Chapter **12**

Social Work

The Emergence of a Profession

The good we secure for ourselves is precarious and uncertain, is floating in mid-air, until it is secured for all of us and incorporated into our common life.

—Jane Addams¹

Overview

Depending on who is doing the name-calling, social workers are referred to as do-gooders, bleeding hearts, radicals, captives of and apologists for "the establishment," organizers of the poor, and servers of the middle class. Such terms reflect the ways that people stereotype social workers and the functions they perform in society.

As we have seen, social welfare has evolved through a lengthy process, but social work as a professionalized occupation started its evolution at a much later stage, gaining momentum as a result of the Industrial Revolution, urbanization, and specialization.

In this chapter and Chapter 13, we explore the profession of social work within the context of social welfare. We review historical antecedents of modern social workers and the creation of the profession, describe the functions of social work and the arenas in which social workers perform their functions, and examine a number of current issues that confront the profession.

As defined in Chapter 6, social work is a *professional occupation* that delivers social services largely in social welfare institutions. Although social work is the major profession involved in social welfare, social workers are by no means limited to delivering services in the social welfare arena, nor are all services in social welfare delivered by social workers.

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The Workers of "Good Works"

Antecedents of professional social workers are found among people who have helped others through the ages. Services have been provided in many forms by religious institutions and charities, public and voluntary services, and by little-known Good Samaritans. Among these predecessors, it has been suggested that Father Vincent de Paul, a seventeenth-century Roman Catholic clergyman—later canonized—initiated the training of social workers. When he founded the Daughters of Charity in 1633, young peasant women who wanted to devote themselves to charitable work were trained especially for nursing the poor. Others point out that a century earlier Juan Luis Vives developed a plan of organized relief (1537) at the request of the mayor of Bruges in Flanders, admonishing good persons to "remember that the burden of their neighbor's calamities must be relieved not only with alms but also with their presence in visiting, comforting, helping, and in executing the deeds of pity." Along these lines, in as early as 1626 in the American colonies, *siecken troosters* (comforters of the sick), after passing an exam, were appointed to visit ill persons at their homes in New Amsterdam (later New York) to offer counsel for spiritual and other matters.[2]

People have always reached out to help other people. Family, church, and other groups often tried to institutionalize this helping function. It was particularly during the nineteenth century that more definitive forerunners of social work as a profession were established. The coming of industrialization and an accelerated movement from rural to urban locations produced social needs and social problems that were beyond the coping capacities of individual families. As part of modernization, functions that traditionally would have been performed by family members soon became the tasks of specialists. For example, rather than milking their own cows, people obtained milk provided by dairy farmers, dairies, distributors, truckers, and grocers. A similar process took place with social welfare functions. Today, a child with developmental disabilities, who was once cared for entirely at home, is transported to a child-development center for education and training by specialists.

Specialization developed in many facets of American life, including responses to pauperism and poverty. Following the War of 1812, a short harvest occurred in 1816 because of weather conditions. Shortly after, there followed the 1817–1821 postwar depression. One result in New York was that John Griscom organized the Society for the Prevention of Pauperism. The society aimed to investigate the circumstances and habits of the poor and devise means of improving their situation both morally and physically. Using house-to-house visitation in poor neighborhoods, society members encouraged economy and saving and suggested other ways in which the poor could help themselves. The society also organized the flow of charities into one distribution channel in order to prevent cheating.[3]

Around the same time, Thomas Chalmers, a minister and philosopher, began to act on a belief that his parishioners (the poor included) could provide for themselves through their own resources, the kindness of relatives, and the sympathy of the wealthier members of the community. Taking over a Glasgow parish, he implemented a new plan from 1819 to 1823, by which all local parish church collections would be left with the parish rather than transferred to a central fund. These funds were used at Chalmers's discretion to provide for the people of the parish, but were not used for new families moving into the area.

The parish of 8,000 people was divided into 25 districts, in which deacons were responsible for processing all new applications for public assistance. Deacons were given general instructions and individual supervision and advice. For approximately four years, Chalmers supervised the program for relief in St. John's parish, taking over the care of individuals previously under the care of the town hospital, with some money left for the parish school.

At a time when workhouses were used cruelly and indiscriminately, Chalmers created a system of personal influence and individualization outside the framework of the Poor Laws using organized techniques of investigation and district assignments. Although Chalmers believed in an ethic of noblesse oblige by the wealthy for the poor, he nevertheless created an administrative plan and trained people to implement it, based on the belief that personal factors cause poverty and that the effort of "helping" people could bring them out of poverty. The investigation of individual situations influenced the concept of *casework*, by which we mean that each person or case is unique. Thus, benefits were related to individual assessment.[4]

Among other social work precursors were the volunteers of the New York Association for Improving the Condition of the Poor (NYAICP), which was organized in 1843 to relieve pauperism and aid the worthy poor. Besides volunteers, the association also employed staff members, primarily missionaries, to do administrative work for districts and to train and supervise the volunteer visitors. Families were investigated by the volunteer visitors, who provided health, housing, and child welfare services. The family conditions found by the visitors were reviewed by the paid agents serving as district secretaries. By 1866, the district secretaries were dismissed and the NYAICP returned to an almost entirely volunteer effort. However, in the 1870s, paid visitors were once again employed. These paid district secretaries were forerunners of later social workers. The NYAICP structure served as a model for succeeding private agencies and the agency later merged with the New York Charity Organization Society to form the eminent Community Service Society of New York.[5]

Still other predecessors of social workers emerged from the Civil War. Members of the U.S. Sanitary Commission, a federation of voluntary organizations, helped to serve the needs of Union troops during the Civil War by supplying bandages, clothing, and food, and by establishing lodging places for soldiers on leave, supplying meals while in transit, and assistance with pay claims.[6] The workers in the Freedmen's Bureau for formerly enslaved persons, created in March 1865, implemented a comprehensive program including temporary relief, food, clothing, hospitals, schools, orphan asylums, homes for the aged and the infirm, lease of lands, job finding, supervising labor contracts, housing and transportation for job seekers, courts, and legal counsel as to rights.

The Freedmen's Bureau was family centered. Designed to minimize the social upheaval of the war and the stressful emancipation of enslaved persons, the Freedmen's Bureau offered—in contemporary terms—child welfare services, income maintenance, medical care, work projects, government housing, provision for the aged and infirm, employment counseling, family location, marriage counseling, legal aid, assistance with resettlement, protective services, and education.[7]

Philosophies and techniques continued to evolve. Franklin B. Sanborn, a New England intellectual associated with John Brown, after becoming the executive secretary of the Massachusetts State Board of Charities in 1863, encouraged the use of homes for residential care of children. He initiated the use of foster homes for the emotionally disturbed on the basis of observations made in Scotland, Belgium, and France. He also recruited local volunteers, for the most part women, to serve as visitors. These *friendly visitors* were middle- and upper-class women who had time and wanted to "do good." They would visit the poor and try to teach them to be better citizens and parents, to budget, and to practice sobriety in all matters. The expectation was that through moral instruction one could learn how not to be poor.[8]

A major economic depression in 1873, one of many during the nineteenth century, created severe unemployment problems. It became clear that agencies, programs, and resources were not equal to the tasks they were called on to perform. As a result, during this

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period an English invention—the *Charity Organization Society* (COS)—caught the imagination of a number of U.S. communities.

The first attempt to form a citywide bureau of charities was initiated in New York in 1873, but was abandoned when several influential institutions refused to cooperate. Boston also instituted a charity organization that year, but it was operative only in the North End. The first operational citywide COS appeared in Buffalo, New York, in 1877, and similar societies then developed rapidly in a series of cities, including New Haven, Philadelphia, Boston, Brooklyn, Cincinnati, and New York.[9]

It was hoped that charity organizations could meet the pressing social problems of the cities—the unemployed, the ill, orphans, beggars, and others—and clarify the interrelations of private and public relief agencies that had overlapping functions but different policies. These new organizations were to assume two different roles: (1) *direct service* to individuals and families, in which respect they were the immediate forerunners of social caseworkers and family service agencies and (2) *planning and coordinating* efforts, which were the predecessors of community organization and social planning activities. Implicit in the creation of these new agencies was the joining of two different roles, reflecting the two tracks of *cause and function*, a theme to be discussed further in Chapter 13.

The four general principles on which the charity organizations operated were the following:

1. Detailed investigation of the applicant
2. A central system of registration to avoid duplication
3. Cooperation among the various relief agencies
4. Extensive use of friendly volunteer visitors

Investigative and administrative responsibilities belonged to the paid staff. The major treatment and helping roles belonged to the friendly visitors who as volunteers had the task of directly helping those in difficulty.

Lubove reports that work was viewed at this time as the solution for all problem families. When persons came for assistance, the Conference of the Boston Associated Charities, for example, "boasted that when the poor first called for assistance, they requested 'clothing, money, etc., etc.,' but were refused anything except work."[10] Thus, there is an amazing consistency in attitude and approach to the poor in England and America from the fourteenth century until the latter part of the nineteenth century, and although diminished for a time, the same theme of individual responsibility continues to this day, unmindful of the altered economic and societal context.

To further illustrate the incipient social work roles and tasks about the same time, a *Manual for Visitors Among the Poor* was developed by the Philadelphia Society for Organizing Charitable Relief and Repressing Mendicancy. The suggestions for friendly visitors are instructive: sympathy and encouragement are more important than money; women are the best friendly visitors; help, if urgently needed, may be obtained from neighbors; personal assistance should take the form of employment; cultivate the habit of looking below the surface of things; poverty is associated with disease and a consequent lack of vitality; know the sanitary laws; the poor have not learned thrift; and so on. The thrust of these instructions places the responsibility on the person or family involved. The effort to produce change is marked by "moral suasion."[11]

At this point in the development of social work, volunteers were primarily motivated to change people as "doers of good works." It was through social investigation and attempts

to understand family situations that social work began to gestate as a profession. The time and effort required to deal with many cases led to comparing situations and searching for underlying causation. Despite the strong sense of moral judgment involved, friendly visitors and charity organizations moved toward understanding, taking a major step on the road to professionalization.

To the contemporary mind, these forerunners of casework stand out for their judgmental and patronizing qualities and the tendency to place sole responsibility for problems on a person or family. Although these attitudes were present, it is important to note that these movements set down one of the basic principles of all contemporary social work practice—that each person is unique and has to be understood in individual terms.

Concurrently, *settlement houses* were being instituted in the United States following the establishment of Toynbee Hall in 1884 in London. A group of people from the middle and upper classes would live in a poor neighborhood so they could experience firsthand the realities of neighborhood life and search simultaneously for ways to improve conditions in cooperation with the residents of the neighborhood. Many of the early U.S. settlement house workers were daughters of ministers. No doubt they tried to do away with any airs of superiority and supplant such feelings with neighborliness. By assisting their neighbors, they hoped their experiences would make them more effective social reformers. By 1910, 400 settlement houses had been established, three-fourths founded by women. The settlement house movement was a creative and influential force in American life. For example, new communal organizations such as the National Association for the Advancement of Colored People, which grew out of the Henry Street Settlement (New York, 1909), and the U.S. Children's Bureau (1912) were among the many accomplishments directly attributable to the movement.

It is important to understand these developments within the context of the times. These women were part of the first generation of women graduating from college in significant numbers, and their personal opportunities were limited mainly to marriage or teaching. Life in the settlements was viewed as moral and unselfish. It was semi-protected, and offered a social life as well. Settlement houses and social work offered public roles of potential influence at a time when women were still unable to vote, thus providing an alternative route to influencing policy.[12]

Women's voluntarism preceded the settlement house movement. Beginning in the 1820s, Protestant women formed lay organizations, such as the American Female Moral Reform Society (AFMRS). By 1839, this organization had 500 local chapters in New England and New York. During the depression winter of 1873–1874, another Protestant organization—the Women's Christian Temperance Union (WCTU)—was formed, eventually supplanting the AFMRS. By 1883, there was a WCTU branch in almost every American county. Their work was not limited to temperance matters. In Chicago, the site of the WCTU headquarters, the organization maintained two day nurseries, two Sunday schools, an industrial school, a mission that sheltered 4,000 homeless or destitute women in a 12-month period, a free medical dispensary that treated more than 1,600 patients a year, a lodging house for men that had by 1889 provided temporary housing for more than 50,000 men, and a low-cost restaurant. Among the ideas they advocated were prison reform, special facilities for women offenders, the eight-hour working day, model facilities for dependent and neglected children, the kindergarten movement, shelters for the care of children of working mothers, social "rooms" other than saloons for the urban poor, mothers' education, and vocational training for women.[13]

Thorstein Veblen, however, commenting on the roles of leisure-class women in charity work and social amelioration efforts, did not accept the philosophy of settlement house workers quite as benignly as offered and suggested:

> The solicitude of "settlements," for example, is in part directed to enhance the industrial efficiency of the poor and to teach them the more adequate utilization of the means at hand; but it is also no less consistently directed to the inculcation, by precept and example, of certain punctilios of upper-class propriety in manners and customs.[14]

Settlement houses played important roles in cities, especially in immigrant communities. Their focus was on improving housing, health, and general living conditions; finding jobs; teaching English, occupational skills, and hygiene, and attempting to change the environmental surroundings through cooperative efforts. Social casework started in charity organization work. Social group work, community organization, and social action were developed by settlement houses and workers.

In addition to dealing with local problems by taking local action, settlement houses played important roles in gathering and promulgating facts, preparing legislation, and collecting forces to influence social policy and legislation. Many of the key legislative enactments of the reform era had their inception in the work of the settlement houses. The settlements learned what the realities of life in slum communities were and included staff members who were nationally influential, not only through their social work efforts but also through personal and familial connections. Settlement houses emphasized reform through environmental changes, but "they continued to struggle to teach the poor the prevailing middle-class values of work, thrift, and abstinence as the keys to success."[15]

Jane Addams of Hull House in Chicago thought that settlement house residents could eventually help slum-dwellers to "express themselves and make articulate their desires."[16] By changing neighborhoods, together they would change communities; through changing communities, they would alter the nation. Settlement houses expressed the ideas of women who wanted to reform American society and, in fact, were wellsprings of reform both locally and nationally. Those who served in settlement houses had a profound impact on American society as they later headed government and voluntary agencies and worked for legislation that shaped in many ways American social policy for the generations that followed.

According to Mary McDowell, settlement workers in 1896 worked from within the neighborhood and among the people, sharing the fate of the slum-dwellers, whereas the charity organization's visitors came from without and returned to the outside after the visit. The two approaches differed in methodology but complemented each other's efforts, doing together what neither could do entirely as separate agencies.[17]

By the end of the nineteenth century, two major tracks emerged along which professional social work evolved. Future developments would be dramatically influenced by the different natures of the two tracks and by their confluence within social work.

The Process of Professionalization

Wilensky traced the growth of 18 professions, noting that all followed the same pattern:

1. A substantial number of people begin doing full-time some activity that needs doing.
2. A training school is established.
3. A professional association is formed.

4. The professional association engages in political agitation to win the support of law for the protection of the group.

5. A code of ethics is developed.[18]

The developmental pattern and professionalization process for social work follows a similar pattern. When charity organizations or societies received contracts to administer relief funds, they began to hire people as executive secretaries to organize volunteers properly and establish procedures to show accountability for the money received from the city. These executive secretaries can be considered among the first social workers who were paid. They began meeting in conferences and—reflective of the professionalization process—established standards and training courses.

In the summer of 1898, the New York COS offered the first course in practical philanthropic work to charity workers. By 1904, a one-year program was offered by the newly formed New York School of Philanthropy, and by the end of World War I, 17 programs were members of the Association of Training Schools for Professional Social Work. The American Association of Social Workers (AASW) was formed as a professional association in 1921 following an unsuccessful effort several years earlier. It was not until 1951 that an official code of ethics was prepared by the AASW, followed by the code developed by the National Association of Social Workers (NASW) in 1960.

Social work is a profession whose development in the modern era has been supported by general professionalization trends and the growth of services resulting from industrialization, urbanization, and specialization. The evolution of many new professions in our society has supported the rapid strides social work made as a profession, condensing into several decades evolutionary processes that took centuries for other professions. This trend is reflected in the U.S. experience. Professional occupations are expected to continue these growth trends. By 2012, it is expected that 34.8 million persons will be employed in professional specialty occupations (over 20.9 percent of total employment), that is one in five employed persons and a 16 percent increase since 2006.[19]

A Brief History of Practice and Methods

Mary Richmond, one of the outstanding founders of social work and an active participant in charity organization efforts, could say in 1890 that "only two things are necessary in order to do good work amongst the poor; one is much good will, and the other is a little tact."[20] However, 12 years later, she was defining *social casework* more precisely as "those processes which develop personality through adjustments consciously effected, individual by individual, between men and their social environment."[21]

Physician Richard C. Cabot introduced medical social work to Massachusetts General Hospital in 1905. Soon social workers were employed in schools, child-guidance clinics, courts, and other settings. Building on the investigatory and friendly visiting functions by charity organization volunteers and paid staff, social casework methodologies continued to develop. Initially based on moral categories, the work of the caseworker was to help through persuasion and example. As knowledge developed based on practical experience, and as new knowledge became available from psychology, sociology, and psychiatry, the efforts of social caseworkers led to greater understanding of the interaction of individuals and their environment. A "diagnosis" could be formulated and strengths and limitations identified for use in the helping process. Typically, early efforts to make changes were educational and persuasive.

However, it was recognized that there are limits beyond which individuals are not responsible for their situation and that society has reciprocal responsibility for collective action that influences the lives of individuals. The experience of the settlement house confirmed this view, as Addams reported:

> We early found ourselves spending many hours in efforts to secure support for deserted women, insurance for bewildered widows, damages for injured operators, furniture from the clutches of the installment store. The Settlement is valuable as an information and interpretation bureau. It constantly acts between the various institutions of the city and the people for whose benefit these institutions are erected.[22]

Early social workers were also advocates, interested not only in techniques for individual and family change, but also in altering society. This perspective of societal change was cogently stated by Florence Kelley, a consumer advocate, in 1905:

> A government which finds it possible, for instance, to take care of the health of young lobsters on the coast of Maine, would seem to have ingenuity enough at a pinch to enable it to make some sort of provision for the orphan children of skilled and unskilled workmen. It may take a long time. It has taken a long time to learn to take care of the lobsters.[23]

In 1915, Abraham Flexner, a significant critic of medical education, turned his attention to social work in a presentation at the National Conference of Charities and Corrections. Training and creation of a scientific method for social work had been advanced, and yet Flexner raised a question as to whether social work was a profession. His answer was equivocal and suggested that social work "appears not so much a definite field as an aspect of work in many fields . . . the field of employment is indeed so vast that delimitation is impossible. We observed that professions need to be limited and definite in scope . . . limitation of area cannot possibly go with the width of scope characteristic of social work." He concluded that "social work fails to conform to some professional criteria, but very readily satisfies others." In addition, he suggested that the "unselfish devotion of those who have chosen to give themselves to making the world a fitter place to live in can fill social work with the professional spirit. . . . In the long run, the first, main, and indispensable criterion of a profession will be the possession of professional spirit, and that test social work may, if it will, fully satisfy." To become a profession, social work would have to define specific skills for specific functions.[24]

Despite this criticism of social work, several events that followed shortly after energized the continued professionalization of social work. Training schools were formed, a professional association was created, and a formative book was published. Within two years after Flexner's presentation, Richmond published *Social Diagnosis* (1917), a work that organized a theory and methodology for social work. She formulated a common body of knowledge for casework based on collecting information and understanding the meaning of the information. The book was important for the development of the profession because it expounded an orderly professional process consisting of study, diagnosis, prognosis, and treatment planning. Reflective of Richmond's charity organization background, the focus was on the individual or family—the case—in determining what was wrong, what could be done, and how the worker should intervene.

With the advent of medical social work, psychiatric social work, the mental hygiene movement, and psychoanalytic psychology, social work searched for a defined professional methodology and professional status.[25] From the latter years of the nineteenth century until approximately 1915, casework changed from a movement on a one-by-one basis to a method with nascent scientific underpinnings. Scientific charity began to take the place of an expressly moral philanthropy and service for the poor. Poverty and pauperism began to be problems to be studied systematically in order to improve help for the poor and their

families. This required a scientific approach of study, gathering data, testing hypotheses, and developing methods that would lead to minimizing dependence. However, the focus of study remained the individual and family, and less so the socioeconomic structures of society. The "cause" mission of the profession, which had set out to change the world, was changed to focus more on the functions of the social worker and the skills and knowledge that support those functions.

Social workers were employed in diverse specialized settings. Each social worker identified to a significant extent with particular settings so that professional roles, identities, and functions experienced a centrifugal expansion as social workers identified themselves with the fields in which they practiced. Beyond the development of social work in psychiatric settings, including child-guidance clinics, much of social work became infused with psychiatric knowledge and was especially influenced by psychoanalytic thought, both Freudian and Rankian. Approximately two years after the publication of *Social Diagnosis*, Mary Jarrett, a psychiatric caseworker, rediagnosed the cases presented by Richmond and concluded that at least 50 percent included psychiatric problems.[26] Addams helps to place this influx of psychoanalytic thought and emphasis on individual psyche, technique, and method in perspective. She pointed out that the veering away from social reform could be viewed within the context of the times that included bombings of government buildings and other violence, along with concerns about immigrants, anarchists, socialists, communists, and other radical leftist groups. Palmer Raids were a response to the threat of foreign radicalism after World War I, and thousands of suspected subversives were arrested in an attempt to control what were viewed as unacceptable philosophies that promoted violence. In addition, immigration was tightened. In the background, the Communist revolution in Russia was a looming presence and a concern.

Throughout the decade (the Twenties) this fear of change, this tendency to play safe, was registered most conspicuously in the field of politics, but it spread over into other fields as well. There is little doubt that social workers exhibited many symptoms of this panic and, with a kind of protective instinct, carefully avoided any identification with the phraseology of social reform.[27]

During the 1920s, many social workers thought of themselves as therapists, or at least believed that there were therapeutic emphases within their social work practice.[28] Social work continued to disperse into health, school, family, and psychiatric settings. As the proliferation of practice fields continued, concern increased about the specialized nature of social work in many settings, and a systematic study was undertaken to determine the common elements of the profession. A series of meetings was held from 1923 to 1929 to identify the general knowledge shared by all social workers regardless of setting. This work group became known as the *Milford Conference*. In 1929, the work group, consisting of executives and board members, reported that generic social casework, that is, casework applicable in all potential settings, had eight common aspects:

1. Knowledge of typical deviations from accepted standards of social life
2. Use of norms of human life and human relationships
3. Significance of 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. Use of established community resources in social treatment
6. Adaptation of scientific knowledge and formulations of experience to the requirements of social casework
7. Consciousness of a philosophy that determines the purpose, ethics, and obligations of social casework
8. Blending of the foregoing into social treatments[29]

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The Great Depression of the 1930s began soon after the Milford Conference Report on a generic social casework predicated on individual change. Despite the fact that the Depression refocused attention on social change, the social casework stream in the social work profession clung to an individual-centered and personality-focused approach.

Meanwhile, the overwhelming nature and scope of human need created by the Great Depression caused social policy shifts that affected social welfare and social work. Everyone was affected, and many were unemployed. It clearly was not the result of personal irresponsibility. Systemic and structural factors were at work. The government and society searched for new security, and new roles for government were accompanied by new social planning trends, supported by the general agreement that government should help people—a new assumption in American life.

A myriad of New Deal programs responded to the need for the national government to enter into comprehensive social welfare provision. Concurrently, there was a call for prepared personnel to expand public social services. Because of new public assistance programs, the number of social workers increased rapidly in the 1930s. Numbering 31,000 in 1930, by the 1940 census there were at least 70,000 social and welfare workers. The AASW, the largest professional organization, doubled its size. Seventeen new schools of social work opened, and established schools increased in size.

There was a shift during the 1930s in the relative importance of the public and private sectors of social welfare, the greater weight by far now moving to the public sector. Many social workers were active in starting new programs, including Social Security, and also were employed in public assistance and child welfare. Others continued to work in voluntary agencies and in public institutions such as hospitals. One significant result of the Great Depression was the introduction of unions into the field of social work.[30]

A major issue during the years of the Great Depression centered on the role of social work in an expanding welfare state. Integral to this issue were questions about theories of causation, both personal and societal, and about the roles of social workers in institutional services for normal but disadvantaged persons.

A second issue was an intense struggle, which over the decades faded, between two schools of thought—diagnostic and functional social work. The two schools share the vocation of social casework but differ on theories of personality that underpin their approaches. The *diagnostic school*, also known as the psychosocial (the "person-in-situation") school, was based on Freudian thought and stressed the importance of diagnosis and of the powerful role of a person's past interpersonal and intrapsychic experience in the treatment process. The *functional school*, based on a psychology of growth, stressed the impact of the agency's function on the ability to help in the process of casework and emphasized the relationship between the social worker and the client in the here-and-now helping process.

Paradoxically, a psychologically based casework preoccupied with individuals remained the major focus in social casework while the economy was crumbling. Perhaps there is an explanation for this curious persistence. Psychological casework had become the professional tool, developed over decades, of social workers. A therapeutic emphasis also was supported by the Great Depression itself. Social welfare agencies, especially the private ones, sought new roles as public welfare assumed the responsibility for income maintenance, a task completely beyond the resources of private philanthropy. An emphasis on psychologically oriented casework then was an answer to the quest for a professional knowledge base and helped define the changing functions of private social welfare agencies.

At the same time, social workers affected social legislation and social planning as they developed as part of the New Deal. Among the social workers playing important parts in the "cause" efforts of the 1930s were Harry Hopkins, Frances Perkins, and Bertha Reynolds.

They were active and influential in determining governmental policy and the administration of expanded social welfare.

During World War II social work continued to emphasize the therapeutic aspects of treatment as it dealt with family disruption, problems of relocation, and the needs of military personnel at home and abroad. Following the war, social work continued to be mainly influenced by psychodynamic psychiatry, but the social sciences began to be introduced to a greater extent in schools of social work. There was an emphasis on seeking out the hard to reach, working with delinquent youth and multiproblem families, and initiating private social work practice. The commonalities and differences between social casework and psychotherapy were debated.

In the 1960s, the emphasis on the therapeutic function diminished somewhat as social workers became active in community action and advocacy as part of the civil rights struggle and in regard to housing and racial discrimination, juvenile delinquency control programs, neighborhood organization and multiservice centers, draft resistance and anti-Vietnam War efforts, the National Welfare Rights Organization, the efforts for economic security programs such as a negative income tax and guaranteed annual income, and the flowering of minority group organizations of many kinds.

For the past several decades, social workers have been engaged in an ever-widening variety of practice efforts, among which are social work with servicemen and women and their families while in the military and following reentry into American society, immigrants and refugees, victims of war and other violent events and those who otherwise deal with post-traumatic stress disorder, HIV-positive persons and those with AIDS, persons with chronic mental illness, the homeless, persons caught up in substance abuse, and those with physical illnesses or who are undergoing treatments such as open-heart surgery or dialysis. Other social work functions include child welfare, aging, domestic violence, suicide prevention, practice in industrial and business settings, health and mental health, forensics, and private solo and group practices, among many other areas.[31]

In social work education, both graduate and undergraduate, a diversity of practice models have been developed, including a focus on social problems (such as substance abuse, women's issues, severe mental illness, and poverty), methods (including clinical social work, policy planning and administration, community organization, political social work, and generalist practice), populations at risk (based on such factors as poverty, age, ethnicity, culture, class, and physical or mental ability), and fields of practice (e.g., mental health or community mental health, child welfare, family services, school social work, health care settings, aging or gerontology, youth, disabilities, and rural).

Development of the Professional Association

Beginning in 1874, the National Conference of Charities and Correction provided an opportunity for social agency employees to meet together on a national basis. Locally, various clubs and social work organizations were formed. The National Social Workers Exchange began operations in 1917 for job placement in social work positions.

By 1918, there was an attempt to organize a national association of social workers, but the effort failed partly because of lack of agreement on membership qualifications. In 1921, the AASW was formed. In addition, social workers from specialized settings formed national organizations, including the American Association of Medical Social Workers (1918), the National Association of School Social Workers (1919), the AASW (1921), the American Association of Psychiatric Social Workers (1926), the American Association of Group Workers (Study Group, 1936; Association, 1946), the Association for the Study of

Community Organization (1946), and the Social Work Research Group (1949). In 1955, those associations then in existence combined to form the NASW—the national professional association that now represents the full range of professional social workers.[32]

The professional association provides a variety of services including insurance benefits; regulation and credentialing; standards for several types of practice and services; publications; a register of clinical social workers; continuing education; and practice sections for aging, alcohol, tobacco and other drugs; children; adolescents and young adults; child welfare; health; mental health; private practice; poverty; social and economic justice; peace; and school social work. There are affiliate organizations: ANSWER (Action Network for Social Work Education and Research); the NASW Foundation; the Insurance Trust; the Legal Defense Fund; PACE (Political Action for Candidate Election), which plays a political action role; and the Center for Workforce Studies. The NASW also advocates for sound public policies in health and mental health, economic equity, civil rights, child welfare, and education.

Several smaller groups have developed—for example, national associations of African American, Latino, Native American, and employee assistance social workers; social workers with groups, community organization, and social administration; oncology and clinical social work; social work managers; hospital social work administrators; NASW National Committee on Lesbian, Gay, Bisexual and Transgender Issues; the North American Association of Christians in Social Work; and others. This burgeoning of splinter groups reflects the pluralism in our society, the multiplicity of functions and fields in social work, the creation of new specializations, the difficulty of having one organization satisfy all segments of the profession, and efforts by particular groups to enhance their legitimate goals. In addition, the American Association of Social Work Boards was organized in 1979; it oversees national credentialing licensing examinations.

The membership of NASW multiplied slightly less than sevenfold from 22,027 in 1957 to 150,000 in 2010.[33] Membership is open to baccalaureate and master's graduates from accredited schools and holders of doctorates in social work or social welfare. By comparison, the memberships of some other professional organizations in 2008 were American Medical Association, 297,000; American Nurses Association, 150,000; American Bar Association, 375,000; and American Psychological Association, 150,000.[34]

Social Work with Groups

Social work with groups developed from several sources different from those of social casework. Settlement houses, influenced by the social reform movements of the early twentieth century, focused in part on group services, including cultural and art groups, recreational groups, education, and physical health. They emphasized social participation and association, mutual aid and cooperative problem solving, democratic processes, learning and growth, the encouragement of interaction among persons of different backgrounds, the impact of the environment on persons, and the potential impact of persons on the environment.

In group service agencies such as community centers, camping, and youth service organizations, there was a belief that the road to democracy was through democratic participation. Group service agencies would foster such participation at every level—from children to adults—and from the group itself to the greater society. Support for the evolving methodology came from sociology and progressive education as expounded by John Dewey.

The first course on group work in a school of social work was taught by Clara Kaiser in 1923 at Western Reserve University in Cleveland. The University of Pittsburgh and the

New York School (later to become the Columbia University School of Social Work) instituted programs in the 1930s, with other schools soon also offering group work courses.

By 1936, the American Association for Study of Group Work was formed. Noteworthy was a great increase in the use of groups in psychiatric settings during World War II, in part created by the need for the few available trained persons to work with large numbers of persons affected by the war experience. In 1946, the National Conference of Social Work recognized social group work as a part of the social work profession.[35]

Early social group work had four goals:

1. Democratic experiences
2. Cooperative problem solving and mutual support
3. Improvement of society
4. Character development

Although there was hesitancy about the place of social group work in the social work profession as early as the Milford Conference Report in 1929, the fundamental methods of social work were "recognized as social case work, community organization, group work, social research, and since social work is almost invariably carried on through the medium of organizations, we may add the technique of administration."[36] Thus, the elite group that prepared the Milford Conference Report concluded that group work was an intrinsic part of social work.

Illustrative of the diversity of group workers' current service is their work with people with HIV/AIDS, single-parent families, substance abusers, sexual abuse and incest survivors, violent men, inner-city youth, immigrant groups, bereaved persons, cross-cultural and cross-gender groups, Holocaust survivors, multifamily groups, persons with Alzheimer's disease, the homebound, and a host of other populations.

Despite the multitude of perspectives, technologies, contexts, and populations served, a core set of values and concepts has been identified as belonging to the social work method with groups. These unifying concepts include the following:

- A systemic perspective—that is, groups are social systems. This view underscores a dynamic view of group development and operation, stresses the reciprocal nature of relationships, and highlights the relationship of the group to its context.
- Group dynamics, including group climate and processes, influences on members, goals, maintenance and task functions, decision making, developmental stages, norms, conflict, cohesion, and power structures.
- Concepts of intervention, including planning and analysis, worker's engagement, power of the group as the medium of service, as well as individual, group, and environmental interventions.[37]

Today, social work with groups is practiced within the ethical guidelines of the social work profession, emphasizing the importance of the quality of interactions among members and mutual respect. It recognizes the value of each individual to the group and encourages mutual aid, where appropriate. Two major current models of social work with groups have been identified:[38]

1. The *Mutual Aid Model* focuses on processes that occur among the group members and their mutually dependent relationships and between the group and its social environment. This model features mediation of the transactions between the group and societal institutions and between individual members within the group to foster, establish, and maintain a favorable interchange with their environment and a mutual aid system among the group's members.[39]

a. The *Cognitive-Behavioral Model* focuses on the way members' behaviors and thoughts are altered by individual and group processes in order to attain desired outcomes. This model is empirically based on behavioral, cognitive, and small-group strategies, the goals of which are behavioral, cognitive, and/or emotional change. This model is used, for example, to help people improve their social skills, to abstain from risky sexual behaviors, and reduce drug and alcohol abuse.[40]

In recent years, social work with groups has involved exploring the implications of feminist thought for social group work and efforts have been ongoing to define a feminist group work.[41] Social work with groups, which began with a focus on work with children and youth in settlement houses and in adult education and social action, is now practiced in a great variety of settings. From groups in administration to treatment groups, from informal education to social action groups, and from consciousness-raising to socialization, social work with groups is used for many purposes in many different settings. Today there appears to be a growing utilization of groups by social workers for various purposes, including treatment; support; education; administration; advocacy; social action; and personal, organizational, and community development. Paradoxically, social work graduate education has practically eliminated group work as a specialized area of study even while social workers are using groups more for an expanding variety of purposes.[42]

Community Organization and Social Planning

Community organization and social planning have their roots in the reform efforts of the latter part of the nineteenth century. The COS originally sought to develop cooperative planning and coordination among local charities and worked for reforms in housing codes, antituberculosis associations, legislation in support of juvenile courts and probation, programs for the care of dependent children, cooperation with the police in regard to beggars and vagrants, and legislation to require absent fathers to support their children. As time went on, and as we saw earlier, settlement houses played major roles in organizing neighborhoods, studying social problems, making policy and program proposals, forming pressure groups, and conducting campaigns. Their efforts led to changes that affected localities, states, and the nation.

Social workers such as Jane Addams and Lillian Wald were much involved in efforts to improve the quality of life in the United States. Following Addams's election as president of the National Conference of Charities and Corrections in 1909, a committee was appointed to undertake a study of the minimum requirements for well-being in an industrial society. In 1911, Florence Kelley, activist and general secretary of the National Consumers League, chaired the committee, followed, in 1912, by Owen Lovejoy, secretary of the National Child Labor Committee.

One outcome of this study was the minimum platform that was created in "Social Standards for Industry": the eight-hour workday; the six-day work week; abolition of tenement manufacture; improvement of housing conditions; prohibition of child labor under 16 years; regulation of employment for women; and a federal system of accident, old age, and unemployment insurance.[43] Social workers were in the forefront demanding new child labor laws, health and safety legislation, and social insurance, and on many issues they were in the vanguard, helping to move the nation toward new social welfare ideas.

From these early beginnings to contemporary times, community organization efforts were conducted in many ways, including voluntary organizing efforts focused on the creation and implementation of health and welfare councils and community chests for communal fund-raising, planning, and coordination of services. Other efforts included grassroots organizing to improve the quality of life in neighborhoods through political power and the

redress of problems; self-help and community-change organizations of African Americans, Latinos, and Asian Americans; Native American survival and community and tribal development; rural community organization related to electrification, access to water and other resources, mutual aid, and cooperatives among rural residents; and the development of basic services such as schools and fire brigades, as well as unionization. Recent years have seen a growing emphasis on organizing by and for women, gays, and lesbians.

In 1939, the Lane Report emphasized community organization as a social work method and suggested that local welfare councils and other coordinating bodies all shared the purposes of local planning and coordination in order to seek the congruence of community social welfare resources and needs. During World War II, community organization was one part of the massive war effort, especially through the U.S. Office of Civilian Defense and the Office of Defense, Health, and Welfare Services to coordinate health and welfare services, public and private, for defense-affected localities. Following World War II, community organization emphasized integrative efforts, consensus, and process-oriented models to increase the capacity for cooperation within society.[44]

Generally, community organization was a method that for a long time focused on cooperative efforts to organize efficiently the social services in a community. The basic methodology was consensual. Conflict was minimized and the attempt was made—as in intergroup work—to utilize a process that led to understanding and cooperation. The process was intended to be enabling in that rival entities could be helped to identify common goals and through cooperative efforts attain their respective goals and a better society.

By 1947, the Association for the Study of Community Organization published *Community Organization: Its Nature and Setting* to clarify issues, terms, roles, and methods.[45] In 1962, the Council on Social Work Education issued a curriculum policy statement identifying community organization as a major social work method.

During the 1960s, U.S. society underwent great change in an atmosphere of participatory democracy. Community organization was an important contributor to efforts to overcome juvenile delinquency, to attain civil rights, and to develop communities through the War on Poverty and model cities programs. A major emphasis during this decade was on grassroots organizing and community participation and action.

Current community organizing efforts include the following eight models:

1. Neighborhood and community organizing, designed to develop the capacity of the members to organize and to improve the quality of life in the geographic area.

2. Organizing functional communities of like-minded people on a community, regional, national, or international basis to advocate for a particular issue or population.

3. Community social and economic development for improved income, resources, and social supports.

4. Social planning for citywide or regional proposals for governmental or human services.

5. Program and service development and community liaison for a specific population by improving service effectiveness or organizing new services.

6. Political and social action, building political power toward institutional change in order to change policy or policy makers.

7. Coalitions to influence program directions or to gain resources related to a specific issue, social need, or concern.

8. Social movements leading action toward social justice for a particular population group or issue.[46]

Community organizing took on a new importance when it was learned that President Barack Obama worked as a community organizer earlier in his life in Chicago. In addition, his

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presidential campaign successfully used technology to do community organizing for several purposes. The campaign's use of electronic communications was extremely helpful in locating supporters, assigning them to particular tasks, collecting up-to-date information, locating potential financial supporters, motivating and "getting out the vote," as well as additional uses.

Many groups use community organizing skills and methods to achieve their goals. These may include churches which organize for youth services or to help people who are in need of food or housing. Professional associations use these methods to further their agendas, which can include health professionals organizing to locate and provide services to physically isolated persons. Social agencies can use organizing to identify and reach out to a community which is underserved. Groups with shared values organize to achieve gay and lesbian rights or to oppose or support wars in Iraq and Afghanistan. Or, to oppose or support more liberal immigration possibilities.

Among the areas targeted for recent community organizing efforts are organizing for safe and drug-free schools and communities, ensuring bank loans in low-income neighborhoods, neighborhood and economic development, alleviation of hunger and malnutrition, adequate housing for persons of modest means, health promotion, violence and homicide prevention, "living-wage" campaigns, assistance to people with HIV/AIDS, development of small businesses, teen pregnancy, homelessness, health care, war and peace, women's shelters, lead poisoning, empowerment of women, and the environment and hazardous wastes in poor neighborhoods. Other efforts include Move On, which works to increase citizen participation by building electronic advocacy groups; and the Industrial Areas Foundation, which builds organizations to gain power, to act, and to make change as needed through competition, confrontation, and cooperation with leaders in the public and private sectors. Citizen Action emphasizes health questions and tenant organizing. Other groups organize around particular identities and focus on the civil rights of various groups: Latinos, women, disabled persons, and others. Self-help and mutual aid groups also organize around addictions and other problems—Mothers Against Drunk Driving, Alcoholics Anonymous, and advocates for the homeless. Another arena for organization is exemplified by the United Farm Workers of America and the Service Employees International Union, both of which organize for the economic and social betterment of low-paid workers. There is a new ethnic politics and organization both within and between groups, some of which were formerly in conflict. Community organization efforts raise political consciousness, are training grounds for democracy, and focus on local issues, but organizing necessarily reaches beyond the local to regional, state, and national interventions.[47]

Unusual attention was drawn to ACORN (Association of Community Organizations for Reform Now), a group of community organizations of low- and moderate-income persons who worked for neighborhood safety, voter registration, health care, affordable housing, improved wages for low earners, better public schools, and community development by lending institutions. In 2009, several edited videos were released by two conservative activists who used hidden cameras to gain suspect responses from low-level ACORN employees that appeared to advise the activists on how to hide prostitution activities and avoid taxes. The national controversy that followed led to a loss of funding from government agencies and private donors.[48]

Toward a Unified Profession

Modern social work with individuals and families are the predominant social work methods and have remained in the practice mainstream of the profession, along with group work and community organization. But practitioners have evolved, in all methods, a plethora of

continually expanding models for and approaches to working with people. Theories range from aboriginal theory to ego psychology, from feminist theory to neurolinguistic programming and transpersonal social work.[49]

Concern about the effect of forces that move away from a common core in the profession is often expressed as diverse types of social work practice continue to develop. Graduate social work education prepares students for work in direct practice (individual, family, group), community organization and planning, administration or management, and combinations of direct practice and community organization and planning (or administration or management). The largest numbers of students are being prepared for work in mental and physical health, family services, child welfare, and school social work. The types of concentrations increase, but simultaneously, there is a strong sense of concern that a generic core should be maintained for all social workers.

In the professionalization process, social work has created a knowledge base, training programs, a professional association, and a code of ethics. Social workers are licensed or certified in all fifty states, the District of Columbia, Puerto Rico, and the Virgin Islands.[50] Notwithstanding these accomplishments and its rapid development and growth, social work is an insecure profession because of its status. This internally and externally generated status insecurity is in part related to social work's association with poor and problematic groups and its championing of unpopular causes, among other factors.

Therefore, social work as a profession in most respects seems to have very much completed the professionalization process with one important exception: It does not control its varied "turf." Although some, even within the profession itself, may disagree with this assessment, society, through regulating sanctions, is moving forward in its recognition of social work as a profession. But there remain limits to the ability of the social work profession to control use of its name; and there are two streams of personnel: one professionally qualified and the other consisting of persons who are employed in social work positions but lack professional education and credentials. Differentiating these two types of persons who occupy positions with social work titles remains problematic for the profession, and this ambiguity often is misunderstood by those not familiar with the profession.

Summary

In this chapter, we have examined the emergence and evolution of the social work profession. We turn next in Chapter 13 to a discussion of the functions of the profession, the contexts in which it operates, and several major issues with which social work must deal.

Questions for Consideration

1. What do you think Jane Addams meant by the quotation with which this chapter opens?
2. How many kinds of social workers can you identify in your community?
3. Which would you choose as the better social work approach—charity organization society or settlement house?
4. What social work professional organizations are there in your community?

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The Subjective Necessity of Social Settlements (1892)

Women on the Breadlines (1932)

*Connecting Core Competencies, Professional Identity

Explore and Assess

Explore These Assets

Social Work History Station, The - http://www.boisestate.edu/socwork/dhuff/xx.htm

Social Service Review - http://www.journals.uchicago.edu/SSR/

American Journal of Sociology - http://www.journals.uchicago.edu/AJS/home.html

Assess Your Knowledge

Assess your knowledge with a variety of topical and chapter assessment.
    Conclude your assessment by completing the chapter exam.

* = CSWE Core Competency Asset
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