shadow over the profession (Gambrell, 2003; Hopps & Lowe, in press; Tucker, 2000)? If this is the case, it seems imperative that the profession should continue to address inquiry relevant to its purpose and identity, as well as a unifying, coherent conceptual framework and

supporting theories. Two decades ago Scott Briar (1977) asked: What is common to the activities of social work (Brieland & Korr, 2000)? What then is the field's "problematic" (Tucker, 2000)? That is an "integrated framework of concepts, propositions, and practices that together define the central intellectual problems of a field" (p. 239).

For social work, the unit of analysis is the interaction of person and environment. The goal is to have as strong, robust, and positive an interaction as possible between these two systems. A weakness however, is the proclivity of the profession to minimize or become overwhelmed by conditions that emanate from the geo-political-economic environment, which most assuredly has an impact on human functioning (Morris, 2000; Tucker, 2000; Pinderhughes, 1995; 2001). Solomon's (2002) argument that the profession prefers to discuss "individual variables" over "system variables" holds currency; however, the Curriculum Policy Statement has given more thought and emphasis to this area of concern *vis-a-vis* its stance on social justice.

Without a consensus-driven working definition, conceptual clarity, and, or, a cohesive element, the profession must continue to struggle with the tendency of generating many theories, technologies, methodologies, and interventional strategies that both invite and enhance tendencies toward eclecticism (Hopps & Lowe, in press). However, it is argued that eclecticism is not a "free good" (Tucker, 2000), but rather, one which extracts a premium that relegates social work to a comparative disadvantage in relation to disciplines where there is evidence of higher paradigm development. Consequently, social work is less proficient in grasping and holding on to resources and assets; in the pace at which knowledge is developed and disseminated; the degree of power and autonomy it has amassed; and in the capacity for collaborative study and research (Hopps & Lowe, in press; Tucker, 2000). New questions regarding intellectual property may well compound this phenomenon. Although the profession has not yet developed as strong a "problematic" and a more cohesive conceptual framework as it might desire, it would be an enormous oversight if the contributions of many scholars, and the profession's own initiatives toward a common base and working definition to advance social work conceptually, were not acknowledged. Examples include Bartlett's (1958) definition and Gordon's (1962) critical assessment of it, along with contributions from others working for a unified, common base (Bartlett, 1970; Boehm, 1959) and those acknowledging practice at various system levels and size (Pincus & Minahan, 1977; Schwartz, 1961; Siporin, 1975). Briar's (1977) challenge, that "it is not good

when the profession cannot clearly and simply articulate what is common to the activities of all social workers" is still relevant (Brieland & Korr, 2000, p.130). Certainly, practitioners recognize that vague constructs make goal setting and measurement complicated (Hopps & Lowe, in press). Others helped move the profession to broader views, leading to the use of the generic term "social work practice." Several new perspectives were developed including the generalist perspective (Baer & Frederio, 1979), strength based (Saleeb, 2002), ethnic sensitive (Devore & Schlesinger, 1999; Schiele, 2000), policy practice (Jansson, 1990), and political advocacy (Haynes & Mickelson, 2003).

NATIONAL ORGANIZATIONS In an effort to enhance professionalization and status, a major restructuring and consolidation of professional organizations took place in the 1950s with the formation of the Council on Social Work Education (CSWE) (1952) and the National Association of Social Workers (NASW) (1956) (Austin, 1997; Austin, 2000). The former spearheaded needed oversight of the enterprise which educated and socialized members, while the latter provided the structure for organizational unity to a former, fragmented set of methods- and program-based associations. Developing unity was hard to achieve initially, and hard to sustain over time, as several specific interest groups formed separate associations (that is, National Association of Black Social Workers and the North American Association of Christian Social Workers). One committee supported by NASW is Political Action for Candidate Election (PACE), which encourages social workers to help elect individuals who support social justice, a theme which was given great emphasis in the 2003 NASW Policy Statement.

Contemporary Context of Social Welfare

SOCIO-POLITICAL ENVIRONMENT Several major events had a seismic influence on the country's approach to social welfare: The aftermath of the Civil War when the Union government took on major responsibilities for restoring order, providing food, shelter, and services to large areas of the country (Day, 2003); President Roosevelt's response to the 1929 economic crisis and financial depression, which held sway for over half a century when the welfare state, social services, and the profession grew; the Kennedy-Johnson 1960s civil rights, war on poverty, and buildup in domestic policies where social welfare and social security surpassed national defense in federal spending (DiNitto, 2007); and, the conservative revolt, which attempted to move government responsibility back to pre-depression, 1929 ideology known as Reaganomics

(after former California governor Ronald Reagan who became president).

Reagan successfully galvanized the elites, corporate America, and middle America with an anti-government, anti-welfare theme resulting in Republican control, based on supply-side economics. Tax policy favoring wealthy and affluent Americans and business, deregulation of industry, massive reductions and cuts in government support for social service and return to reliance on the private sector, severe attacks and reversals on civil rights gains and massive buildup of the federal deficit (some \$925 billion) (Day, 2003; DiNitto, 2007; & Figueira-McDonough, 2007), and the appointment of conservative minds to the federal courts, including the U.S. Supreme Court, were outcomes of the dominant party and its leadership. The Reagan agenda was continued by President George H. W. Bush who served as his Vice President, but lost after one term because of problems related to economic disarray, a heavy federal deficit, and a tax increase he pledged not to support during his campaign, but, reversing his position, signed into law (Day, 2003; DiNitto, 2007; Figueira-McDonough, 2007).

Still enamored by supply-side economics, the country nonetheless voted in a more centrist, in contrast to liberal, ideology with the election of William Jefferson Clinton in 1992. The new president and his team tried to pull away from supply-side economics. Emphasizing the economy and infrastructure improvement, Clinton pushed through a cut in taxation, a Stimulus Program, and reduced the deficit (Figueira-McDonough, 2007). But the administration's big push for universal health care led by then first lady Hillary Rodham Clinton failed after attack by Republicans, although the majority of Americans favored the plan (Figueira-McDonough, 2007). Most of all, there was the regeneration of a vibrant economy which created many new jobs, about 22.5 million, mostly in the private sector. Technology boomed, expanding the information age. The minimum wage was raised to \$5.15 per hour after debate (during roughly the same timeframe, the CEO of Disney earned \$78,000 per hour) (Day, 2003), a fact that highlights the perennial wealth and inequality problem in this society (Korr & Brieland, 2000) and around the globe (Iatridis, 2000).

During Clinton's first term, the Democrats lost control of Congress to the Republicans who started building a "conservative opportunity society" under the leadership of House Speaker Newt Gingrich. A conservative manifesto, *Contract with America*, became an influential document, with a major focus on reducing welfare and strengthening some families while at the same time punishing other families economically. This

document influenced conservative thought and had a role in ending "welfare as we knew it." Facing an election, President Clinton finally supported the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, which focused on stiffer work requirements and limitation on time recipients could receive financial (or welfare) benefits (Day, 2003; DiNitto, 2007; Karger & Stoesz, 2002). The passage of the new law was not unrelated to public perceptions relative to racial stereotypes about AFDC (Aid to Families and Dependent Children) recipients (Gillens, 1999, as reported in Figueira-McDonough, 2007). When Clinton became president, he inherited a deficit from the first Bush presidency, but left a surplus.

George W. Bush narrowly won the election in 2000 over former Vice-President Al Gore in a contested election where the Supreme Court played an unusual role by calling off recounting of ballots in Florida (DiNitto, 2007). What this election meant was a return to Reagan philosophy, including but not limited to, supply-side economics (cuts in taxes that benefited the highest income earners and corporations, at the expense of the middle class); an expanded inclusion of the faith community into social service delivery via the signing of the Faith and Community-Based Act (the new president's first executive action); expanded privatization of social service and continued devolution of government responsibility to the states; appointment of conservative federal judges and most especially to the Supreme Court. The 2000 and 2004 elections represented a stronger coalescing of big business and corporations, the religious right, and the elite classes than the country had seen since Reagan. Although President Bush inherited a budget surplus from President Clinton, he created a \$317 billion deficit by 2005, owing to the tax cut, cost of the Iraq War, and natural disasters (that is, hurricanes Katrina and Rita), among other expenditures. To offset revenue downfall from the tax cuts and major additional spending, the 2005 Deficit Reduction Act (DRA) was enacted and social welfare programs were targeted for cuts (DiNitto, 2007). However, the political scene changed.

The 2006 Congressional election resulted in a victory for Democrats, a defeat for the Republicans, and a strong rebuke of the Bush Agenda, largely because of the unpopular Iraq War and the response to the victims of Hurricane Katrina. Correlative to the war question per se and loss of American lives (Hopps & Lowe, in press; See, 2001), is the escalating cost of the conflict contributing to the national debt and stagnation in domestic and nondefense policies and programs. At the same time that some Americans were making more money across income categories above \$50,000

(Wall Street Journal, 2006), many were struggling and the middle class declining (Glickin, 2007; Ragland, 2006).

It is not clear that the 2006 election was a clarion call or mandate for the return to a more expansive social welfare philosophy; however, it did throw cold water on the 30-year spell of conservatism (Kilpatrick & Parle, 2006). Within the 110th Congress, many new leaders have demonstrated a strong history of support for public aid; namely Speaker of the U.S. House of Representatives Nancy Pelosi (D-CA), the first woman to hold this position and Chairman of the powerful Ways and Means Committee Charles Rangel (D-NY), and John Conyers, Chairman of the Judiciary Committee (D-MI). The three represent more liberal congressional districts. These changes in leadership in the U.S. House of Representatives are especially important because all tax proposals must be initiated in that legislative body.

CLASSIFICATION AND DECLASSIFICATION A pressing threat to the credibility, status, cohesion, and unity of the profession has grown out of the effort to meet human needs in a fast-changing, complex society, often resulting in declassification and deprofessionalization. Workers from various educational backgrounds were recruited to the multiplying positions (especially those in the public sector) that were created by the new Great Society programs and the Social Security amendments of 1961 (P.L. 87-543). These new practitioners were identified equally in the public mind as social workers; and their inclusion meant that the profession was differentiated not only into higher levels of education and skill beyond the professional Master of Social Work (MSW) degree, but also into lower levels (high school or GED). The media is particularly influential in the declassification question due to the tendency to refer to all human service workers, regardless of education or rank, as social workers. Additionally, the media often emphasizes mistakes, popularizes failures, and ignores successes, thereby helping to create a poor public perception of practitioners (Ellert & Leighninger, 2007). There has been, however, some movement to help strengthen the profession and also protect or shield the title of social worker. The U.S. Supreme Court in *Jaffe v. Redmond* (1996) ruled that in federal courts, social workers have rights of privileged communication with their clients (Barker, 2003). In Hawaii, government employees who possess a professional BSW, MSW, and, or, PhD are referred to as social workers; others are called human service professionals (Pace, 2005, p. 9).

Classification. In an effort to provide some order to the reigning confusion about functional parameters and to meet the demand for accountability in relation to them decades ago, in 1973, the National Association of Social Workers (NASW) came up with the following classification:

Preprofessional Level

- Social work aide (high school diploma)
- Social services technician (associate degree)

Professional Level

- Social worker (Bachelor of Social Work [BSW] accredited)
- Certified social worker or member of the Academy of Certified Social Workers (ACSW; requires two years of post-MSW experience and passing an examination)
- Social work fellow (advanced practice).

In 1990 and 2006, specializations in School Social Work and Aging were created, respectively, by NASW.

Theoretically, each level should reflect certain responsibilities that presumably become more complex as one moves up the career ladder. In practice, however, the lines of classification are not neatly drawn or clearly compartmentalized. In the public child welfare sector, for example, civil service requirements demonstrate limited differentiation of tasks and credentials at any structural level, unclear career paths, and questions related to qualifications for high-level appointments. These concerns are in addition to those related to non-social work degree holders or to those who have only attained a high school diploma or GED (Ellett, Ellett, & Rugutt, 2003, as cited in Ellett & Leighninger, 2007).

For positions in mental health, an MSW is required. This area of practice vastly expanded employment opportunities in response to federal funding of mental health centers in the 1960s and 1970s. An additional attraction to mental health was the possibility of moving into private practice of clinical social work (Ellett & Leighninger, 2007; Helfgott, 1990). Increasingly, a doctoral degree is required for academic, administrative, research, and practice leadership positions.

Declassification. Declassification can be considered similar to deprofessionalization, an assumption that the "interchangeability of baccalaureate degrees, the reorganization of jobs to reduce educational requirement, the substitution of experience for education, the non-recognition of the exclusivity of bachelor's and master's degrees in social work" (Costin, Karger, & Stoesz, 1996, p. 158). Many states that have enacted legislation to regulate practice have incorporated the

various levels as outlined in the 1973 NASW Policy Statement (NASW, 1973). Under declassification, job qualifications and standards of performance were reviewed, revised, and rewritten with the recommendation that educational requirements be lowered and length of professional training shortened (NASW, 1981). There, however, is evidence that practitioners with a professional social work education are better prepared for child welfare as well as other areas of practice. Specifically, they score higher regarding knowledge of child welfare and do better on job rating from their supervisor, and in expression of intent to stay in the field (Booze-Allen & Hamilton, 1987; Ellett, Ellett, & Rugutt, 2003; Fox, Miller, & Barbee, 2003) and in offering professional care and supervision to carers in service to overwhelmed clients (Hopps, Pinderhughes, & Shankar, 1995).

LEGAL REGULATION OF PRACTICE In response to the need for professional regulation and certification, the NASW in 1961 took the lead by establishing the National Academy of Certified Social Workers (ACSW) credential for master's level practitioners. Similarly, at the bachelor's level of practice, the Academy of Certified Baccalaureate Social Workers (ACBSW) was established in 1991. All states at the current time have some form of legal regulation. Licensing means that because of state law, only those people who have attained certain educational requirements, including completing an appropriate educational program, and even postgraduate program, can have a certain title. Social workers are licensed at the associate's, bachelor's (that is, LSW), and master's levels (that is, LMSW, BCSW, LCSW, LICSW). Regulations, in general, address a number of critical concerns for the profession, clients, and the public. They provide legal sanction that affords the professional social workers needed authority. More importantly, they help provide a measure of professional competence by requiring a minimum level of education and licensure. Finally, legal regulation protects the public interest by creating quality control and oversight of the profession as well as providing a process for appeal when professional malfeasance occurs (Hardcastle, 1981).

PRACTICE LIABILITY Liability is another important issue for social workers, especially in the nation's increasingly litigious environment. NASW monitors this important area. For example, in 2003, the Legal Defense Fund filed a supporting document in a California case that extended liability relative to threats noted to third parties regarding clients. Specifically, the California Supreme Court was asked to review a lower

court's ruling in *Ewing v. Goldstein*. NASW pointed out that "the ruling imposes a burden on psychotherapists and jeopardizes the confidential relationship between a therapist and a patient ..." (Fred, 2005). In general, malpractice involves violation of the profession's ethical responsibilities. The Code of Ethics & Standards developed by NASW serves as a guide in civil, criminal, and ethical issues concerning professional practice.

The 21st-Century Social Worker

Although poised to make a significant impact in response to cultural transformation and a fast growing population, with much greater racial and ethnic diversity due in part to the 1960s immigration reforms, there are concerns related to the social work profession's workforce in the 21st century. The National Association of Social Workers (NASW) commissioned a national survey of over 4,500 licensed social workers in 2004 with the Center for Workforce Health Studies (CWHS). The findings of the report, *Assuring the Sufficiency of Frontline Workforce: A National Study of Licensed Social Workers*, reflected ongoing practice and demographic trends and the emergence of new trends (NASW, 2006; Stoesen & Moss, 2006). Caution is warranted largely because this national sample of over 240,000 licensed professional social workers represented only 63 percent of the 460,000 social workers reported by the Bureau of Labor Statistics (BLS, 2006). Still, this sample represents an important profile of professional social workers as follows.

EMPLOYMENT Seventy-five percent of licensed social workers reported full-time employment, while another 13 percent recorded part-time employment. Thirty-seven percent reported employment under private, not-for-profit auspices; 29 percent reported employment under private, for-profit auspices (that is, private practice and organizations); and 16 percent reported employment in local or federal government auspices. However, social work's low involvement in the public sector suggests a decline in employment standards in that area owing to declassification, signaling an ongoing and major challenge to the profession. In the meantime, NASW membership has shown an upward drift toward private practice: Roughly 11% in 1982 reported active involvement, while 20% in 1995 reported similar practice (Gibelman & Schervish, 1997). The majority of the respondents were employed in direct service practice roles, which highlights the ongoing strength of clinical as the dominant sector in the scope of practice (Gibelman & Schervish, 1997). There are indications

that this drift is continuing as practitioners carry cases on a contract basis, if they are certified and eligible for third-party payment from profit and nonprofit service providers.

Among new trends, social workers are increasingly looking toward international, nongovernmental organizations (NGOs) for opportunities. In a randomly selected sample of 20 NGOs registered with the United Nations, Clairborne (2004) found that almost 16,600 (or 37%) of their 44,600 full-time positions were held by social workers (that is, BSW, MSW, PhD/DSW), who served mostly as program directors. This is no doubt associated with forces of globalization, interdependence, and socioeconomics, integration found across other industries and the pace of international immigration, space innovations, and urbanization facilitated by the mass media, new computing and communication technology (Iatridis, 2002). Globalization means opening up societies, not only economics, and is therefore a social and political construct (p. 210). Social work, like business, is going to have to get used to the idea that thinking about the world in terms of national boundaries, rather than as a single system, is "old fashioned" (p. 211), since what takes place in one geopolitical system has an impact across the world.

Facilitating this global thrust is the increasing utilization of international and cross-cultural credit courses offered by colleges, universities, and schools of social work that expose students to experiential opportunities in other countries. Similarly, as international fieldwork placements are offered, both faculty and students become open to and less intimidated with new and varied employment vistas, settings, and different people. The increasing awareness of interglobal dependence will lead to recognition of the need for more in-depth knowledge of other cultures and languages across countries and continents. This acknowledges professional participation beyond current cross-cultural or ethnic-sensitive practice curriculum offerings (Glicksen, 2007). It also forces schools to grapple with content on American, global, and regional economics, political structures, and welfare systems (Morris, 2000, Iatridis, 2002).

A small, but growing, number of social workers seek careers in politics as elected officials at all levels of government. At least six social workers have been serving in the U.S. Congress, while more can be found across the country as mayors, commissioners, and in state legislative bodies. Increasingly, policies that affect the lives of clients, for example, health, same sex marriage, and allocations for TANF, are addressed by legislation enacted at the state level. Nonetheless, more social workers are desired at all levels of government to

help advocate for old, unsolved problems, and new groups of needful populations.

GENDER, RACE, AND ETHNICITY Demographic data from a 2004 workforce study of licensed social workers found similar rates (81% compared to 79%) to the 1995 membership study, confirming that the profession remains predominantly female (NASW, 2006). Regarding settings, women were almost twice as likely to practice in health service and aging, than men. Conversely, male social workers were slightly more likely to practice in mental health service and more than twice as likely to practice in addiction service. With regard to practice roles, women were more likely to be found in direct service and private practice, while men were more likely to be carrying out responsibilities in supervision, administration, and education. Salaries are generally higher in these latter areas.

Licensed social workers in general report higher salaries than their nonlicensed colleagues. In fact, licensed male social workers in the NASW commissioned study reported median income of over \$61,000, compared to over \$48,000 for female colleagues (NASW, 2006). This pattern has existed over many decades and continues in spite of professional dialogue and voiced interest in women being appointed to more equitable paying positions. Going forward, given demographic changes, a substantially more diverse group of social workers, particularly women not from middle class backgrounds, will provide increased leadership in social work education and practice for the profession; one that serves a predominately female clientele by female employees (Austin, 2000).

Social work, as with other health service professions, is less reflective of the nation's racial and ethnic profile. The majority (84.5%) of licensed social workers report being European American (NASW, 2006); and the remaining 15.5% are composed of African Americans (6.8%), Hispanic and Latino Americans (4.3%), Asian Americans (1.4%), and Native Americans (0.5%) and others (1.4%). However, the 2001 Current Population Survey, which is a self-reporting census, found a different racial and ethnic profile of professional social workers. That survey found that almost two-thirds (64.6%) of the respondents were European American, while African-Americans were 23% and Hispanic Americans made up 8.3%. These findings demonstrate different racial and ethnic profiles of the social work workforce. Still, both findings suggest expanding diversity, as compared to the Gibelman and Schervish (1993) report. Nonetheless, the profession continues to be largely composed of persons of European descent. In light of demographic trends, the profession, as others, will need to

continue to pursue a diverse workforce that is more reflective of the nation's population.

SUPPLY, DEMAND, AND AREAS OF PRACTICE From all projections, social workers will be in demand for years to come. The Bureau of Labor's *Occupational Outlook Handbook* projects a 40% increase in demand for professional social work into the next decade (BLS, 2000). In fact, among the major findings from the NASW (2006) workforce study among licensed social workers are that (1) the number of new practitioners servicing older adults is decreasing; (2) the supply of practitioners in agencies serving children and families is insufficient; (3) growing caseloads and shrinking resources impede practitioners' retention; and agencies are struggling to fill existing vacancies. This information signals an increased demand for social workers in new and old fields of service.

Because of the profession's and the public's growing demand for interest in effective service, evidence- or empirically-based social work practice is positioned to move to the forefront in an effort to address the nation's social problems. This trend has already emerged in the mental health sector. The assumption is that effective services are, in the long run, more cost-effective. This alone is a motivation for the profession to continue the movement toward evidence-based expectations (Hopps et al., 1995; O'Hare, 2005; Reid, 1997; Thyer, 2004).

In keeping with the profession's renewed emphasis on social justice, professional social workers are found in many fields, serving many new and traditional populations, and serving different roles. Of the most reported fields of practice among NASW members and licensed social workers across the nation are mental health, child welfare, health and school social work (U.S. Department of Health and Human Services, 1998; NASW, 2006). In these fields, practitioners serve diverse populations with many pressing, ever-challenging needs (Hopps & Lowe, in press).

This discussion on areas and methods is not exhaustive, but is, rather, a notation of common areas of social work practice: advocacy (personal and political), environmental justice, criminal justice, legislative and policy practice, school, children, youth, gerontology, gender, families, couples and singles, physical, behavioral, and developmental health, vocational rehabilitation, employee assistance, research and evaluation, immigrant and refugee work, emergency and disaster services (that is, the Hurricane Katrina in 2005 and the tsunami in Southeast Asia in 2004). Most organize practice into the methods of casework, group work, community organization, and policy practice (Figueria-McDonough,

1993; Pincus & Minahan, 1977). In the context of micro practice, casework (that is, generalist or advanced), social workers may serve individual or family client systems as direct practitioners. In terms of group work, practitioners serve individuals in therapeutic, task, support, and empowerment groups with different goals and objectives. On the macro practice scene, community organization practitioners can be found mobilizing neighborhoods and communities, among others. Some emphasis has been seen on policy planning, policy practice, advocacy, and administration. New computing and mass communication technologies have also had major impact on all practice approaches (Boland, Barton, & McNutt, 2002; Hopps & Lowe, in press).

Future Trends

The profession will not only continue to address issues it faced in its first century, but will also be challenged with new ones. Paramount among the influences will be the geo-political-economic context. Although the geo-political context may be more subject to immediate change than the latter, both turbulence and hope are anticipated. The election of a Democratic Congress, the 110th, might indicate a more hopeful environment for positive change toward social welfare programs and a decline in negativism toward the field.

Nonetheless, the 2005 Social Work Congress, which included key social work associations and stakeholders, developed 12 "imperatives" (Stoesen, 2006) that speak to: excel in services for aging; participate in politics and policy; guarantee quality services to children; demonstrate leadership in advocacy for universal health care; enhance the public's understanding of efficiency and cost-effectiveness of social work in health care; deal with racism, oppression, and social injustice and human rights violations; strengthen the profession's capacity to influence the political and corporate landscape; improve the quality of social work education; mobilize the profession for participation in politics, policy and social action; confront racism at all levels; utilize cultural competence social work interventions and research methodology; and develop research and practice partnerships.

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—JUNE GARY HOPPS AND TONY B. LOWE

HISTORY

ABSTRACT: The social work profession originated in volunteer efforts to address the "social question," the paradox of increasing poverty in an increasingly productive and prosperous economy, in Europe and North America during the late nineteenth century. By 1900, working for social betterment had become an occupation and social work achieved professional status by 1930. By 1920, social workers could be found in hospitals and public schools, as well as in child welfare agencies, family agencies, and settlement houses. During the next decade, social work focused on the problems of children and families. As a result of efforts to conceptualize social work method, expand social work education programs, and develop a stable funding base for voluntary social service programs, social work achieved professional status by the 1930s. The Great Depression and World War II refocused professional concerns, as the crises of depression and war demanded the attention of social workers. After the war, mental health concerns became important as programs for veterans and the general public emphasized the provision of

inpatient and outpatient mental health services. In the 1960s, social workers again confronted the problem of poverty. Since then, the number of social workers has grown even as the profession's influence on social welfare policy has waned.

KEY WORDS: social work; profession; professionalization; personal service; social services

Originating in volunteer efforts for social betterment in the late 19th century in Europe and North America, social work became an occupation by the turn of the 20th century and achieved professional status by the 1920s. Social work began as one of several attempts to address the "social question," the paradox of increasing poverty in an increasingly productive and prosperous economy. Social workers focused on the problems of children and families in the 1920s, achieving professional status as a personal service profession by the 1930s, as a result of the growth of professional organizations, educational programs, and publications (Walker, 1933). But depression and war refocused professional concerns, as the crises of the Great Depression and World War II demanded the attention of social workers. After the war, mental health concerns became important as programs for veterans and the general public emphasized the provision of inpatient and outpatient mental health services. In the 1960s, social workers again confronted the problem of poverty and continued to grow as a profession, so that by the 21st century social work was licensed in all 50 states. Since then, the number of social workers has grown even as the profession's influence on social welfare policy has waned.

The Emergence of the Social Question

During the late 19th century, industrialization created an urban society in a globalizing economy. Steam power fueled an expansion of industrial production and revolutionized transportation, resulting in expedited communication and the worldwide movement of capital, manufactured goods, and people. Cities in the industrializing societies of Europe and North America grew larger and social problems seemed to reach a critical level, as industrial economies produced new problems—unemployment, neglected and abandoned children, chronic disability, and poverty in the midst of unprecedented wealth. While the United States remained a predominantly rural society, big cities seemed to portend the future, and many reacted with horror to the apparent misery of the urban poor—and to their potential for disruption (Bremner, 1956; Rodgers, 1998).

In the United States, interest in the social question, as concern with urban problems and the consequences of industrialization came to be known, had both religious and rationalistic roots. The sentimental reformism that had informed antislavery efforts before the Civil War turned to the problems of the poor, particularly children. In charity organization, child saving, and the settlements, religious people campaigned for reform in assistance to the poor. Later, Protestant ministers professed a Social Gospel, proclaiming that Christians had a duty to campaign for social reform. Roman Catholic reformers heeded Pope Leo XIII's encyclical *Rerum Novarum* (1891), which called for justice in the relations between capital and labor. Jews in Germany and the United States embraced a reform movement that emphasized social justice. But the development of big business and its increasing reliance on technology and new models of formal organization also suggested directions for reform: modern charity work would be scientific and would borrow organizational structures from the emerging corporate world.

Boards of Charity, composed of prominent citizens who served without pay, attempted to rationalize state residential institutions created before the Civil War. Rational administration meant careful budgeting, civil service rules, and the collection of data on the performance of state institutions. Board members visited and inspected state institutions—mental hospitals, prisons, orphanages, and schools for persons with a variety of disabilities—and made recommendations for more efficient management. Beginning with Massachusetts in 1862, most states established boards of charities during the last third of the 19th century. Most boards had an advisory function, while others (usually called Boards of Control) had administrative oversight over state institutions.

In the nation's large cities, child saving movements sought to improve the lives of orphans and poor children. Protestant minister Charles Loring Brace founded the New York Children's Aid Society (CAS) in 1853. Over the next half century, the CAS initiated a variety of child saving measures, notably the orphan trains, which placed poor New York children with Christian farm families in the Midwest. The orphan train movement stimulated the development of Jewish and Catholic orphanages and the child saving movement soon outgrew its origins. Orphanage care of children increased during the late 19th century as states attempted to end the practice of placing children in poorhouses. By the turn of the century, reformers contemplated a mixed system of care for dependent children, involving both public and private institutions, community placement as well as institutional

care, and preventive legislation, including laws regulating or prohibiting child labor and requiring school attendance.

In the 1880s, two new institutions were created that would be formative in creating a new occupation to provide assistance to the poor. Most large American cities, beginning in Buffalo in 1877, established charity organization societies (COS), modeled on the London Charity Organisation Society. Charity organization emphasized a controlled form of love extended to the poor. An organization of voluntary charities rather than a provider of direct material assistance, the COS organized a city's voluntary relief associations on a rational basis. District agents, paid COS employees, interviewed applicants for relief, determined appropriate assistance, and arranged for friendly visits by volunteers. The visitors provided good advice and an example of caring, while the district agents curbed potential abuse. During the 1880s, most COS work was done by volunteers called "friendly visitors." By the 1890s, however, paid employees supplanted volunteers (Lubove, 1965). COS also became increasingly active in environmental work. In 1898, the New York COS established the Summer School of Applied Philanthropy, which later became the New York School of Philanthropy (1904). The school was renamed the New York School of Social Work in 1919 and became part of Columbia University in 1940, becoming the Columbia University School of Social Work in 1963.

Settlement houses, also based on an English model, were established in large cities in the United States during the 1880s. Jane Addams and Ellen Gates Starr founded Chicago's Hull House, the most famous settlement in the United States, in 1889 after a visit to London's Toynbee Hall, the first settlement house. Settlement workers were middle-class and affluent volunteers who "settled" in the immigrant districts of large cities. The settlements have provided a vital service, Addams believed, both for the volunteer residents, who needed a purpose in life, and for the society at large, by building needed bridges between the classes in an increasingly stratified and fragmented society (Addams, 1893).

Members of the existing state boards of charities began to meet in 1874 as a section of the American Social Science Association. In 1879, the group formed its own organization, the Conference of Boards of Public Charities, which became the National Conference of Charities and Correction in 1880 and the National Conference of Social Work in 1917. Although the conference was initially an annual gathering of the members of state boards, child savers, COS workers, and settlement house residents, many others

interested in the social question, became active in the organization. For much of the 20th century, the National Conference was the major meeting place for social workers (Bruno, 1957).

Social Work as an Occupation

By the first decade of the 20th century, a separate occupational status for charity workers had emerged. Schools of charity or philanthropy in five cities provided training to members of the new occupation. COS visitors, child care workers, and settlement house residents were joined by social workers in new settings—big city general hospitals, public schools, psychiatric clinics, and juvenile courts. Although the methods to be used by the new occupation were hardly defined, the emerging methods and techniques were applied to new populations in these new settings. The decade also saw the beginnings of investment in the new occupation, with the founding of the Russell Sage Foundation in 1907. For its first 40 years, the foundation supported the development of a profession of social work.

Career COS administrator Mary Richmond joined the new Russell Sage Foundation in 1908 as director of its Charity Organization Department. During the next 20 years, she and fellow staff member Francis McLean transformed charity organization. They worked on two fronts—the organizational and the conceptual. McLean worked with COS to form a new national organization, the National Association of Societies for Organizing Charity, in 1911. Richmond worked to develop the conceptual base for social case work, which would become the primary method for social work practice with individuals and families. The foundation published Richmond's *Social Diagnosis*, which quickly became an authoritative text, in 1917; in 1919, the National Association of Societies for Organizing Charity changed its name to the American Association for Organizing Family Social Work and in 1930 to the Family Welfare Association of America.

In addition to its efforts in charity organization, the Russell Sage Foundation supported the developing field of child welfare. A Child Welfare Department, headed by Hastings Hart, consulted with states on legislation and services for children. Campaigns for the codification of state laws on children, the Children's Code, energized child savers on the state level, as states codified the laws on children, adding or strengthening provisions regulating child labor, requiring school attendance, establishing juvenile courts, and providing payments for children in single parent households. In 1909, President Theodore Roosevelt called the first White House Conference on Dependent Children. The conference called for the creation of a Children's

Bureau in the federal government "to investigate and report... upon all matters pertaining to the welfare of children." Congress established the Children's Bureau in 1912. Eight years later, in 1920, child welfare agency executives founded the Child Welfare League of America.

World War I, the United States' first European war, resulted in an expansion of the social work profession both in numbers and in scope. The Red Cross's Home Service provided linkage between soldiers and other service personnel and their families. Richmond was involved in training home service workers, who provided social case work services to rural and small town families for the first time. Other war-related charities also expanded, as did the Army Medical Corps. Faced with a variety of psychological and neurological problems, the army used social workers, many of whom were Red Cross personnel detailed to army units in the field. Smith College established its School for Social Work in 1918 as a wartime measure. Graduates provided services to soldiers and veterans suffering from shell shock and other psychiatric disabilities. The war also resulted in an increase in social planning. Social worker Mary van Kleeck temporarily left the Russell Sage Foundation to help set up the Women in Industry Service in the U.S. Department of Labor.

From Occupation to Profession

Social work education programs expanded during the years 1913-1919 and more rapidly during the next decade, as a result of changes in charity organization and the expansion of hospital social work, school social work, and child welfare. Educator Abraham Flexner's conclusion in a paper read at the National Conference of Charities and Correction in 1915 that social work was not a profession because it lacked original jurisdiction and an educationally transmissible technique stimulated the development of social work theory. During the 15 years following the delivery of the paper, professional education flourished. Schools of social work were established in the South and the West as well as in the Northeast and Midwest. Professional organizations and national federations of agencies were established and engaged in explorations of social work practice theory.

Perhaps the most important development of the 1920s was the expansion of federated fundraising. Before World War I, most social work agencies had survived by soliciting subscriptions and contributions from wealthy donors. Such financing was often unreliable, and fluctuations in agency budgets were not unusual. During World War I, a united "War Chest" raised money for war-related charities in many American

cities. After the war, these war chests were converted to Community Chests, local agencies that raised money for the community's social work agencies, usually through an annual campaign that solicited funds from middle-class and working people as well as the wealthy. With its annual campaign targeted on a broad base of potential donors, incremental budgeting, and generally successful fund drives, the community chest provided voluntary agencies with financial stability during the 1920s. Although some social workers objected to the "stereotyped social work" that resulted from the budgeting process, most cities had adopted the Community Chest idea by the end of the decade.

Public social services had expanded enough by 1923 that a prominent social welfare administrator could write about a transformation "from charities and correction to public welfare" (Kelso, 1923). Most professional social work, however, was practiced in voluntary agencies. Social workers did practice in some correctional agencies, particularly in juvenile corrections and in law enforcement, during the 1920s. State hospitals and outpatient programs employed social workers as well. The Commonwealth Fund supported child guidance clinics, new children's mental health clinics staffed by social workers and other professionals, and school social work demonstration projects. The federal Sheppard-Towner Act of 1921 established a maternal and child health program of grants to the states administered by social workers in the Children's Bureau. State children's code campaigns resulted in the creation of statewide child welfare and public assistance programs in many states during the decade.

By the end of the decade, voluntary social work had a stable financial base, social workers had created a number of professional organizations, and public social services had expanded. In his 1929 presidential address to the National Conference of Social Work, social work educator Porter R. Lee could say that social work "once a cause" had become "a function of a well-ordered society." The project of professionalization now seemed complete, although Lee worried about how to maintain zeal in an increasingly routinized profession. The 1930 Census, which classified social work as a profession for the first time, enumerated over 30,000 social workers in the United States, but only 5,600 of them were members of the American Association of Social Workers, the largest professional organization of social workers (Walker, 1933).

The Great Depression:

A Crisis for the New Profession

The worldwide economic contraction that began in 1929 resulted in economic and social crises as the

demand for products slackened, workers lost their jobs, and political unrest toppled established governments around the world. In Europe, a fascist takeover of the German government led to the emigration of many, including leading social workers like Maida Solomon, to the United States and elsewhere. Ultimately, the worldwide depression of the 1930s resulted in a World War II, which began in 1939 with the German invasion of Poland.

In the United States, voluntary and state-supported social welfare services contracted in response to reductions in funding. Community Chest donations declined in the early years of the Great Depression, and over one-third of the nation's voluntary social service agencies closed. Other agencies contracted with local governments to provide relief to the swelling ranks of the unemployed. The slowing economy resulted in declining tax receipts for property and sales taxes, making it difficult for state and local governments to meet increasing demands for unemployment relief. Cities that had resisted the Community Chest movement, notably Boston, Chicago, and New York, turned to federated fund raising to broaden the pool of potential donors. The federal government began to support state and local relief efforts, first with loans to the states beginning in 1932 during the Hoover administration and then with grants for unemployment relief during the Roosevelt administration.

Herbert Hoover, who served as president in the early years of the depression (1929–1933), increased the federal budget but wanted states and the voluntary sector to take the lead in relief. In contrast, the Roosevelt administration, while it enlisted state governments, favored a strong federal role. President Franklin D. Roosevelt took office in 1933, promising a "New Deal" for the American people—a more vigorous federal government and renewed experimentation in recovery efforts. Roosevelt's Federal Emergency Relief administrator, Harry Hopkins, a social worker with a background in the administration of both public and voluntary agencies, required that states receiving federal grants for unemployment relief establish public agencies to administer the relief program, ending the practice of contracting with voluntary agencies (Trattner, 1999). In response, the general director of the Family Welfare Association of America charted a new course for private social work. Public agencies should provide relief to the unemployed while voluntary family agencies should concentrate on casework services for "disorganized families" (Swift, 1934).

The Social Security Act (1935) established a federal old age insurance program and state programs, supervised and partially funded by the federal government of

unemployment insurance, public assistance, and social services. States pressed new employees, most of them without social work experience, into service in the rapidly expanding state welfare systems. States established training programs and many state universities introduced undergraduate social work education programs. The established schools of social work, concentrated in urban areas and often in private universities, increasingly emphasized graduate education. Two social work education organizations, the American Association of Schools of Social Work (AASSW) and the National Association of Schools of Social Administration (NASSA), representing the two movements in social work education, attempted to represent education for the new profession.

While NASSA supported undergraduate education, the AASSW emphasized graduate education; in 1939, AASSW restricted membership to graduate programs. During the next few years, the master of social work (MSW) became the standard professional degree. To some in social work education, it appeared that two social work professions were emerging, a graduate profession based on the MSW degree and a baccalaureate profession based on the acquisition of a baccalaureate degree. While many MSWs continued to work in the voluntary social service sector, opportunities for public employment increased during the 1930s, as states implemented the services titles of the Social Security Act.

Social workers developed new conceptualizations of social work practice methods during the 1930s. Different branches of psychoanalytic casework, influenced by psychiatrists Otto Rank and Sigmund Freud, contested for dominance in social case work. Group workers and community organizers attempted to conceptualize their methods by sponsoring special sessions at the National Conference of Social Work in 1935 and 1939. The 1935 group work sessions resulted in the creation of a new group work organization, the Association for the Study of Group Work, and the 1939 session on community organization eventually led to another new organization, the Association for the Study of Community Organization.

Maturation

The United States entered the World War II in December 1941 after an attack on Pearl Harbor in Hawaii by the Japanese Navy. By then the war was already being fought worldwide and some refugees from Hitler's Europe found sanctuary in the United States. Some, like Werner Boehm, had not been social workers in Europe but would become leaders in social work practice and education after the war. The growth of army

camps and war-related industries ended the depression and disrupted community life even before the United States entered the war. Congress passed the Lanham Act of 1940 to provide assistance for war-impacted communities. Veteran social workers like Bertha Reynolds, who worked for the Personal Service Department of the National Maritime Union, devoted themselves to war work even as she challenged the direction of the profession. New social workers were recruited to war-related social work services.

Wars bring about psychological crises for service members whether they are called shell shock (World War I), battlefield neurosis (World War II), or posttraumatic stress disorder (Vietnam and Iraq wars). During World War II, the Army Medical Corps developed psychiatric social work as a service for service men and women suffering from war-related psychological trauma. In 1944, Congress enacted the Servicemen's Readjustment Act, or G.I. Bill, which provided health care, home and business loans, and postsecondary education loans for veterans of World War II. The Act, which some hailed as "completing the New Deal," created the postwar middle class by making home ownership and college education available to veterans. The G.I. Bill also resulted in an expansion of the Veterans Administration (VA) hospital system. Social work was an important part of the VA health care system, which planners hoped would model an efficient public health system for the nation.

Congress enacted new social legislation after World War II. The National Mental Health Act (1946) created the National Institute of Mental Health (NIMH). Opportunities for social workers in health and mental health expanded as a result of the Hill-Burton Hospital Construction Act of 1946, the creation of NIMH, and the expansion of the VA Hospital System. The United States signed the charter of the United Nations in 1945, creating an international body that provided an arena for international exchange. Social workers in the United States were eager to share their expertise with development programs in war-ravaged Europe and Asia and later with developing nations in an era of decolonization. Unfortunately, the models were sometimes based on what was effective in the United States, with little effort to adapt to local conditions (Midgley, 2005). Social work in the late 1940s was a fragmented profession. Practitioners working in different fields of practice emphasized the special skills and knowledge needed by specialists, so that graduate education emphasized specialized rather than generic content. Separate education organizations accredited undergraduate and graduate programs. Many believed that the social work profession needed to speak with one voice.

A movement for generic casework practice, initiated at the University of Chicago by Charlotte Towle, appeared to have promise for unifying social work practice. Social work practice organizations and social work education organizations amalgamated. In 1947, NASSA and AASSW formed a National Council on Social Work Education to explore professional unification. A study of social work education was commissioned, conducted by adult educator Ernest W. Hollis and social work educator Alice Taylor. The Hollis-Taylor Report, as the study was known, appeared in 1951; the following year, NASSA and AASSW merged to form the Council on Social Work Education (CSWE). CSWE moved quickly to require graduate status and university affiliation for institutional membership—social work would be a graduate profession.

Social work practitioner organizations presented a more confusing picture. The American Association of Social Workers (AASW), organized in 1921, attempted to represent all social workers, but specialized practitioner organizations existed for medical social workers (organized in 1918), school social workers (1919), psychiatric social workers (1926), group workers (1936), community organizers (1946), and researchers (1949). Several interorganizational committees met during the early 1950s to develop an agreement for a single social work practitioner organization. Although the early committees included the AASSW as a non-voting member, consolidation of the education and practitioner organizations was not pursued. In 1955, the 7 practitioner and researcher organizations joined to form the National Association of Social Workers (NASW), which had 22,000 members after the merger.

In 1958, an NASW Commission on Social Work Practice issued a Working Definition of Social Work Practice to provide a generic definition of social work practice (Bartlett, 1958). CSWE commissioned a comprehensive study of the social work curriculum, directed by Werner Boehm. Published in 1959, the 13 volume *Curriculum Study* included volumes on undergraduate education; specialized practice methods—administration, community organization, group work, and casework; fields of practice—corrections, public social services, and rehabilitation; and curriculum areas—human growth and behavior, research, social welfare policy and services, and values and ethics (Boehm, 1959). The intent of both efforts was to unify social work by providing a common set of concepts and educational experiences.

The Profession Broadens

In 1955, the Mental Health Study Act (PL 84-182) created the Joint Commission on Mental Illness and

Health. The commission issued *Action for Mental Health* (1961), a report that called for renewed investment in mental health. The new liberal Kennedy administration in 1961 proposed an expansion in community mental health, based on the report and California's experience with community mental health centers. The Community Mental Health Centers Act (PL 88-164), enacted by Congress in 1963, provided grants-in-aid, administered by NIMH, to states for local Community Mental Health Centers that would serve mentally ill persons outside of state facilities. By the end of the decade, social workers provided the majority of mental health care in the United States.

The Kennedy administration initiated other projects, notably in public welfare and delinquency prevention. After Kennedy delivered a special message on Public Welfare, Congress enacted the Public Welfare Amendments of 1963 (PL 87-543) to the Social Security Act, which provided funds to the states for training social workers to work in state public welfare programs. The act increased opportunities for public welfare personnel to enter MSW programs and resulted in expanded opportunities in public welfare programs for professional social workers. Two years later, a federal task force projected increased need for social work personnel and called for additional investment in social work education, including the development of undergraduate education for social work (U. S. Task Force on Social Work Education and Manpower, 1965).

President Kennedy's Committee on Juvenile Delinquency provided demonstration grants for antidelinquency programs. The example of the President's Committee led the new Johnson administration to propose a War on Poverty in 1964. A vigorous antipoverty program would be directed by quasi-public entities. Some social workers were involved in the design of the program, while others looked askance at its non-professional, some thought antiprofessional, approach to solving the problem of poverty. Voluntary social service agencies found new opportunities for contracting to provide services to the poor, from community organization to family counseling. Under President Johnson, a federal health insurance program for the elderly, Medicare, and a health assistance program for the poor, Medicaid, which was to be state administered, were passed by Congress as Titles XVIII and XIX of the Social Security Act, along with the Older Americans Act (PL 89-73) in 1965.

The effect of the expansion of government social welfare services during the Great Depression and after World War II was to shift the most important source of funding and practice for social work from the voluntary, nonprofit sector to the public sector,

particularly toward health and mental health programs. Other sectors, such as corrections and child welfare, medicalized their approaches, as talk of treatment for offenders and dependent children began to dominate professional discourse in these areas.

The increasing complexity of the emerging welfare state resulted in an increasing emphasis on of policy, planning, and administration in social work curricula and in practice. Many programs in the Kennedy-Johnson era, from the antidelinquency programs of the Kennedy years to the community action, older Americans, and Model Cities programs of the Johnson administration, relied on increasingly complex federal relationships with state and local governments managed by community planners, many with social work credentials. If the decade was contentious, the social work profession seemed vibrant during the 1960s. In 1966, the membership of NASW reached nearly 46,000, doubling its membership in its first decade.

Social Work in a Conservative Era

In 1969, NASW, which had previously required the MSW for full membership, opened full membership to individuals with a baccalaureate degree from programs approved by CSWE. In doing so, NASW endorsed the conclusion of the Task Force on Social Work Education and Manpower that baccalaureate social work education was needed to fill the many social work positions created by the expansion of social welfare programs in the 1960s. CSWE subsequently developed standards and accreditation procedures for undergraduate social work programs. It seemed that the goal of NASSA for recognition of the undergraduate degree had been achieved. However, some believed that recognition of the BSW had "deprofessionalized" social work.

Federal spending for social welfare increased during the 1970s, but employment for social workers stagnated as a result of several related trends (Patterson, 2000). Congress and the Nixon administration favored "hard" services, such as material provisions, over such "soft" services as counseling. Hard services could be provided by anyone, many believed, resulting in reduced demand for MSWs and even BSWs. State public welfare departments separated social services from public assistance payments, reversing the logic of the 1963 Public Welfare Amendments. State and local public social service agencies reclassified jobs to require a BSW rather than an MSW—and sometimes any or no baccalaureate degree rather than a BSW. Often justified as cost-saving measures, these changes, which were particularly important in public child welfare services, limited employment opportunities for professional social workers

even as they reduced the quality of services for client. By the 1970s, many social services were provided by private or quasi-public agencies or by private practitioners under contract to public authorities rather than by public agency employees.

These trends were exacerbated during the 1980s as the Reagan administration used the block grant mechanism to "return power to the states" while reducing federal commitments for social service spending. Many conservatives around Reagan were suspicious of social workers, whom they viewed as misguided philanthropists, harming poor people even as they attempted to assist them. In response, social work practitioner organizations lobbied for legal regulation. Licensing by the state, accomplished to varying degrees in all of the states by the 1990s, would assure the public of quality social services while increasing the demand for licensed social workers, advocates believed. Licensing also facilitated the growth of private practice, as in many states it provided standards for independent practice. In 1988, the Director of NIMH appointed a Task Force on Social Work Research to study the status of research and research training in social work. The Task Force Report, published in 1991, recommended the creation of an Institute for the Advancement of Social Work (IASWR) and increased attention to social work research by NIMH, CSWE, and NASW (Task Force on Social Work Research, 1991).

Despite a new democratic administration in Washington, the trends of the 1980s continued during the Clinton administration—growth in government contracting with nonprofit and for profit organizations, increasing reliance on third-party payments, and privatization of social services. In spite of the creation of IASWR in 1993 and of a new national organization for social work researchers, the Society for Social Work and Research (SSWR) in 1994, social work was largely ignored when Congress enacted the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PL 104-193), eliminating the 40-year-old entitlement aid to families with dependent children, and instead imposed work requirements and time limits for the receipt of public assistance now known as TANF (temporary aid for needy families).

As the 21st century began, new organizations of practitioners, educators, and researchers had arisen to complement CSWE and NASW, creating a situation reminiscent of the 1940s. Research, increasingly emphasized by social work educators, did not seem to influence social work practice, signaling a potentially dangerous division between academics and practitioners. NASW held a Social Work Summit in 2002 bringing together 43 different social work organizations to begin discussing coalitions and collaborative undertakings, and a Social

Work Congress in 2005 to identify common goals for the next 10 years.

Challenges and Trends

Although the social work profession seemed fragmented, a number of organizations of practitioners and educators were able to work together on interorganizational projects to promote social work research and focus the profession's political advocacy activities. The number of social work education programs at the BSW and MSW levels grew during the last decade of the 20th century and continue in early 21st century. By 2004, there were nearly 400 social work education programs in the United States, including 239 baccalaureate programs, 47 masters programs, and 111 combined (baccalaureate and masters) programs (Council on Social Work Education, 2007). Over 800,000 people in the United States identified themselves as social workers. However, many of those employed as social workers were not professionally educated. Of over 400,000 licensed social workers, less than half belong to NASW. The Bureau of Labor Statistics predicted that the number of positions would increase more rapidly than the average for all occupations, particularly as the population aged. During the first decade of the 21st century, social workers were uncertain about the profession's mission and its relationship to the welfare state. Fragmentation, together with privatization, deprofessionalization, and competition with other professions in a shrinking human service arena, provided challenges for the profession.

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—PAUL H. STUART

WORKFORCE

ABSTRACT: A profession's ability to identify and predict its workforce capacity depends largely upon its understanding of labor market trends and emerging service delivery systems. Concerns about the adequacy of the future supply of the social work workforce are being driven by a number of factors, including trends in social work education and demographic shifts in the country. The stability and continuity of a social work workforce depends on the profession's ability to attract new workers; agencies' abilities to retain their staff; and the larger society's investment in this pool of workers, and the clients they serve.

KEY WORDS: workforce; labor force; trends; shortage; retiring; recruiting; retention

Background Overview

A profession's *labor force* includes people who are both employed and unemployed, whereas the *workforce* refers only to the actual number of workers, excluding those who are unemployed. As defined by the profession, the social work labor force is composed of individuals who have undergraduate or graduate degrees from programs accredited by the Council on Social Work Education. This council maintains educational policy standards and provides accreditation of professional social work education programs in the United States. The National Association of Social Workers (NASW) promulgates standards for professional practice in many areas of social work, offers credentials and certifications that define areas of expertise, and establishes a code of ethics to guide practitioners in their work with individuals, families, and communities. Educational policy and practice standards serve as foundation documents for the profession that explicate core knowledge, skills, and values as well as elaborate the roles, functions, and scope of practice according to education and

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—ROBERT L. MILLER JR.

GENERALIST AND ADVANCED GENERALIST PRACTICE

ABSTRACT: Generalist and advanced generalist practice evolved out of a century-long debate about what constitutes social work practice. Generalist practice currently refers to the practice of a bachelor level social worker who demonstrates basic competencies in multilevel, multimethod approaches. Advanced generalist practice refers to the practice of a master social worker who possesses advanced competencies in multilevel, multimethod approaches and is equipped to work in complex environments that may require specialized skill sets. The definition and educational content of generalist and advanced generalist practice are poised to be influenced by national debate once again, as the profession examines the merits of evidence-based practice and its implications for social work education.

Defining generalist practice and advanced generalist practice marks an important passage in the development of the social work profession. These definitions evolved in the background of nearly a half century of debate about the nature of social work practice. A paramount question always present in this debate was how to educate and prepare social workers for practice. Debates about the elements, scope, and focus of social work practice continue today in discussions about evidence-based practice (EBP). EBP proposes that practitioners and students will benefit from a rigorous approach to evaluating proposed outcomes, best practices in the field, and the risks and benefits associated with social work interventions. Although the implications of these debates have yet to be defined, it is important to understand the distinctions between generalist practice and advanced generalist practice and how they evolved in order to assist the profession in gaining clarity about the appropriateness and currency of its value base, theoretical orientations, practice methods, and movements such as EBP.

Historical Context

BACKGROUND The profession of social work initially emerged as a response to human suffering and community disorganization in the latter part of the 19th century. The earliest forms of social work practice were typified by the activities of the leaders within the Charitable Organization Society and the Settlement House Movement. During the first part of the 20th century, the philosophical orientations and values attached to these activities were debated, resulting in the earliest definitions of social work practice. Mary Richmond focused on the assessment of factors that contributed to or detracted from the social functioning of a person, including one's state of mind and behavior, the influences of one's family and social environment, and the personal strengths of the person. Assessing the interactions of an individual with his or her social environment was a key element of Richmond's model (1917, 1922). Jane Addams' orientation differed from that of Richmond. Her experiences in settlement houses such as England's Toynbee Hall influenced her thinking about the origin of social problems, and community-based responses to them. Addams' early essays (1902) reflect her focus on social, political, and economic influences that produce human suffering and community disorganization. Addams also wrote about the shortcomings of the scientific charity movement. She did not dismiss the efforts that came out of this movement; rather she maintained that a broader orientation was primary to understanding how social problems present the individual level.

These value orientations competed with each other in the early part of the 20th century, until 1929 when the American Association of Social Workers (AASWs) labored over a four-year period to define social work practice under the rubric of social case work. The Milford Conference underscored the importance of giving social workers a generic foundation of knowledge that they could use to address the needs of communities and organizations, as well as individuals, and upon which they could build specialized practice. The content required for generic social case work was stated to include:

1. Knowledge of typical deviations from accepted standards of social life.
2. The use of norms for human life and relationships.
3. The significance of a social history as the basis of particularizing the human being in need.
4. Established methods of study and treatment of human beings in need.
5. The use of established, community resources in social treatment.
6. The adaptation of scientific knowledge and formulations of experience to the requirements of social case work.
7. The consciousness of a philosophy, which determines the purposes, ethics, and obligations of social case work.
8. The blending of the foregoing elements into social treatment (American Association of Social Workers [AASW], 1929, p. 15).

This content comprised the first formal set of standards for generic social case work, a precursor to generalist practice. These standards also helped to define the essential foundational knowledge required to conduct case work and set a precedent for a form of practice that "superseded agency-specific specializations based on a particular problem or practice" (Schatz, Jenkins, & Sheafor, 1990, p. 218).

A national report by Hollis and Taylor (1951) was also instrumental in defining standards for social work practice during the first half of the 20th century. This report was an outcome of a project commissioned by the AASWs with the assistance of the Carnegie Foundation and occurred at a time when the majority of persons employed as social workers did not have the level of education desired by professional social work organizations. The charge of the project was to assess the professional development and educational needs of practicing social workers. This report achieved several important objectives. First, the authors demonstrated the need for basic and advanced forms of training for a workforce that was primarily composed of technicians

or volunteers. Second, they identified an expanded role for social work in contemporary society, reinforcing the ongoing need for professional education. Third, the authors defined preparatory content for undergraduate and graduate social work education, proposing that social work education should be anchored in the arts and sciences, maintain a generic orientation, and allow for specialization at the advanced graduate level. The Hollis and Taylor report offered a rationale for professionalizing social work and a contemporary framework for delivering social work content in classrooms. It also underscored the point that the manner in which the profession defines itself has strong implications for how social workers are prepared to practice.

CONCEPTUALIZATIONS OF SOCIAL WORK PRACTICE AND EDUCATION The merging of seven professional social work organizations during the mid-1950s helped to unify national discussion about social work practice, and eventually, social work education. In 1955, the American Association of Social Work, the Association for the Study of Community Organization, the American Association of Medical Social Workers, the American Association of Psychiatric Social Work, the National Association of Group Workers, and the Social Work Research Group merged with the National Association of Social Workers (NASWs). This newly defined organization charged its Commission on Practice to study and develop a common definition of social work practice that all parties could support.

In 1958, the Commission released *Working Definition of Social Work Practice* under the authorship of its chairperson, Bartlett. In this seminal piece, Bartlett characterized social work practice as a "constellation of value, purpose, sanction, knowledge and methods." *Value* reflected the philosophical orientation of social work practice and its concern for the well being and uniqueness of individuals, as well as the mutual responsibility and interdependence they share with society. The *purpose* of social work practice was to assist individuals, groups, and communities with identifying, resolving, and preventing problems that could interfere with a person's functioning. Closely related to purpose was *sanction* or what Bartlett referred to as the permission granted to the profession by governmental agencies, voluntary agencies, and the profession itself to help address the basic needs of individuals. Bartlett considered *knowledge* of human development and human behavior as essential for being able to respond to spontaneous and unpredictable situations. She placed specific emphasis on understanding the reciprocal influences of one's social environment, social and economic circumstance, human psychology, communication, group

process, cultural and religious and spiritual heritage, and relationships as essential elements of knowledge required by social workers. Finally, Bartlett acknowledged the importance of the methods employed by social workers to convey its value, purpose, sanction, and knowledge in practice situations. She defined *method* as "an orderly systematic mode of procedure" that included techniques and skills to facilitate interactions between an individual and his or her environment, observe and assess the effects of these interactions, and evaluate one's practice for the sake of improving it. Bartlett did not consider her definition of social work practice as definitive. Rather, she considered it a work in progress to be debated and refined by the profession over time.

During the same time period, efforts to define social work practice content for educational purposes were conducted by the Council on Social Work Education (CSWE). The CSWE came into being as a result of a merger between the American Association of Schools of Social Work (AASSW), and the National Association of Schools of Social Administration (NASSA) in 1952. The AASSW had focused on professional development and graduate education for social workers, while the NASSA promoted undergraduate level social work education. The CSWE focused its efforts on curriculum development and enlisted Werner Boehm to specify content for a contemporary form of social work education. Similar to Bartlett, Boehm (1959) envisioned social work practice as addressing multiple systems and using multiple methods to enhance social functioning. Boehm's study resulted in specific objectives for a social work curriculum. They included foundational knowledge in human growth and behavior, social welfare policy and services, values and ethics; methods designed to address the needs of individuals, groups and communities, and field instruction. He also distinguished the learning needs of an undergraduate social worker from that of a master's level social worker. Boehm's work was contemporary for his time. It reflected the profession's concerns about a common definition for social work practice and the need to strengthen social work education. His contributions are still reflected in present day social work educational standards that define generalist and advanced generalist education.

Bartlett was succeeded as chair of the NASW Commission on Social Work Practice by William Gordon, a social work educator who is noted for his critique of the working definition. Gordon's conception of social work practice was more dynamic than Bartlett's. He proposed that social work was a dynamic process primarily fueled by the *integration* of value, purpose, knowledge, sanction, and methods. He advocated for a person-in-environment perspective and envisioned

social work practice as an "interventive action" framework that addressed social dysfunction and should be guided by theoretical structures and the principles of scientific inquiry. Gordon (1969) elaborated further on his conceptualization of social work practice in *The general systems approach: Contributions toward an holistic conception of social work* (Hearn, 1969). He discussed how systems theory could be used to support social work's interventive framework. Gordon was an enthusiastic about this theoretical perspective, and saw it as a logical conceptual framework for social work to adopt. He encouraged the profession to concern itself with exchanges between person and environment because they revealed human coping behavior and possible points of intervention. Gordon's perspective on the nature of social work practice was quickly adopted as a primary theoretical orientation for teaching social workers about human behavior and the social environment and how to conduct practice.

Release of *The common base of social work* in 1970 also helped to further define social work practice (Bartlett, 1970). Building on responses to the working definition, Bartlett defined core concepts of social work practice, including task, coping, social environment, environmental demand, all of which were eventually incorporated into social work curriculum. She also advocated for a systematic approach to knowledge building and theory development, using as much rigor and objectivity as possible. Bartlett helped to broaden the conceptualization and mission of social work practice even further in this writing. She also challenged the profession to move beyond the boundaries of just doing to "thinking about doing" in order to forge a clearer theoretical framework for social work practice.

The outcomes of the Milford Conference, the Hollis and Taylor report, the mergers of national organizations to seek common ground, Bartlett's treatises, Boehm's study, Gordon's contributions, and the ongoing discourse about a working definition for social work practice all helped to specify the need for professional social work education. They also represented convergent agreement that more specific standards for educating social workers were needed.

Translating the Practice Framework Into Pedagogy

An operational definition for generalist practice emerged in the mid-1970s and was embraced by practitioners and educators alike, in spite of continued debate about the purpose and objectives of social work practice (Landon, 1995; Minahan, 1981). Early definitions of generalist practice framed it as a multilevel, multi-method approach that used an eclectic theory base and

maintained a dual focus on both the personal matters of a client and issues of social justice. Yet there still were concerns about the level of education required of undergraduate and graduate students of social work and how to make distinctions between undergraduate education versus graduate content. Prior to the formation of national educational standards for social work, only persons holding a master's degree were considered professional social workers. Case workers who did not hold this degree were labeled nonprofessionals. This distinction promoted a sense of inferiority among members of the latter group, many of whom performed valuable case work activities for public and private agencies. This dilemma, along with a forecasted social worker shortage, prompted the NASW and CSWE to support the institution of a bachelor degree in social work and to develop educational content for this degree using a generalist perspective (Brieland, 1995).

CSWE published its first educational standards for baccalaureate degree programs in 1974. An inconsistency in how generalist practice was being taught in classrooms was quickly identified, however. Ripple (1974) reported that some schools taught generalist practice as a multimethod approach involving the mastery of specific methods or treatment modalities that could be used in specific or specialized client settings. Others taught generalist practice from a more skills oriented perspective, to produce a "utility worker" (p. 28) who understood the elements of human behavior, social situations, and resource acquisition, and had sound communication, observational, and problem-solving skills that could be used across multiple settings or problem areas. By the mid-1980s, and after a second iteration of the CSWE standards, the profession finally arrived at clearer consensus about what generalist practice entailed and where it should be placed in the curriculum. This milestone was authenticated by the first entry on the generalist perspective in the 18th edition of the *Encyclopedia of social work*.

Sheafor and Landon (1987) described the history and evolution of the generalist perspective. Their entry included discussion about the generalist framework as a valid practice orientation and foundation for specialization, specification of the generic foundation knowledge that all social workers need, and prerequisite practice principles upon which generalist and specialist practice rest. One of the major contributions of this entry is found in their description of the components of generalist practice. The first component involved a perspective that assists a social worker to envision "all possibilities for intervention" when approaching a practice situation (p. 666). The second component consisted of a requisite knowledge of four theoretical

approaches to inform generalist practice, including the systems framework, the structural framework, the ecological framework, and the social learning framework. The third component of generalist practice, the planned change process, included classical steps of the helping process: (a) intake and engagement, (b) assessment, (c) planning and contracting, (d) intervention, (e) monitoring and evaluation, and (f) termination, as well as a description of essential activities required to execute the tasks of the planned change process. The features of the planned change process represent a classical model of the helping process that is still taught in classrooms today. Sheafor and Landon close their entry by stating that the future of the generalist perspective should include "its refinement into a solid conceptual framework" addressing the "appropriate breadth and depth for each level of generalist practice" (p. 668).

Refining the Generalist Framework

Sheafor moved forward with colleagues to refine the conceptualization of generalist social work practice. Their work is featured in *Milford redefined: A model of initial and advanced generalist social work* (Schatz et al., 1990), a qualitative report on the Delphi Study, which involved 42 authors and educators from schools of social work across the nation. The proposed model that emerged from the Delphi Study contained three distinct levels of learning: a generic foundation, content for initial generalist practice, and advanced generalist practice. The generic foundation was visioned to support the education and development of initial generalist education, and eventually, advanced generalist education, including specializations in practice. It rested on a liberal arts base, the biological and social sciences, basic understanding of the person-in-environment paradigm, basic knowledge of the profession and its role and sanction in society, basic communication and helping skills, ethnic or diversity sensitivity, and basic understanding of problem resolution, the process of change, and human relationships.

The initial generalist perspective included knowledge of sociobehavioral and ecosystems concepts, the ideologies of democracy, humanism, and empowerment, methods of social intervention that were "open" or not highly defined by either theory or precise method, forms of direct and indirect interventions, a client-centered, problem-focused approach, and research to inform practice. Initial generalist content also included knowledge gain in specific competencies. These initial competencies included being able to engage in interpersonal helping, managing the change process, using multi-level intervention modes with individuals, families, groups, communities and institutions, being able to

perform varied practice roles (for example, broker, advocate, mediator, educator, social actionist, and clinician), being able to assess and examine one's own practice, and knowing how to function within a social agency (Schatz, et al., 1990).

Advanced generalist content reflected greater breadth and depth of social work knowledge, values and the application of generalist practice methods in both direct and indirect services. The advanced generalist was expected to function more independently in practice situations and demonstrate increased skills in indirect practice, including supervision, administration, social policy, research and evaluation. Advanced generalists were expected to conduct an eclectic practice and synthesize and refine knowledge and competencies gained at the generic and initial generalist levels. This conceptual model also reflected that specialist practice could occur at either the initial generalist or advanced generalist level of practice (Schatz et al., 1990).

The Delphi Study helped to forge a conceptual model and pedagogical foundation for generalist and advanced generalist practice at a time when more clarity about the content of social work knowledge was needed. The results helped to create a template for social work education that resembled a continuum of learning. It left room for specialization at both initial and advanced levels and seemed to address long-standing needs for a systematic approach to formal preparation of social workers for practice in diverse settings. Although the authors of *Milford redefined* acknowledge that the model they described did not seamlessly match the NASW's classification system for BSW and MSW education and experience at that time, it was anticipated that a level of agreement between the education and professional communities over the definitions of initial generalist and advanced generalist could be resolved over time.

Generalist practice currently is defined similarly by authors of widely adopted social work practice texts (DuBois & Miley, 2005; Johnson & Yanca, 2007; Kirst-Ashman & Hull, 2006; Landon & Feit, 1999; Pilonis, 2007; Poulin, 2005; Suppes & Wells, 2003; Turner, 2005). The authors' definitions of general practice, by and large, converge on the concepts of systems, multiple methods, problem solving, and partnership with client. The definitions emphasize the purpose and values of social work, the various roles or capacities in which social workers serve, and the use of a planned change process to address social problems and restore social functioning. These concepts are similar to those found in Bartlett's working definition and the "stuff of practice" to which Gordon (1962) referred to over half a century ago. These descriptions also align with the

most current definition of generalist practice published by the Association of Baccalaureate Program Directors (BPD) (2007). The BPD defines generalist practice as follows:

Generalist social work practitioners work with individuals, families, groups, communities, and organizations in a variety of social work and host settings. Generalist practitioners view clients and client systems from a strengths perspective in order to recognize, support, and build upon the innate capabilities of all human beings. They use a professional problem solving process to engage, assess, broker services, advocate, counsel, educate, and organize with and on behalf of client and client systems. In addition, generalist practitioners engage in community and organizational development. Finally, generalist practitioners evaluate service outcomes in order to continually improve the provision and quality of services most appropriate to client needs. Generalist social work practice is guided by the NASW Code of Ethics and is committed to improving the well being of individuals, families, groups, communities and organizations and furthering the goals of social justice.

Debate About the Advanced Generalist Framework

In 1984, the generalist model became the preferred framework for baccalaureate social work education, and was deemed analogous to the foundation year of the master's degree by CSWE (Landon, 1995). The last year of a master's degree program was reserved for building knowledge and skills in advanced forms of practice. Soon thereafter, Hernández, Jorgensen, Judd, Gould, and Parsons (1985) described the development of an advanced generalist curriculum designed to prepare social workers as "social problem specialists." These authors viewed their curriculum as an answer to the call for a new type of social worker, one equipped to respond to the growing complexities of social problems, as defined in the 1960s and 1970s. The authors sought to develop a curriculum that integrated elements of "a broad range of interventive techniques across micro and macro systems based on the specific needs of a problem situation" (p. 30). The curriculum emphasized six professional roles for advanced generalists—conferee, enabler, broker, mediator, advocate and guardian—to address needs across five client systems—individual, family, small group, organization, and community. This conceptual framework also integrated concepts of empowerment and social competency, viewing people as fundamentally healthy and able to meet the demands of their

social environments. It viewed social work students as capable of fulfilling various roles and intervening in a manner that placed the focus of intervention on the desired outcome, as opposed to the stated problem (Parsons, Jorgensen, & Hernández, 1994). This model attempted to address the merits of specialist versus generalist content at the graduate level and was an exemplar of how to configure advanced generalist content during the last year of graduate education.

Gibbs, Locke, and Lohman (1990) attempted to address the debate about advanced generalist practice by reframing baccalaureate and master's educational content as a continuum of learning, where workers take on progressively challenging roles and content through the last year of graduate education. Similar to Hernández et al. (1985), these authors agreed that social workers needed to be equipped for situations for which insufficient knowledge existed. They argued that a curriculum that promotes generalist practice at all levels supports work in traditionally unserved areas, such as rural and small town communities and communities that have limited resources. The authors argued that the depth and breadth of advanced social work practice allowed the practitioner greater latitude to address such conditions and also equipped them to engage in "higher level organizational positions... and independent practice" (p. 236).

The conceptual models presented by Hernández et al. (1985), Parsons et al. (1994), and Gibbs et al. (1990) were intended to respond to increasingly complex practice settings and practice situations where access to resources and specialists was limited. They also attempted to address how advanced forms of social work practice could be conducted without resorting to specialties or tracks that encourage narrow theoretical perspectives about personal and social problems. These models provided a counterargument for debates in the profession about the merits of preparing social workers for generalist versus specialist practice. Brieland and Korr (2000) characterized these debates as representative of the "sharp division" between parties that viewed specialization "as inevitable and desirable," and others who were concerned about fragmentation of services and "the need to bring fragmented resources together to meet the needs... of the whole person" (p. 130).

Maguire (2002) has proposed a contemporary approach to advanced clinical practice that shares many of the principles of advanced generalist practice. Similar to Hernández et al., Gibbs et al., and Parsons et al., he believes that it is not enough for an advanced practitioner to use just a basic generalist approach to clients. Nor is it suitable to view every case through the lens of a narrowly defined theoretical orientation.

Rather, it is both logical and appropriate for an advanced practitioner to maintain a generalist, systems-oriented perspective in order to adequately respond to complex practice situations. Maguire states that the viewpoint of a highly skilled clinical social worker is synonymous with that of an advanced generalist. First, they share the same systems-oriented base. They apply "higher levels of knowledge, skills and expertise," recognize the effects of the "interacting social environment," employ strategies that build from "broad to specific methods," utilize "rigorous practice research as a basis for practice," and use "a variety of major, validated theories and subsequent interventionist methods drawn from commonly accepted human behavioral perspectives" (pp. 36-37). Maguire encourages clinical social workers to think like an advanced generalist because "no single theory adequately explains human behavior except those that rely upon a broad systemic orientation" (p. 40). He provides a convincing argument that integrating a systemic, generalist perspective with appropriate clinical strategies is a form of advanced generalist practice that more fully equips clinical social work to address diverse forms of human need in increasingly complex environments.

Currently, CSWE (2003) does not specify the content of advanced curriculum. It only states that advanced content should "build from the foundation... in greater depth, breadth, and specificity, and support the program's conception of advanced practice" (p. 36). This policy has its advantages and disadvantages. It is advantageous in that it has given programs leverage to develop conceptual frameworks for teaching advanced content that responds to regional need and postmodernist perspectives. In the 2003-2004 academic year, 25 of the 144 master's degree programs accredited by CSWE declared that their "primary" concentration was advanced generalist (2004). A cursory visit to the websites of programs with the largest programs (serving 300 or more MSW students) featured advanced generalist content in transcultural perspectives, practice designed to address regional needs, practice with a range of diverse and vulnerable populations, leadership at institutional, organization, and community levels, policy development and analysis, and multilevel practice. The Council's stance on advanced content curriculum is disadvantageous, though, in that the development of a more unified conceptualization of advanced generalist practice had been stunted, and has not expanded much beyond the integrative models proposed in the early 1990s. Landon (1995) acknowledged that the generalist perspective was "embedded in the profession, both in practice and education," but she warned that "the perception that generalist programming is for bachelor's

level education only must be put to rest." She urged the profession to explore how the generalist perspective could be integrated further into advanced generalist content, by principally exploring the various levels and competencies of generalist practice (p. 1106).

No substantial discourse about a more unified conceptualization of advanced generalist practice has taken place since Landon published her entry on generalist and advanced generalist practice in 1995. A recent review of Social Work Abstracts revealed no articles that specifically focused on refined conceptualizations of the advanced generalist perspective, although a number of articles do discuss implications for advanced generalist practice in schools, groups, health care, rural settings, and with older adults. The absence of a visible and contemporary discussion about advanced generalist practice signals that current discussions may be restricted to programs that offer advanced generalist content, and that these discussions are not being shared in the literature. Nevertheless, Landon's challenge to study the differences between levels and competencies in generalist practice is being addressed at present through current debates about EBP.

The EBP Movement

The term evidence-based practice (EBP) entered the national discourse of social work practice and social work education almost one decade ago and has implications for social work practice and how to prepare students for generalist practice and advanced generalist practice. These implications are primarily related to the value orientations of social workers, the identification and implementation of best practices in the field, and measuring the effects and outcomes of interventions. Gibbs (2003) states using EBP requires a practitioner to take three essential elements into consideration, the practitioner's individual expertise, the client's values and expectations about the intervention, and the best external evidence available about a condition or situation. EBP is considered both a philosophy and a process (Gambrill, 2005). The philosophy of EBP in social work calls into question the evidentiary nature of social work interventions, using a process of critical appraisal of current research about a given intervention. Its process involves specific steps a practitioner should take to evaluate the efficacy and effectiveness of an intervention before using it in a client situation. The EBP process includes five steps. First, a practitioner must formulate an answerable question related to the client situation at hand. Second, the practitioner must engage in an efficient strategy for locating evidence that will help answer the questions posed. The "hierarchy" of credible sources of evidence includes (in descending order) randomized

controlled trials (RCTs), systematic reviews and meta analyses of RCTs, well-controlled quasi experimental studies, pretest posttest studies, case studies, observational studies, and descriptive reports and qualitative studies. Third, the practitioner is expected to conduct a critical appraisal of the evidence for its validity, objectivity, effect size, and usefulness. Fourth, the practitioner must determine if the evidence can be applied to the client situation, and apprise the client of the findings, taking into consideration the client's values and preferences in making a practice decision. Finally, the practitioners must evaluate the "effectiveness and efficiency" of this process, as a means of improving it (Gambrill, 2005; Rubin & Parrish, 2007). The benefits of using an EBP approach are threefold. First, it helps the practitioner determine the outcomes, as well as the benefits and risks associated with an intervention. Second, EBP helps the practitioner keep abreast about best practices in the field. Third, it encourages ethical practice. The philosophy and process of EBP is not restricted to micro-level interventions with individuals; it is also applicable to mezzo and macro practice situations (Howard, McMillen, & Pollio, 2003). Gibbs (2003) has also demonstrated how EBP can be used in social work classrooms to support adherence to the CSWE educational policy and accreditation standards for diversity, and promote the use of a strengths-based orientation in practice.

EBP currently is being embraced by segments of the social work practice and social work education communities for several reasons. First, it emphasizes the use of scientific evidence to guide decision making in practice. Second, it encourages rigorous, critical thinking, and inquiry about practice interventions. Third, it addresses current demands for accountability, benchmarks, and outcomes for social work practice and education. Fourth, it holds promise for enhancing the credibility of the profession. Fifth, EBP supports the ethical standards of research and evaluation in the Code of Ethics (Gambrill, 2003; Howard et al., 2003; NASW, 1999). EBP is not without its critics. Gibbs and Gambrill (2002) identified 27 objections to EBP. They propose that these objections are based on ignorance about EBP or one of a series of arguments either appealing to tradition, an *ad hominem* basis (appealing to personal considerations rather than to logic or reason), confusion and disagreement about educational practices, ethical grounds, and philosophy. The authors provide cogent and persuasive counterarguments to each of the 27 objections, concluding that they "have not yet heard an objection to EBP based on concerns about clients" (p. 471). These authors' counterarguments are not intended to quell criticisms of EBP, as much as to demonstrate what EBP has to offer

the profession. Gibbs and Gambrill state that "criticism is essential to the growth of knowledge" (p. 458). Criticism, objections, and counterargument to objections can lead to insights that can feasibly reduce barriers to adopting EBP principles, address skepticism about the rigorous evidentiary standards of EBP, enhance the way in which EBP is taught, and identify other forms of critical inquiry that can be brought to bear in making well-informed decisions about the effects of interventions by generalist and advanced generalist practitioners. EBP is a response to three essential questions posed by the Campbell Collaboration that should concern social work (American Institutes for Research, 2007): *What helps? What harms? Based on what evidence?* Incorporating the principles of EBP into generalist and advanced generalist practice curriculums could help to strengthen this content and produce new models for addressing the complexities and ambiguities of modern day practice settings, using a continuum of multilevel, multimethod approaches.

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the development of each new assessment of needs and assets.

Second, clearly specify the units of analysis to be studied, such as a newcomer population, a bounded geographic area served by a senior center, city-wide CDCs, or some combination of units.

Third, use new technologies such as geographic information systems (GIS) with which social workers can map and analyze census and other data, to enhance the depth and substance of traditional methodologies. Traditional methods may include community indicators, surveys, or community processes. Recent practice-driven studies identify the following indicators as building blocks for strong communities: (a) healthy families and children, (b) thriving neighborhoods, (c) living-wage jobs, and (d) viable economies (<http://www.pew-partnerships.org/newdirections>.) Surveys may be used to collect administrative data on rates of school drop out, teen pregnancy, or child abuse and neglect, for example. These data and related indicators such as affordable housing, public transportation, diversity, arts and culture, and safety are now tracked through city-based affiliates of the National Neighborhood Indicators Partnership (<http://www2.urban.org/nnip/whatsnew.html>). Community processes include community visioning of an ideal future, using the Charette model and traditional uses of community impressions (key informants) and public forums.

Fourth, residents and agency personnel increasingly want to participate in the collection of data and also want the findings reported back to them, not just to the funder. Principles of participatory action research can help achieve these expectations (Brown, 1986).

Trends and Future Directions

The recent trends and future direction of community assessment point to the study of both needs and assets. This wider lens invokes more comprehensive studies than those on need alone, emphasizing the value of using several methods. The result provides a more complete understanding of the community, its limitations and its future possibilities. A participatory approach acknowledges and values local knowledge from multiple constituencies.

Social Work Roles

The role of social work therefore shifts from the top-down expert planner or researcher to bottom-up partner who uses assessment knowledge to work cooperatively with a myriad of involved community workers who may be doctors, nurses, lawyers, developers, educators, small business owners, planners, politicians, interested parties, or residents.

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FURTHER READING

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- National Neighborhood Indicators Partnership.
<http://www2.urban.org/nnip/whatsnew.html>
- Pew Partnership for Civic Change.
www.pew-partnerships.org/newdirections
- Poverty and Race Research Action Council.
www.prrac.org

—ELIZABETH A. MULROY

COMMUNITY ORGANIZATION

ABSTRACT: The authors review the history of community organization, both within and outside social work, describe the various sociological and social psychological theories that inform organizing approaches, and summarize conflict and consensus models currently in use. We review the constituencies, issues, and venues that animate contemporary organizing efforts and indicate demographic trends in aging, immigration, diversity, and the labor force that suggest new opportunities for collective action. Finally, the authors discuss dramatic increases in organizing for environmental justice,

immigrant rights, and youth-led initiatives, as well as new activities involving information technology, electoral organizing, and community-labor coalitions.

KEY WORDS: community organizing; social action; consensus organizing; social development; conflict; community-labor coalitions; youth-led organizing; Internet; electoral organizing; social planning; immigrant rights; environmental justice; social movements

The purpose, function, definition, and scope of community organization have been debated from its origins. In perhaps the most widely quoted article on community organization, "Roles and Goals of Community Organization" (Rothman, 1969) (later revised and elaborated in 2001), Rothman describes three community organization approaches: social planning (involving rational planning to improve the quality of community life); social action (building powerful "peoples" organizations that can impact policy and conditions that are injurious to their members); and social development, which establishes local economic programs to move people out of poverty by developing human and social capital (Dore & Mars, 1981).

Since the late 19th century, all these approaches have been called "community organizing;" the level of activity, the contexts and venues used, the organizing constituencies, and especially the model of organizing employed have been profoundly influenced by and responsive to the larger political, social, and economic contexts. Fisher (2005) appropriately describes community organizing as a "periodic shifting back and forth" in response to changes, both in national politics and the economy, as well as the social work profession's response to those national trends."

While community organizing does have a noteworthy history within social work, it draws from many different disciplines and has roots, a central core, and multiple branches that lie well outside the profession. Certainly, most community organizers are not social workers, and most social work practitioners are not organizers. Community organizing has strong linkages to many other arenas, including, but not limited to, labor, agrarian reform, racial justice, neighborhood improvement, welfare rights, the women's movement, senior power, immigrant rights, the LGBT movement, housing, youth-led organizing, environmental justice, education, tax reform, health care, transportation, public safety, city services, and disability rights.

Beginning with the Progressive Era, a combination of social development and social action approaches were used by settlement house practitioners, such as Jane Addams, Lillian Wald, and Stanton Coit, to respond

to the needs of immigrants arriving from Eastern Europe. World War I ended the stream of immigrants and ushered in a renewed respect for professions and rational planning. Community work during the 1920s reflected those trends, emphasizing social planning that featured the establishment of community-wide fund-raising and community data collection. Social workers such as Follet (1918), Lindeman (1921), Petit (1925), and Steiner (1925) actively applied the "study-diagnosis-treatment" approach of casework to neighborhoods.

Despite the widespread poverty and dislocation of the Great Depression, the Lane Report of 1939 conservatively defined the role of community organization as social development. However, outside of social work, labor unions, the Communist Party, and Saul Alinsky's Industrial Areas Foundation (IAF) introduced more militant social action approaches. During World War II and the highly conservative political environment of the 1950s, community organization was defined even more narrowly within social work (Pray, 1948), although there were collaborative efforts outside the profession to protest nuclear weapons and the anti-Communist, "Red Scare" tactics.

The 1960s and 1970s unquestionably were the heydays of social action organizing, which flowered both inside and outside of social work as new funding sources became available and public initiatives like the Federal government's War on Poverty provided political support. Ross (1955), Brager and Specht (1973), Piven and Cloward (1977), Cox, Erlich, Rothman, and Tropman (1979), and Spergel (1999) wrote prolifically during this period, attempting to identify the concepts and skills that led to successful community action. The anti-war, civil rights, welfare rights, and women's movements mobilized constituencies that previously had not been involved in large-scale social change efforts. A variety of organizing initiatives, such as National People's Action (NPA), the Midwest Academy, the Pacific Organizing Institute, ACORN, and Cesar Chavez's United Farmworkers broke new ground and realized ambitious goals to change housing policies, challenge lending practices, lower utility rates, institute tax reform, improve city services, and raise wages for migrant laborers (Boyte, 1980; Fisher, 1984; Jenkins, 1985; Delgado, 1986; Bobo, Kendall, & Max, 2001).

Certainly, the conservative political economy that followed this period of insurgency had a dampening effect on direct action organizing, but nevertheless, movements for LGBT rights, environmental justice, disability rights, anti-globalization, youth-led organizing, and immigrant rights have infused new energy into community organizing since the last 1980s

(Fisher, 2005). And countless other organizing efforts continue to prosper, including small independent neighborhood groups, ethnic organizations, community development corporations (CDCs), and large initiatives such as ACORN, the IAF, PICO, and NPA.

However, at the neighborhood level, NIMBY ("not in my back yard") issues may arise, and this phenomenon illustrates the fact that community organizing is not necessarily progressive. A neighborhood association may actively oppose the establishment within its midst of facilities such as a homeless shelter, a youth drop-in center, or a home for the mentally ill. Community members may democratically decide to take positions and actions that conflict with social work values. When such situations occur, difficult ethical challenges are raised. Fortunately, these instances are the exception rather than the norm, but they can occur.

Sociological and Social Psychological Support for Community Organization

In its earliest days, community organization practice followed a model of study based on clinical diagnosis and treatment. Later, social action organizing models employed conflict theories: Coser's (1956) ideas about conflict, Lewin's (1939) notion of cognitive dissonance, Rossi (1969) and Gaventer's (1980) theories of power, and Piven and Cloward's (1977) understanding about how the alignment of political and economic forces allow for brief moments in which social movements can flourish and make change. Ideas about participation and working to empower participants emerged from liberation theology and popular education (Freire, 1970, 1973).

While those concepts continue to animate organizing, in the 1970s, scholars began uncovering more compelling data that contributed to the development of new theories explaining large-scale social change. Theoretical constructs of sociologists who studied historical examples of mass protest and social movements provided support for organizers using social action approaches. These theorists analyzed collective action by examining three distinct sets of factors: societal opportunities and constraints that shaped political protest, such as sudden deprivation or rising expectations following deprivation (Morrison, 1978); the mobilization of formal and informal organizational resources that enabled collective action (Gamson, 1975; McCarthy & Zald, 1977; Oberschall, 1973; Tilly, 1978); and the processes by which movement participants framed perceptions of injustice and developed a sense of shared identity (Gamson, 1992; Mansbridge & Morris, 2001; Meyer et al., 2002). While these theoretical approaches to studying social movements developed separately, they are frequently combined at

present to provide a more integrated, holistic analysis (Morris & Mueller, 1992; Ryan & Gamson, 2006).

Scholars have used historical data to develop and support theories about "protest readiness" (McAdam McCarthy, & Zald 1996), resource mobilization, the formation of collective identity (Castells, 1997; Gamson, 1992; Taylor & Whittier, 1992), and the development of "oppositional consciousness" (Mansbridge, 2001; Morris & Braine, 2001) in order to better explain a broad array of social movements by groups including but not limited to women, welfare recipients, environmentalists, LGBT activists, students, anti-war protesters, and people with disabilities. Studies of the growth of African American owned newspapers, businesses, and professionals, and how this "resource mobilization" encouraged the emergence of the Civil Rights movement support the importance of building strong independent organizations as vehicles to press for change.

Social psychologists have studied the social psychological motivations of potential joiners, members, and activists. Roth's (2000) research on women's organizations suggests that "collective identity precedes and results from collective action" (p. 302). Kiecolt (2000) examines the self-transformation that occurs among activists and identifies several factors that enhance collective identity. Owens and Aronson (2000) explore whether participants join action organizations out of confident or stigmatized self-concepts. These theorists help organizers understand people with whom they work, as well as their own motivations and behavior.

Consensus models of organizing (Eichler, 2007) also have sought theoretical grounding and have found support from scholars studying social networks and social capital (Putnam, 2000). Putnam studied associational behavior and proposed that joining enabled people to build social capital, which was much like economic capital. People could rely on social relationships and use them as an exchange for support and assistance. Putnam's work quickly was adopted by those working in community or social development models (Cattell, 2001; Tempkin & Rohe, 1998; Woolcock, 2001). Loffler et al. (2004) sees social capital as the core of organizing. He writes about

the process of building trusting relationships, mutual understanding, and shared actions that bring together individuals, communities, and institutions. This process enables cooperative action that generates opportunity and/or resources realized through networks, shared norms, and social agency. (Loffler et al., 2004)

Kretzman and McKnight's (1993) work on community building relies heavily on identifying community assets

and protective factors, as well as involving community leaders in efforts that build both internal and external networks and partnerships, create community programs, and foster collaboration to improve community conditions. It assumes "strategic interconnectedness among individuals, families and communities" (Saegert, Thompson, & Warren, 2001).

Finally, international development models in social work have borrowed on social capital literature (Midgley & Livermore, 1998) and combined this approach with theories of economic development (Dore & Mars, 1981), modernization (Midgley & Livermore, 2005), and bootstrap capitalism (Stoesz, 2000; Stoesz & Saunders, 1999). Economic development approaches have tended to prize individual entrepreneurs over both collective micro-enterprise endeavors (Midgley & Livermore, 2005), as well as attempts to coordinate state, market, and community efforts to manage pluralism (Midgley, 1995). The addition of social development approaches encourages local participation in these efforts.

Despite the emphasis on social development as an international organizing form, a variety of models can be found in countries throughout the world. Liberation theology in Brazil (Boff, 1987), micro-enterprise development in India (Dignard & Havet, 1995), organizing for reconciliation in the Balkans (Despotovic et al., 2007), community development in Kenya (Ellis et al., 2007), social action in Bolivia (Olivera, 2004), anti-violence work in Northern Ireland (Meyer, 2003), popular education with indigenous people in Australia and Chiapas, Mexico (McDaniel & Flowers, 1995; Morrow & Torres, 2001) are but a small sampling of different approaches currently being employed around the globe. Community organizing in the United States certainly has been enriched by international examples that emphasize a value-based approach, the development of critical consciousness, self-reflection, and a focus on intra-group processes (Freire, 1970, 1973; Burghardt, 1982; Hyde, 1996; Minkler, 2005). Increasingly, academic macro social work programs and community organizing journals have begun to reflect a more global perspective. Nevertheless, much more can be learned from the successful work being done in other countries.

Contemporary Community Organizing

As it exists today, community organizing encompasses both conflict and consensus approaches and includes groups that organize around interest groups based on identity, geography, and faith. Community organizers come from within social work and from organizing networks that are not based within the profession.

There is perhaps greater diversity in practice today than ever before.

We define community organization today as

the process of helping people understand the shared problems they face while encouraging them to join together to fight back. Organizing builds on the social linkages and networks that bring people together to create firm bonds for collective action. It creates a durable capacity to bring about change. (Rubin & Rubin as cited in Weil, 2005 p. 189-190)

Similarly, Staples (2004a) focuses on a definition that includes "dual emphasis on participatory process and successful outcomes" and the establishment of disciplined and structured organizations as vehicles for change. This conception of community organization includes both community or social development in which people use cooperative strategies to create improvements, opportunities, structures, goods, and services that increase the quality of community life; and social action in which people convince, pressure, or coerce decision-makers to meet predetermined goals. Community building or social development models that encourage consensus and social action models that promote conflict often can be used simultaneously or sequentially as targets become allies and allies become targets.

Co-existing Conflict and Consensus Models

Despite the conservative political and economic climate since the mid-1970s, social action approaches have continued to be used, most notably in AIDS activism, opposition to violence against women, environmental justice campaigns, and a variety of other organizing projects in communities across the United States. A number of social workers and others have chronicled this social action extensively, including Fisher (1984), Gutierrez and Lewis (1994), Hanna and Robinson (1994), Hyde (1994), Mondros and Wilson (1994), Rivera and Erlich (1998), Rubin and Rubin (2001), Hardina (2002), Burghardt and Fabricant (2004), Staples (2004b). These "conflict" models of organizing assume that people can organize to force power-holders to acquiesce to community "demands," whether they seek more police protection, increased funds for health services, or better working conditions for migrant laborers.

Consensus-building social development approaches have gained popularity and momentum since the mid-1980s and have been used in many neighborhoods and cities. These approaches, which are described by Kretzman and McKnight (1993) and Beck and Eichler (2000), feature a data collection and organizing strategy that focuses on community strengths, resources, and asset-building. Consensus organizing encourages

partnering with both internal and external power-holders in an effort to produce community improvements. The community building or social development approach is also the prevailing model used in many international settings (Midgley & Livermore, 1998; Sherraden, 2001). Fisher and Shragge (2000) assert that endeavors to bring about large-scale systemic change can be expected to produce opposition from those who benefit from the status quo. Since social action has the potential to generate the requisite power and pressure to overcome such resistance, it should be part of any community organization's repertoire.

Coalitions are organizations of organizations that enable participating identity or shared experience organizations to maintain special focus on diversity issues, while also providing a structure through which they can join with other groups on wider-ranging campaigns, especially those that bring together low- and moderate-income people (Mizrahi & Rosenthal, 1992; Rosenthal & Mizrahi, 1994; Foster-Fishman et al., 2001; Roberts-DeGennaro & Mizrahi, 2004; Rosenthal & Mizrahi, 2004). Coalitions and other forms of inter-organizational relations have grown as a form of complex organizing that brings diverse stakeholders to the table, manages tensions, and utilizes strategies of negotiation and compromise.

Organizing Around Identity, Shared Experience, Geography, and Faith

Community organizing entails collective action to decrease power disparities and achieve shared goals for social change. Therefore, it is a logical course of action for any undervalued societal group that faces discrimination and disempowerment. Since African Americans launched the Civil Rights Movement in the mid-1950s, numerous constituencies have organized around their common *identity*—along dimensions of diversity that include race, ethnicity, gender, age, sexual orientation, and physical or mental disabilities. Others have organized around issues related to their *shared experience*, such as welfare recipients, tenants, prisoners, students, day laborers, single parents, homeless people, women, and immigrants. One reason for this phenomenon has been the failure of existing community organizations based on geography or selected issues to effectively meet the needs of diverse subgroups within their own membership. Frustrated by the inability or unwillingness of "mainstream" organizing to address their interests, members of these constituencies have organized separately around mutual concerns related to their identity and shared experience.

Community organizing along identity or shared experience lines has mobilized many new activists who

previously had not been engaged in collective action to assert their own rights and has infused fresh energy into countless initiatives for social change. Pursuing a separate issue agenda helps ensure that matters of fundamental importance to diverse interest groups are not swallowed up and lost within broader-based organizing efforts that cut across dimensions of identity. However, there is a challenge to prevent the fragmentation and balkanization that may occur when a more separatist organizing strategy is employed.

Beyond organizing that focuses primarily on identity and shared experience, many traditional turf-based geographic groups and single issue efforts also have tended to recruit and involve more multicultural memberships that are reflective of the changing demographics of the United States. Neighborhoods that once were synonymous with single ethnic group populations frequently are becoming more diverse. Most community organizations have embraced this increased diversity but have been challenged to address new issues, such as immigrant rights, interpreter services at health and social service agencies, bilingual education, and the lack of cultural competence at a variety of local institutions. Many also have needed to make adjustments in their own organizational culture, operating procedures, and group processes in areas such as meeting sites and starting times, availability of child care and transportation, provision of food at meetings, translation, chairing and discussion styles, decision-making processes, and leadership development content and training methods.

Faith-based organizing has been a deliberate recruitment strategy of community organizers since Alinsky (1969, 1971) built the Back of the Yards organization in Chicago in 1939. Reaching people through churches, mosques, and synagogues remains a recruitment strategy for many organizing networks today (Parker, 2000). Additionally, individual churches, denominations, free-standing religiously affiliated organizations, such as Catholics for Free Choice and Progressive Jewish Alliance, as well as interfaith organizations, such as Clergy and Laity United for Change in Los Angeles, have begun to organize as religious communities.

Organizing Within and Outside of Social Work

Currently, there are a number of large community organizing *networks* in the United States, such as ACORN, the Industrial Areas Foundation (IAF), National People's Action, and PICO, as well as training and support centers, including the Center for Third World Organizing (CTWO), DART (Direct Action and Research Training Center), Gamaliel Foundation, Grassroots Leadership, Midwest Academy, National Housing Institute, National Organizers Alliance,

ORGANIZE! Training Center (OTC), Organizing and Leadership Training Center (OLTC), Highlander Center, Regional Council of Neighborhood Organizations (RCNOs), Southern Empowerment Project (SEP), and Western States Center. Additionally, hundreds of smaller independent grassroots organizations are not affiliated with one of the major networks, including numerous single issue mobilizations (Delgado, 1997).

Social workers can be found in all of these forms of community organizing. The continued presence of community organization as a method of social work practice is strengthened by the existence of ACOSA (the Association for Community Organization and Social Administration), as well as the *Journal of Community Practice*, which has served as a forum for disseminating new issues and approaches to community work since 1994. However, a majority of the organizers come from other academic disciplines, such as political science, sociology, urban affairs, women's studies, psychology, economics, public health, labor studies, human services, education, law, or community development, while others do not have formal educational credentials, but draw on rich-life experience. Given the fact that a small but significant number of social workers are likely to continue to be employed as community organizers, macro social work educators should strengthen interdisciplinary linkages to other academic departments that are most likely to support this practice modality (Alvarez et al., 2003).

Trends in Organizing: Constituencies, Issues, Arenas, and Tools

Demographic, social, and economic trends shed light on not only who will be the next populations to organize, but also what the critical organizing issues of the future will be, the arenas in which collective action is likely to take place, and the methods and tools that can be employed to achieve goals for social change. Trend data indicate that America will experience seismic demographic through 2058. The largest subgroup of the population will be older adults, the fastest-growing cohort of whom will be those 85 and above. The aging population will strain, if not shatter, an already troubled social security and health-care system. Ironically, organizing for "senior power" has witnessed a slight loss of momentum since the late 1990s, but given this demographic imperative, *organizing among the elderly* can be expected to grow significantly through 2028.

The foreign-born population will reach 40 million by 2010. By the year 2020, Latinos from various Caribbean and Central and South American countries will be the largest ethnic group in the country, requiring attention to issues of immigration, bilingual education,

health care, education, employment opportunities, and adequate wages. In the wake of the 9/11 tragedy in 2001, immigration reform has become a highly charged political issue. Increased resources have been allocated to limit the flow of undocumented immigrants, including border patrols, the National Guard, high-tech surveillance, and fences along the Mexican border. Historically, the United States has been a "nation of immigrants," and the initiatives to decrease the influx of newcomers have raised controversy across the political spectrum.

As neighborhoods across the United States have become more racially and ethnically diverse, often partly due to the arrival of newcomer groups, community organizations have begun forming committees and initiating campaigns that deal with a wide range of immigrant issues and problems related to employment and training opportunities, poor working conditions, low wages, lack of affordable housing, restricted access to health care, refugee status, mental health problems, post-traumatic stress, educational and language barriers, difficulties navigating various public and private bureaucracies, changes in family roles, intergenerational conflicts, tensions between ethnic and religious subgroups, youth gang violence, inadequate police protection, and multiple forms of discrimination.

Immigrant worker exploitation is currently a very real, if largely unacknowledged and hidden, social problem—especially among those who are undocumented. Immigrant worker centers have sprouted in low-income communities across the United States to provide information about rights and to support efforts by newcomers to organize on their own behalf. In 2003, an Immigrant Worker Freedom Ride helped draw attention to this social problem across the United States. And during Spring 2006, huge rallies and marches in large cities around the country raised the stakes for immigration reform. An *immigrant rights movement* has begun to gather momentum, and community organizing in this area can be expected to expand.

Growth in the workforce most likely will be in the low-wage sector, and young workers with the fewest skills and least education can be expected to experience several periods of prolonged unemployment and shifts in industry during their lifetime. The trends in immigration and workforce development suggest that workplace issues and venues may again become salient. Efforts to organize janitors, hotel workers, home health aides, food service employees, security guards, and other low-wage sector workers, as well as the secession of the Service Employees International Union (SEIU) from AFL-CIO to form the Change to Win Federation, seem to point to new activity in labor organizing.

There also has been a marked increase in *community-labor coalitions*, which assemble community organizations and labor unions working together on issues outside the workplace to engage in what Fine (2001) has termed "community unionism." Typically, these coalitions form when community organizations and labor unions identify mutual interests around economic justice issues, such as state minimum wages, municipal living wage ordinances, child care, job training programs, welfare policy, community health benefits, plant closings, or hiring preferences for local residents on development projects (Simmons, 2004). Such coalitions have organized successfully for living wage ordinances in more than 100 cities across the United States. The workers most impacted by these victories tend to be employed by companies that contract with local government to provide basic necessities, such as janitorial work, sanitation, landscaping, and food services. Very often, these workers live in the same low-income neighborhoods where community organizations are active, and frequently they hold dual membership in both labor unions and grassroots groups that participate in the coalitions.

Census Bureau data indicate that nearly one-quarter of all families that include children and at least one full-time worker are still below the poverty line. Only about half of all workers currently have health insurance. Economic data show increasingly greater concentration of wealth in the hands of fewer and fewer people. According to the Survey of Consumer Finances, the wealthiest 1% of households own roughly 33.4% of the nation's net worth, the top 10% of households own over 71%, and the bottom 40% of households own less than 1%. This erosion of economic security may generate both traditional "pocketbook" issue campaigns related to employment insurance, health care, and affordable housing, as well as new "bread and butter" concerns that engender organizing around the need for increased student financial aid and efforts to reduce and roll back unprecedented increases in college tuition. Increased numbers of low- and moderate-income people can be expected to organize to address the responses of federal, state, and local governments to these and other critical *economic justice* issues.

Community organizing approaches, strategies, and methods continue to evolve to meet challenges and opportunities that are a function of the larger sociopolitical economic context. Technology and globalization will have profound and unprecedented influence on how people connect and communicate; there is potential for both greater closeness and more alienation. Certainly, the growth of *information and communication technology* has had a profound impact on the

greater society and has opened up new possibilities for community organizing. McNutt (2000) identified six ways that technology can help initiate and sustain an organizing campaign: (a) coordinating activity and community with stakeholders; (b) gathering tactical and strategic information through online databases and discussion groups; (c) analyzing data with mapping or Geographic Information Systems (GIS) programs, community databases, and statistical packages; (d) using Web pages for advocacy; (e) fund-raising and recruiting volunteers or members through online venues; and (f) automating office and administrative tasks.

A variety of forms can be employed in organizing campaigns, including cell phones, conference calls, video conferencing, faxes, transmittance of images, video streaming, text messaging, organization of Web pages, Webcasting, e-mail discussion lists, chat rooms, Internet information or resources, and computer programs to produce flyers, letters, Powerpoint presentations, and videos (Hick & McNutt, 2002; Roberts-DeGennaro, 2004). Two new software packages, GIS and Social Network Analysis, show promise for use in community organizing efforts. GIS is being used to map assets and liabilities in several cities, and has been employed by organizers to identify issues and support systems (Mulroy, 2004). Social Network Analysis has been widely utilized in the public health field to analyze how networks assist the effective communication of information about positive health practices (Cross & Parker, 2004; Valente, 2004). Social Network Analysis can be easily adapted to examine how to expand and extend constituency participation, investigate linkages and overlapping networks, and track the transfer of community information.

The Internet has facilitated organizing in multiple locations, making a significant positive impact on the scale of collective action (Stoecker, 2002). Electronic advocacy, Internet activism, and online "flash campaign" organizing methods have been used widely and successfully by groups such as MoveOn.org to reach individuals and groups across the United States and around the globe. Accessibility to technology for lower income people has increased because of cost reductions and expanded availability in public institutions, such as libraries and schools, thereby narrowing the "Digital Divide" (Golombek, 2002; Hargittai, 2002). The new technology has had a democratizing effect by opening up access to information and knowledge that previously was limited to the privileged.

Nevertheless, many challenges remain, including the lack of technology literacy, information literacy, and language literacy (Steyaert, 2002); and Internet content is still disproportionately in English, thereby

limiting utilization for members of many ethnic groups. The potential misuse of "e-democracy" by corporate interests also has been flagged (Spector, 1994; Stoecker, 2002). Differential access to technology remains as a significant barrier for many groups, including many immigrants (especially those who are undocumented), migrant laborers, the elderly poor, homeless people, deinstitutionalized mental health consumers, and large numbers of low-income people. Community organizing continues to rest on the strength of interpersonal relationships and active physical engagement in civic life (McNutt, 2000; Roberts-DeGennaro, 2004). Technology offers exciting new possibilities for researching issues, community mapping, recruiting activists, facilitating member communication, developing strategies, pressuring reluctant institutional decision-makers, and evaluating the results of collective action; however, in most circumstances, it should be regarded as a supplement to, rather than a substitute for, face-to-face community organizing.

Engagement in a variety of different types of *electoral organizing* is another relatively recent phenomenon for most community organizations. Since their inception, community organizations have interacted with and "targeted" a wide array of local, state, regional, and federal elected officials. However, historically, many, if not most, such organizations were not involved in the electoral process. ACORN was the first national community organizing network to develop electoral strategies; increasing numbers of groups have followed suit, and a range of options now are available.

The most basic level of electoral organizing is voter registration. Between July and the end of November, 2003, ACORN registered 73,684 voters in low- and moderate-income African American and Latino neighborhoods across the United States. Voter education may entail "candidates' nights," written materials, e-mails, Web sites, or print and electronic media publication of the positions of office seekers on particular issues, policies, or pieces of legislation, and may be combined with a "Get Out The Vote" (GOTV) effort designed to mobilize informed organizational supporters (Staples, 2004a). At the national level, America Votes, whose founding members included ACORN, AFL-CIO, AFSCME, League of Conservation Voters, MoveOn.org, NAACP, National Voter Fund, Partnership for America's Families, People For the American Way, SEIU, and the Sierra Club, was formed to register, educate, and mobilize voters for the 2004 elections.

There also may be certain circumstances under which a community organization makes a formal endorsement of a candidate (Pillsbury, 2004). NASW has a large operation known as PACE to raise money for

candidates that support NASW values and policies, and always mobilizes social workers to get out the vote. Last, but not least, community organizations may put forward, support, or oppose voter initiatives—proposed laws, policies, or regulatory processes that have been placed on the ballot via petitions signed by registered voters. Examples would include statewide referenda to raise minimum wages, or local ordinances to establish housing trust funds or to increase expenditures for school improvements. Indeed, there has been an explosion of electoral activity by community organizations across the country in recent years, and this trend is likely to continue, if not expand, in the foreseeable future.

Community organizing also has witnessed dramatic increases in issues related to *environmental justice*. The environmental movement that emerged during the 1970s initially tended to mobilize a predominantly middle-class base. More recently, there has been a rapidly growing recognition of the twin phenomena of "environmental racism" and "environmental classism." Namely, the dumping and storage of toxic wastes and pollutants can be found disproportionately in communities of color and low-income neighborhoods. As residents of despoiled areas have developed critical awareness about both the origins and consequences of environmental problems, there has been an accompanying sense of outrage and injustice. They have been quick to organize and have moved NIMBY issues beyond the realm of traditional parochial defensive and reactive struggles into the arena of progressive organizing to confront corporate abuse of power and frequent governmental complicity that raises deeper societal problems stemming from race and class relations in the United States.

The role of youth in the history of community organizing in the United States usually has been ignored or barely mentioned in most mainstream "adult-centric" accounts. Certainly, youth played an important role in the Civil Rights Movement, and antiracist organizing such as the Student Non-Violent Coordinating Committee, the Black Panthers, Young Lords, and Brown Berets. And college students were at the forefront of the anti-war movement during the Vietnam era. But *youth-led community organizing* involving teens (often under the age of 17) in local issues related to school reform, health promotion, anti-violence, transportation, health promotion, police relations, the courts, employment, recreation, and gender and racial equality has grown exponentially over the past 15 years (Delgado, 2006).

A youth-led paradigm has changed the status of youth from being "included" in community organizing to varying degrees to being "in charge" (Delgado &

Staples, 2008; Weiss, 2003). This new model of organizing is youth-driven, including the mission-defined goals and priorities chosen, issue agendas selected, recruitment methodology employed, leadership developed, organizational culture established, decision-making processes utilized, strategies and tactics selected, and actions undertaken. Youth leadership is at the center of this organizing, which is of, by, for, and about youth, their culture and concerns.

Implications for Social Work

Certainly, it is impossible to predict all the trends that may drive community organizing through 2018. Changing economic conditions, shifting political alignments, new cultural phenomena, and technological advances will continue to shape the social problems and issues that emerge, motivating and mobilizing additional constituency groups to engage in collective action on their own behalf to change the circumstances of their lives. Though community organization is increasingly taught in other venues and practiced by other disciplines (public health, public administration, urban affairs, and even architecture), it seems likely that social work will continue to claim it as a core methodology. Innovation and creativity are the norm in this dynamic field of practice, which goes to the heart of social work values such as justice, empowerment, participatory democracy, self determination, and overcoming all forms of oppression. Driven by the realities of need and funding (Johnson, 2000, Johnson, 1998), increasingly community practice theory and skills are integrated into required curriculum (Pippard & Bjorklund, 2003; Hendricks & Rudich, 2000) rather than taught as a separate method (Fisher et al., 2001). Educating all social workers to utilize the community as a context for service and competently engage in community building attempts to prepare them for all that may lie ahead.

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—JACQUELINE MONDROS AND LEE STAPLES

COMMUNITY VIOLENCE

ABSTRACT: Community violence represents a widespread concern receiving increasing attention by social workers. This article considers the problem of community violence and our present understanding of its extent and consequences. Evidence is growing that identifies risk and protective factors linked with community violence exposure, particularly those of a demographic nature. At present early evidence points to potentially helpful ameliorative and preventive strategies for social workers to consider at the micro and macro levels.

KEY WORDS: violence; community; adolescence; trauma

Community violence has gained growing attention as a problem of concern within the social work profession, particularly since the beginning of the 1990s, when studies began documenting a problem of widespread proportions, affecting many whom social workers often encounter, with major physical, mental health, psychosocial, and broader societal consequences. The notion of "community violence" remains a vague concept, however, and is perhaps most appropriately conceived of as an omnibus term, encompassing a variety of types and manifestations of violence, across a variety of community settings.

At its most basic, the term *community violence* denotes acts of interpersonal violence that occur in community settings, including neighborhoods, streets, schools, shops, playgrounds, or other community locales. These acts may include such incidents as gang violence, rapes, shootings, knifings, beatings, or muggings. Some scholars also include other forms of violence under the rubric of community violence, such as social unrest or riots taking place in community settings, while still other scholars have included violence occurring in the home or perpetrated among family members as manifestations of community violence (Guterman, Cameron, & Staller, 2000). Although the location and persons involved in the violence (as victims, perpetrators, and potentially as witnesses) often shape whether an act of violence is appropriately labeled as community violence, no clear consensus yet exists as to what boundaries demarcate community violence from other forms of violence, such as domestic violence or political violence. It is clearly the case that one form of violence may overlap with or even "spill over" into community violence and vice versa, as in the case of sexual assault between partners, or interclan or inter-ethnic violence, and community violence incidents may be identified by different labels, such as "crime," "gang violence," or "school violence." A lack of clear and precise demarcation of the term makes it difficult to accurately track the magnitude of the problem, monitor changing trends over time, or identify risk and protective factors. The presently diffuse definition of the term also risks its politicization, or worse, lends itself to be used in a biased or pejorative way, such as to purvey racist, classist, or ageist stereotypes about "violent communities" or demographically defined groups. Further work is therefore necessary to more precisely define what constitutes community violence, and how it differs from other manifestations of violence.

Prevalence of Community Violence Exposure

Mindful of a rather ill-defined demarcation of community violence, the extent of the problem is, nonetheless, by all measures one of widespread proportions in the United States, and some have even labeled the problem, especially for children and adolescents, a "public health epidemic." Most indications are that the risk of severe victimization outside of the home is at least twice as great for children and youth as it is for adults, and the risk of lower level victimization is at least three times as high for children and youth as it is for adults. The National Center for Injury Prevention and Control of the Centers for Disease Control and Prevention has reported homicide as the fourth leading cause of death among children under 12 years (behind unintentional