

1



An Introduction to Macro Practice in Social Work

CHAPTER OUTLINE

Macro Practice in Context 2

Experiences of Former Students 2

What Is Macro Practice? 5

Locus of Involvement in Social Work Practice 5

A Systematic Approach to Macro Social Work Practice 6

The Interrelationship of Micro and Macro Social Work Practice 8

The Foundation of Macro Practice 9

Theories, Models, and Approaches 9

Values and Ethical Dilemmas 12

Service 13

Social Justice 13

Dignity and Worth of the Person 14

Importance of Human Relationships 14

Integrity 15

Competence 15

Three Case Examples 16

Case Example 1: Child Protective Services 17

Case Example 2: Case Management with Elderly and Disabled Persons 19

Case Example 3: Chronic Homelessness 22

Surviving the Dilemmas 26

Professional Identity 27

Summary 29

Practice Test 31



MySocialWorkLab 31

Case Study / Golem, Albania

Case Study / Professional Decision Making in Foster Care



Core Competencies in this Chapter (Check marks indicate which competencies are covered in depth)

<input checked="" type="checkbox"/>	Professional Identity	<input checked="" type="checkbox"/>	Ethical Practice	<input type="checkbox"/>	Critical Thinking	<input type="checkbox"/>	Diversity in Practice	<input checked="" type="checkbox"/>	Human Rights & Justice
<input type="checkbox"/>	Research-Based Practice	<input type="checkbox"/>	Human Behavior	<input checked="" type="checkbox"/>	Policy Practice	<input type="checkbox"/>	Practice Contexts	<input type="checkbox"/>	Engage, Assess, Intervene, Evaluate

MACRO PRACTICE IN CONTEXT

This book is intended for all social workers, regardless of whether they specialize or concentrate in micro or macro tracks within schools of social work. It is also designed to be an introduction to macro practice as a set of professional activities in which all social workers are involved. Although some practitioners will concentrate their efforts primarily in one arena more than another, all social workers encounter situations in which macro-level interventions are the appropriate response to a need or a problem. Therefore, we define *macro practice* as *professionally guided intervention(s) designed to bring about change in organizational, community, and/or policy arenas*.

This book is not designed to prepare practitioners for full-time agency administration, program planning, community organizing, or policy analysis positions. Social workers who assume full-time macro roles will need a more advanced understanding than this text provides. Nor is this a book on how to specialize in macro practice. Instead, it is designed to provide basic knowledge and skills on aspects of macro practice in which competent social work practitioners will need to engage at some time in their professional careers.

Experiences of Former Students

No matter what roles our former students assume after graduation, they are all involved in macro activities. Therefore, in preparation for each revision of this book, we talk with former students who are now practicing social workers, some of whom work directly with clients and some of whom are coordinators, planners, managers, administrators, organizers, and policy analysts in the United States and in other parts of the world. We also save emails from former students who keep us up-to-date and pose questions to us. We then include comments that illustrate the differences between students' expectations of social work practice and their actual experiences once they are working in the field.

For example, a social worker employed by a community-based agency on an American Indian reservation shared these thoughts: "Culture is so important to the work we do. I constantly have to ask indigenous people for advice so that I do not make assumptions about the people with whom I work. The concept of community and what it means to this tribe, even the value of the land as a part of their tradition, is so crucial. It is much more complex than I had assumed when I was in school." In her position, this social worker has come to appreciate what we taught about the false dichotomy between micro and macro social work. Although she works directly with tribal members, she is constantly assessing their environment, asking for advice, and recognizing the cultural context in which all her actions are embedded.

Another former student reinforced the importance of community. "The thing that has surprised me is how much I need to know about the community—people's values, where funding comes from, how to assess community needs. Even though I do direct practice, I am constantly pulled onto task forces and committees that have to deal with the broader community issues." This practitioner contacted us to share how the use of geographic information systems (GIS) was becoming critically important in her agency. She had learned to use GIS to locate pockets of need within the community, and she had used her findings to convince decision makers to re-target their programming to persons in greatest need.

One of our graduates, who decided to try a new location, sent an email from Australia where she, too, was recognizing the complexity of culture. She wrote, "I got a job as a family counselor in the Northern Territory here and it's way out in the bush, as they call it. If you're wondering how remote it is, look it up on the Web. My main job duties are to work with Aboriginal youth and families, especially those who have been affected by past government policies of assimilation by government officers who took Aboriginal or part Aboriginal people from their homes and placed them with white families or institutions simply because of their race. They call this population of people 'The Stolen Generation.' It's clinical-type work, but I'm in a new community-based organization, and we are desperate for books and reading materials on grant writing and fundraising. Can you help?" It is not unusual to receive emails similar to this one as practitioners suddenly recognize the importance of having skills in locating and accessing resources to keep human service programs operating.

These social workers focus heavily on local community concerns; others find themselves in policy-making arenas. One graduate sent the following email: "You were so right about the importance of having excellent writing skills and knowing how to persuade diverse audiences! I'm now a court program specialist in the State Supreme Court and I am amazed at how I have to constantly target various groups that I want to bring on board in assisting persons with disabilities. Sometimes I have to meet face-to-face first and do a lot of interpersonal convincing, but others want a legislative brief prepared before they will even see me. I am learning to be technologically savvy too. You would be amazed at how I can track legislation on-line and how I can mobilize constituencies through electronic advocacy networks. Those policy analysis and technological skills are coming in handy."

A graduate who secured a position in a county department of social service reported the following: "I'm hoping I'll eventually have enough wiggle room to go from child and adult protective services to the welfare-to-work area, which is my main interest. I think the political system is primarily involved in major policy issues and not implementation. They passed legislation and then expected the state and local delivery systems to implement the policy decision. I think on a micro level, legislators are concerned about the delivery of services to constituents, particularly if they receive a call. At the macro level, I am not as sure that there is a commitment to customer satisfaction. I believe more often that social services are viewed as a social control program. Do I sound cynical?" This practitioner recognizes how policy intent is often hard to implement in agencies and communities.

The realization that policy intent means little unless that policy can be implemented is an ongoing theme we hear from practitioners. One former student, now working as a hospice social worker, wrote, "With all of this talk about outcome-based measurement and evidence-based practice, I am having a hard time connecting the dots. All of my clients die, and if they don't, we have to discharge them from our program because they have lived more than their allotted six months. Ironic, isn't it? Policy demands that we discharge them, and then without the services we provide, you can rest assured that they will decline. I suppose a good intermediate outcome for our program is one in which patients steadily decline because if they get better, we can't serve them any more. To add insult to injury, it's hard to measure our ultimate outcomes when everyone eventually dies. I suppose that a 'good death' is our outcome, but how do you measure that concept? Would you like to help me with program evaluation here? It seemed a lot easier when we talked about it in class."

One of our former students, originally from Nigeria, returned to her country of origin to establish a mission house designed to improve the welfare of elders. She wrote, “From our preliminary studies here, poverty and health-related problems are the two most prevalent issues for elders. Then, add widowhood and you’ll have a grim picture. There are cases of neglect arising primarily from the economic situations of family members. It is a case of being able to share what you have. If you have no food to eat, you cannot offer another person food. This is what we are trying to address in our programs here.”

Compare this to what the former director of a social services unit in a U.S. hospital told us about elder care: “I have been here long enough to see the advent of diagnostic-related categories. This is the Medicare system’s way of making sure older patients are discharged efficiently, and if they are not, the hospital has to pick up the tab.” She went on to explain how social workers in health care are struggling to understand their roles, which are often limited by the services for which funding sources will authorize reimbursement. Understanding the way in which health-care organizations are changing, diversifying, and turning outward to the community has become critical for social workers who are encountering other professionals in roles similar to their own. As social work departments in health care and other organizations are decentralized into cost centers, social workers must understand why these administrative decisions are being made and find ways to influence future decision making. Many of these social workers entered health-care systems with the idea of providing counseling, but what they are doing is advocacy, solution-focused and crisis intervention, case management, and discharge planning. They are also encountering technological challenges in accessing and using large information systems.

Another student had this to say: “What makes this profession worthwhile for me is that there is a core of very committed people who really live up to the ideals of the profession. They’re very talented people who could make a lot more money elsewhere, but they believe in what they’re doing, and it’s always a pleasure to work with them. Our biggest frustration has been that there are so many people (like state legislators, for example) who wield so much power over this profession but have no understanding of what social problems and human needs are all about. Even though professionals may have spent the better part of their careers trying to understand how to deal with people in need, their opinions and perspectives are often not accepted or respected by decision makers.”

The clinical director of a private for-profit adoption agency added this view: “Unlike a lot of social workers, I work in a for-profit agency, and business considerations always have to be factored into our decisions. We have a fairly small operation, and I think the agency director is responsive to my concerns about how clients are treated, but I’ve still had to get used to the tension that can arise between making a profit and serving clients.”

On a final note, a direct-practice student who graduated made this statement: “My education in social work taught me how little I know. I feel as if I have just scratched the surface. Learning is a long ongoing process. I work in a head injury center and what I learned from having had exposure to macro-practice roles is that you have to know the organization in which you work, particularly the philosophy behind what happens there. This is more important than I ever imagined.”

These quotations tell a number of stories. First, the issues facing social workers in their daily practice are not limited to client problems. If social workers are to be effective in serving their clients, many problems must be recognized and addressed at the agency, community, and policy levels. Some of

these problems require changing the nature of services, programs, or policies. Most require an understanding of funding issues and the complications caused by the economic recession since 2008. In social service programs, at least for now, social workers cannot look forward to additional funding or increased staff, but rather need to find ways to provide and hopefully even improve services with the same or fewer resources. Second, skills learned in classroom settings become critically important to practice success, whether they are writing, interpersonal, assessment, evaluation, or other skills. Finally, practitioners continue to learn as they move into their respective places of employment, often surprising themselves with their insights about policy intent, the use of technology, and knowing how to ask the right questions. We thank our former students for helping us illustrate the use of macro-practice skills across settings and arenas, and the importance of macro practice to the profession.

WHAT IS MACRO PRACTICE?

As defined earlier, macro practice is professionally guided intervention designed to bring about change in organizational, community, and policy arenas. Macro practice, as all social work practice, draws from theoretical foundations while simultaneously contributing to the development of new theory. Macro practice is based on any of a number of practice approaches, and it operates within the boundaries of professional values and ethics. In today's world, macro practice is rarely the domain of one profession. Rather, it involves the skills of many disciplines and professionals in interaction.

Macro activities go beyond individual interventions but are often based on needs, problems, issues, and concerns identified in the course of working one-to-one with service recipients. There are different ways to conceptualize the arenas in which macro social work practice occurs. Rothman, Erlich, and Tropman (2008) identify three arenas of intervention: communities, organizations, and small groups. We have selected communities and organizations as the arenas on which the majority of this text will focus, folding small group work in as a critical part of most interventions in both communities and organizations. *Small groups* are seen as collections of people who collaborate on tasks that move toward agreed-upon changes. It is our contention that small groups are often the nucleus around which change strategies are developed in both communities and organizations, and they are therefore more logically conceptualized as part of the strategy or medium for change rather than the focus of change.

Other writers focus on the policy context in which macro intervention occurs (Gilbert & Terrell, 2010; Jansson, 2011; Karger & Stoesz, 2009). The policy arena is well articulated in other social work textbooks that complement the content here (e.g., Cummins, Byers, & Pedrick, 2011). Organizational and community arenas are deeply embedded in political systems, which are typically the starting points for development of social policies. Although the creation and analysis of these policies is not our main focus, an understanding of how ideologies and values are manifested in local, state, and national politics is fundamental to macro change.

Locus of Involvement in Social Work Practice

Social work practice is broadly defined and allows for both micro (individual, domestic unit, or group) and macro interventions (organization, community, or policy). See Box 1.1. Social workers who undertake macro interventions

Box 1.1 Locus of Intervention	
Locus	Primary Focus of Intervention
Micro	Individuals Domestic Unit Small Groups
Macro	Organizations Communities Policy

will often be engaged in what is called “policy practice” (Jansson, 2011) because policy change is so integral to what happens in organizations and communities. Given this division of labor, some professional roles require that the social worker be involved full time in macro practice. These professional roles are often referred to by such titles as planner, policy analyst, program coordinator, community organizer, manager, and administrator.

The micro service worker or clinical social worker also bears responsibility for initiating change in organizations and communities. Workers in micro-level roles are often the first to recognize patterns indicating the need for change. If one or two persons present a particular problem, a logical response is to deal with them as individuals. However, as more individuals present the same situation, it may become evident that something is awry in the systems with which these clients are interacting. The social worker must then assume the responsibility for identifying the system(s) in need of change and the type of change needed. The nature of the system(s) in need of change and the type of change needed may lead to communitywide intervention or intervention in a single organization.

Suppose, for example, the staff in a senior center discover that a number of elders in the community are, because of self-neglect, socially isolated and possibly malnourished. A caseworker could follow up on each person, one at a time, in an attempt to provide outreach and needed services. But this could take a long time and produce hit-or-miss results. An alternative would be to deal with the problem from a macro perspective—to invest time in organizing agency and community resources to identify older people who need the senior center’s services and to ensure that services are provided through a combination of staff and volunteer efforts.

This may seem like a complex undertaking for someone who came into social work expecting to work with people one at a time. Although it is true that macro-level interventions can be complicated, we will attempt to provide a somewhat systematic approach that attempts to make such efforts more manageable. Remember, too, that these interventions are typically accomplished with the help of others, not alone.

A Systematic Approach to Macro Social Work Practice

Figure 1.1 illustrates an approach that can be used by social workers to identify, study, and analyze the need for change and to begin formulating solutions. Initial awareness that a problem exists may occur in a variety of ways. It might be brought to a social worker’s attention by a client. A group of residents

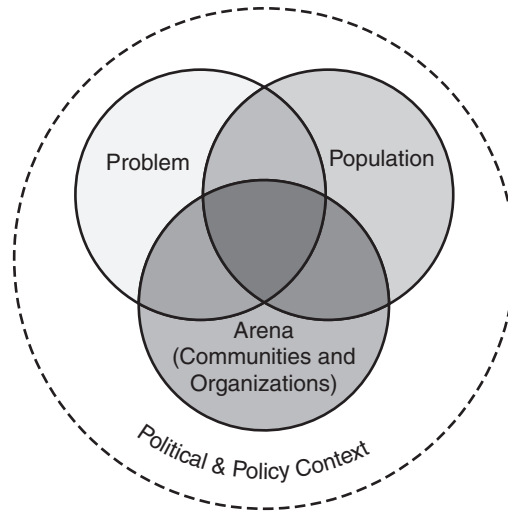


Figure 1.1

Macro Practice Conceptual Framework: Understanding Problem, Population, and Arena

within a neighborhood may present issues and concerns that need to be addressed. Issues in the workplace, such as the quality of service to clients, may surface and require organized intervention. Community problems may be so glaring that the need for change comes from many different directions. Regardless of how social workers identify change opportunities, they function in a political environment that cannot be ignored.

The three overlapping circles in Figure 1.1 illustrate the focal points of the social worker's efforts in undertaking a macro-level change episode. We will refer to these focal points as (1) problem, (2) population, and (3) arena.

Good social work practice requires understanding. To engage in macro practice to help a client who is addicted to alcohol, for example, the social worker must understand the problem (alcoholism), the background of the person addicted, the population (e.g., elderly, retired males), and the arena (community or organization) within which the problem occurs. Understanding communities and organizations adds a dimension of complexity to social work practice, but this understanding is a critical precursor to successful macro-level intervention.

In the course of developing an understanding of problem, population, and arena, the social worker will inevitably focus on the areas of overlap depicted in Figure 1.1. Continuing with the example of alcoholism among elderly, retired males, it would be important to review theory about how alcohol addiction develops, research reports from studies testing various interventions, and literature on the target population. As the change agent builds a body of knowledge about the problem and population, it becomes especially important to focus on the overlap between the two areas: alcoholism and its unique impact on elderly, retired males.

It is likewise important to understand how the phenomenon of alcoholism affects the local community (the overlap between problem and arena), and to what extent the needs of the population of elderly, retired males are understood and addressed in the local community (overlap between population and arena). Ultimately, in an episode of macro practice, the objective is to work toward an understanding of the area where all three circles overlap (alcoholism and its impact on elderly, retired males in a given neighborhood or town).



Policy Practice

Critical Thinking Question:

What are some strengths of micro practice that also help address complex problems in macro practice?

As the social worker and other change agents study the situation, they will gain at least some level of understanding of (1) basic concepts and issues surrounding alcoholism, (2) elderly, retired males, (3) the local community and/or relevant organizations, (4) alcoholism as it affects elderly, retired males, (5) alcoholism and how it is addressed in the local community, (6) how the needs of elderly, retired males are addressed in the local community, (7) available interventions and their applicability to both the population and community of interest, and finally, (8) the problem and needs of elderly, retired males in the local community who are addicted to alcohol.

Social and community problems and needs must also be addressed within a larger context that affects the problem, the population, and the community or organization. Dealing with social and community problems and needs effectively requires an awareness of the political environment within which the change episode will be undertaken. For these reasons, we have placed the three circles (problem, population, and arena) within a large dotted outer circle intended to depict the political environment. The importance of and the need for understanding the political and policy contexts within which macro-practice tasks take place cannot be overemphasized.

The Interrelationship of Micro and Macro Social Work Practice

Given the complexity of macro interventions, practitioners may begin to feel overwhelmed. Is it not enough to do good direct practice or clinical work? Is it not enough to listen to a client and offer options? Our answer is that professional practice focusing only on an individual's intrapsychic concerns does not fit the definition of social work. Being a social worker requires seeing the client as part of multiple, overlapping systems that comprise the person's social and physical environment. The profession of social work is committed to seeking social and economic justice in concert with vulnerable and underserved populations, and macro-practice skills are necessary in confronting these inequalities. For example, consider a woman reported for child neglect who lives in a run-down home with structural problems her landlord refuses to fix. A clinical intervention designed to strengthen her emotional coping skills might be useful, but that intervention alone would ignore the depth of the problem facing her. Social workers unwilling to engage in some macro-practice types of activities when the need arises are not practicing social work.

Similarly, social workers who carry out episodes of macro practice must understand what is involved in the provision of direct services to clients at the individual, domestic unit, or group level. Without this understanding, macro practice may occur without an adequate grounding in understanding client problems and needs. One example might be a social worker who conducts a community crime prevention campaign to combat high rates of petty theft in a neighborhood, unaware that most such acts are the work of a relatively small number of residents desperately in need of drug-abuse intervention. The interconnectedness of micro and macro roles is the heart of social work practice. In short, it is as important for social workers to understand the nature of individual and group interventions as it is to understand the nature of organizational, community, and policy change.

Because we believe that all social workers are professional change agents, we use the terms *social worker*, *professional*, and *change agent* interchangeably

The interconnectedness of micro and macro roles is the heart of social work practice.

throughout this book. Social workers are always change agents because they are constantly identifying changes needed to make systems more responsive or sensitive to target populations. Indeed, change is so much a part of social work practice that one cannot separate the two. Other professionals may also see themselves as change agents, and it is important for the contemporary macro practitioner to collaborate and partner with those from other disciplines so that the knowledge of diverse fields can be used in planning effective change. *Professional* implies identification with a set of values that places the interests of the client first; a professional relies on knowledge, judgment, and skill to act on those values. Later in this chapter, we discuss the meaning of the professional values that unite social workers across roles, arenas, and areas of specialization.

THE FOUNDATION OF MACRO PRACTICE

Understanding the professional mission of social work that integrates micro and macro interventions and respects the practitioners who perform those roles is essential to recognizing why macro practice is important. Essentially, social workers have a mission to join the strengths of doing “both/and,” being able to intervene with an individual service recipient and then skillfully moving into a larger system intervention that will make a difference in the lives of multiple individuals.

Similarly, the person-is-political perspective underscores the belief that individuals cannot be viewed separate from the larger society. The actions—or lack of actions—of individuals influence those around them and may have broad implications for others within an organization or a community. Thus, micro and macro roles are interconnected.

For those social workers committed to bringing about positive change not only for individual clients but for whole neighborhoods, organizations, and communities, the question becomes: How is it possible to meet all the expectations of a job and still be involved with larger issues?

In Chapters 3 through 11 of this book we will attempt to present the building blocks of a planned change model that makes it both possible and manageable to carry out episodes of change. Before we focus on a change model, it is necessary to develop a foundation for macro practice. That foundation is based on an understanding of the relevance of theories, models, and approaches; values and ethics; roles and expectations of a professional; and the historical roots of macro practice. In the remainder of this chapter we will introduce theories and models, values and ethical dilemmas, and professional identity. Chapter 2 will be devoted to a review of the history of macro practice in social work.

Theories, Models, and Approaches

Theories are sets of interrelated concepts and constructs that provide a framework for understanding how and why something does or does not work. *Models* are prescriptions based on theories that provide guidance and direction for the practitioner, whereas *approaches* are less prescribed. In other words, theories provide the tools for thinking about a problem or need, whereas models and approaches provide guidelines for action and intervention. In this book we develop a practice model of planned change that is fairly prescriptive and derives from systems theory. At the individual level,

for example, theories provide explanations about the causes of various types of mental disorders, and practice models arising from these theories suggest ways of helping people affected by the disorders. On a larger scale, sociological theories may describe how communities, organizations, or societies function. A *practice model* for initiating change in communities and organizations (such as the planned change model presented in this book) illustrates how these theories can lead to specific actions.

One theory that seems to have considerable relevance at both the micro and macro levels is systems theory. Systems theory contends that there are multiple parts of any entity, whether it is a group, an organization, or a community. Entities can be best understood as systems with interconnecting components, and certain common principles help in understanding systems, whether they are as large as an international corporation or as small as a family. There are resources the system needs in order to function and they may come in the form of people, equipment, funding, knowledge, legitimacy, or a host of other forms. These resources interact within the system, producing something that becomes the system's product.

Consider a human service agency that targets gay and lesbian youth. The volunteers and staff, funding from various sources, teachers from local schools, concerned parents, and the youth themselves may all come together within this human service setting. Their relationships and interactions will determine whether the organization functions as a system or merely as a disparate assortment of parts. Functional systems have a dynamic interaction among components that holds them together. The interaction that holds this human service agency together may be the communication that occurs as teachers, parents, and youth come together; their bonding over an important cause; their shared commitment to the mission; and the desire to create a safer, more supportive environment for the youth. Systems expect conflict and have ways to cope when it occurs. For an agency dedicated to gay and lesbian youth, there will be strong community forces that do not agree with what the agency is doing, that seek to provide different interventions, and that even want to change the youth. Depending on the level of conflict, the system may have boundaries that are fairly rigid in order to protect itself from external forces. The product of this system would be youth who are better able to function in the larger environment and who have a sense of who they are.

Community researcher Roland Warren (1978) provided a good example of how systems theory can be applied to understanding communities. He built on the work of Talcott Parsons, a sociologist known for defining the characteristics of social systems. He also incorporated the work of others who described how community systems would differ from the groups and formal organizations to which systems theory had previously been applied.

Warren saw the community as not just one system but a system of systems in which all types of formal and informal groups and individuals interact. Given the diversity among groups and subgroups, communities have a broad range of structural and functional possibilities that do not conform to a centralized goal. The beauty of a community system is that it is a complex arena in which multiple groups and organizations with differing values may exist simultaneously.

Warren's contention that a system endures through time speaks to social work practitioners who work with groups committed to maintaining their communities and are grieving over the loss of what their communities used to be. For example, the physical land and the interactions that occurred on that

land may render it sacred to Native American People. Similarly, an elderly widow who has lived on the same street corner for 60 years may hesitate to move even when increasing crime threatens her physical safety.

In an organizational arena, a systems approach reveals the complexity involved in recognizing multiple groups (e.g., professional staff, clerical staff, management, administration, board, clients, funding sources, neighbors, and others in the community) that have a stake in what that organization does and whom it serves. This theoretical perspective reminds the practitioner that organizations are complex systems embedded in larger community systems, all of which are interacting on a daily basis.

Warren also identifies the structure of internal and external patterns, which he labels *vertical* and *horizontal community linkages*. Vertical linkages connect community units (people, groups, organizations) to units outside the community. These linkages are exemplified by a human service agency with its headquarters in a different community that uses Skype to see its members face-to-face, by local chapters virtually connected through shared information systems with state and national umbrella organizations, and by public agencies having a central office external to the community from which they receive instruction. The concept of *vertical community* calls attention to the fact that many important decisions may be made by parent organizations outside the boundaries of the local community, and these decisions may or may not be in the best interests of the community. The *horizontal community* is geographically bounded and is represented by many linkages between and among organizations and neighborhoods that are located within the area, and, in most cases, serve the community. For example, the local nursing home may work with the neighborhood school to develop an intergenerational program for residents and children. This effort may also include a local bookstore that provides children's books, a bus driver who provides transportation, and a staff member from the local multigenerational center. These types of collaborative efforts, which are becoming increasingly common, illustrate the importance of the horizontal community as a concept. By distinguishing between types of relationships, Warren acknowledged the complex array of possible relationships within the community and with the larger society.

Boundary maintenance is also part of systems theory. Establishing boundaries is critical to system survival. If boundaries become blurred or indistinguishable, the community as a spatial set of relationships or the organization as a distinct entity may become less viable. For example, as congregations in local communities contract with government agencies to provide services to persons in need, the boundaries between what is an agency and a ministry may blur. Moreover, boundaries between long-established, faith-related, non-profit organizations and congregations within the same faith may begin to overlap in unanticipated ways. Macro practitioners will witness the struggle for boundary maintenance in their work with communities and organizations. For instance, residents in a neighborhood that has just altered school attendance boundaries may face major changes in how they view their community. The annexation of previously unincorporated areas into the city limits may bring protesters to city hall. The reconfiguration of a planning and service area that alters agency's boundaries may mean that clients formerly considered part of one's community will no longer be eligible for service.

Thus, systems theory recognizes the importance of formal groups and organizations. For example, in dealing with child maltreatment, child protective service workers, law-enforcement officers, hospital emergency staff, teachers,

public prosecutors, and others combine their efforts within a horizontal community to ensure that vulnerable children receive the highest levels of protection possible. However, it is equally important to recognize and acknowledge “informal linkages.” For example, the social support that a female caregiver of an aged parent receives from other caregivers may not be formalized or highly visible in the community. Yet this linkage is vital to whether caregivers will be able to continue the caregiving role. Therefore, systems thinking is value-based thinking; what is selected for consideration will determine what is considered important. Because communities are complex, thinking of them as social systems involves balancing a number of variables that are in dynamic interaction.

Systems theory provides a set of assumptions that guide the planned change model in this book. It is important to note that there are multiple approaches to systems theory, some more open to change than others. We assume that social workers will encounter systems of every kind. Some organizations and communities will be more amenable to change than others, some will be more closed, and others will be more open to conflict. Being able to assess these arenas and their openness to change is central to the planned change process.

Underlying the planned change process is recognition of the values and ethical dilemmas that occur in macro practice. We now turn to those.

Values and Ethical Dilemmas

Values, which we define as those norms and principles that many or most members of a social system perceive to be important, are fundamental to social work practice. In some ways, values are similar to theories—they provide a framework for understanding and analyzing situations. Ethics are similar to models—they provide guidelines for practice. One can feel strongly about something, but acting on that feeling involves ethical behavior, which is the operationalization of that value.

Because codes of ethics serve as guidelines for professional practice, it is imperative that students know the content and limitations of written codes. For example, principle values in the National Association of Social Workers (NASW) Code of Ethics include service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence. The NASW Code of Ethics is intended to introduce a perspective that drives practitioners’ thinking, establishes criteria for selecting goals, and influences how information is interpreted and understood. Regardless of which role the social worker plays—program coordinator, community organizer, political lobbyist, or direct practitioner—these professional actions are not value free.

Social work practice often presents *ethical dilemmas*, which can be defined as situations that necessitate a choice between competing but equally important values. For example, a social worker who values a child’s right to a safe and secure environment must also value the parents’ rights to have a say in their child’s future. The public housing administrator who values the freedom of a disruptive resident to play loud music at top volume must also respect those in the building who value peace and quiet. Dilemmas are inherent in both situations. A choice between equally important values may have to be made when there are no easy or obviously “right or wrong” solutions.

Reamer (1995) notes that although social workers’ views of values and ethics have matured, it would have been difficult in the profession’s early years to predict the types of dilemmas contemporary society poses. For example,

practitioners may deal with clients who are child molesters, spouse abusers, drug dealers who sell to children, people who commit hate crimes, and a host of other persons who act on values antithetical to those of the profession. Fortunately, the field of professional and applied ethics in social work emerged during the 1970s, and today there is energetic dialogue and a growing literature addressing the complex values issues that arise in social work practice (Reamer, 1995, 1998).

The NASW Code of Ethics lists six core values on which the ethical principles of social work are based: service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence. Realizing that many values have relevance to macro practice, we focus on the six from the NASW Code to illustrate ethical dilemmas that social workers face.

Service

Social workers are often simultaneously engaged in both direct and indirect practice, actions intended to help people in need and to address the social problems they face. Closely related to service is the concept of beneficence, which is based on the desire to do good for others, as well as not doing harm. Persons entering the field of social work will often say that they want to help others. This value is typically a primary motivator for those professionals who work in health and human service settings, reflecting their desire to find ways to serve others in making life more meaningful.

Beneficence requires that the professional view clients holistically. Jansson (2011) uses examples of a physician who treats a woman's presenting medical problem but does not consider her inability to afford a healthy diet, or a reputable attorney who assists with a divorce but does not consider the financial implications for the divorcee. Beneficence requires that the physician recognizes the woman's broader needs and refers her to a food bank or Meals on Wheels program, or that the attorney refer the client to a financial counselor.

Thus, beneficence means that all professionals must consider a client's multiple needs. This is particularly important for social workers, who are expected to bring a person-in-environment perspective to all their service interactions with clients. If social workers fail to perceive clients' broader needs, they have neglected the principle of beneficence and the call to be of service.

Social Justice

Ideally, social justice is achieved when there is a fair distribution of society's resources and benefits so that every individual receives a deserved portion. Social work is in the business of distributing and redistributing resources, whether they are as tangible as money and jobs or as intangible as self-efficacy or a sense of self-worth. Underlying the distribution of resources in society are value considerations that influence the enactment of laws, the enforcement of regulations, and the frameworks used in making policy decisions. Jansson (2011) points out that social justice is based on equality. With the many entrenched interests one encounters in local communities, it is likely that social workers will focus their efforts on oppressed target population groups and will always be discovering new inequalities. Since so many groups face problems related to having enough financial resources, social workers often extend the principle to include economic justice, often focusing on social and economic justice concerns.

Concerns about social and economic justice are exacerbated when clients cannot pay for services. As long as clients can pay, professional decision making may not conflict with the larger society because resources do not have to



Human Rights & Justice

Critical Thinking Question:
Can you address issues of social justice and inequality without engaging in macro practice? Why or why not?

be redistributed. Conceivably, as long as clients can pay for professional services, professions can operate within the market economy. Private practice and fee-for-service agencies conform to this approach. Quality care is exchanged for economic resources, often in the form of third-party payments. The key to this approach is that the client has insurance coverage or access to sufficient personal funds.

This approach breaks down, however, when clients cannot pay. Many social work clients are in problematic circumstances because their income is inadequate to meet their needs and other resources are not available. Patients with AIDS may find themselves unable to pay for care at the same time that their needs increase because they are fired from jobs when news about their disease becomes known. An older woman could avoid institutional care by hiring an in-home caregiver, but despite having considerable lifetime savings, medical expenses from her husband's terminal illness have left her with too few funds to meet her own needs. A youth who has grown up in poverty knows exactly what it means when the model breaks down. For that youth, a broken model has been a way of life, and she or he has no reason to strive for a better standard of living.

Health and human service systems are driven by considerations of whether resources are available to pay for (or subsidize) the services clients need. If resources are not available, the patient with AIDS and the older woman may be forced to expend all their own resources before ending up in public institutions, and the youth may continue in a cycle of insufficient education, housing, health care, and job opportunities. In this resource-driven system, social workers may have difficulty maintaining a vision of the compassionate community in which mutual support is provided to all those in need. These dilemmas face social workers because the profession is enmeshed in issues of redistribution.

Dignity and Worth of the Person

Often called self-determination or autonomy, valuing the dignity and worth of each person means respecting and honoring the right of that person to make his or her own life choices. Concepts such as empowerment are built on the value of dignity and worth, implying that power or control over one's life means seizing the opportunity to make one's own decisions. As an example, the pro-choice proponents in the abortion controversy advocate for autonomy, a woman's right to choose. This stance conflicts with a number of religious codes arguing the immorality of abortion and stating that the right of the unborn child must be considered as well. Although autonomy may be perceived as individualistic and therefore more relevant to direct practice situations, one has only to be involved in the heated debate over abortion to realize the ethical dilemma involved in situations where the autonomy of both parties cannot be equally respected.

Importance of Human Relationships

Although it may be more time consuming and take more energy to include clients in change processes, the NASW Code of Ethics is a reminder that the dignity and worth of the person and the importance of human relationships are core social work values. This means continually finding new and meaningful ways to facilitate consumer as well as citizen participation in organizational and community arenas. Nurturing relationships is an ongoing and necessary challenge for the dedicated professional.

In macro-change opportunities the challenge is to include multiple stakeholders who may be both consumers and collaborators in the process. This challenge is grounded in the importance of human relationships, even when people do not agree. Technological advances help facilitate communication, particularly in mobilizing clients and providers to work toward a cause. Knowing how to engage clients and others in one's change efforts is critically important, and drawing from the evidence-based intervention literature is expected of the macro practitioner (see, e.g., Itzhaky & Bustin, 2005) so that useful strategies are identified to engage multiple constituencies in change opportunities. In addition, community information systems (CINS) are increasingly important tools for engaging others in training, evaluation, and efforts in interorganizational and community arenas (see, e.g., Hillier, Wernecke, & McKelvey, 2005). As new technological venues emerge, it will be necessary for the practitioner to keep up-to-date so that these tools can be used to communicate with and sustain the central importance of strong relationships with various constituencies.

Integrity

Integrity is based on trustworthiness. This principle implies that one's associates (e.g., colleagues, clients, and community groups) should be able to expect consistency in one's thinking and acting. Integrity gets to the character of the person. Professional integrity means that those persons who call themselves professionals will remember that the center of their practice is always the client. Social work is only one of many helping professions, but its unique contribution is to serve as a constant reminder that people are multidimensional and that they must be viewed in the context of their environments.

In professional practice, integrity means that one does not simply do what one would like to do, but fits problems to solutions based on thorough analysis. Defining the problem to be changed requires integrating what clients have to say with what is known from scholarly research and practice results. This analytical process is dynamic and interactive, often causing the change agent to reframe the original problem statement. The process is also iterative, meaning that new information constantly requires rethinking. However, once the problem statement is agreed on, social workers must ascertain that their interventions have integrity in relation to the problem at hand. Interventions often require a creative imagination that goes beyond traditional approaches and that seek more fundamental change. Thus, it is hoped that the social worker will be imaginative, will think critically, and will use his or her best judgment as a professional in the process of planned change.

Professional integrity means that those persons who call themselves professionals will remember that the center of their practice is always the client.

Competence

Professional social workers are expected to be informed and the macro practitioner will approach the need for change with an understanding and expectation that decisions will be based on as complete a set of data and information as time and resources allow. We recognize that there are multiple ways to regard systems, and it is important to carefully assess each arena in which social workers plan to carry out an episode of change. Competence implies that informed decision making is pursued in a systematic and scholarly manner, utilizing the best available theoretical, research-based, and practice-based knowledge. This approach, sometimes called Evidence-Based Practice (EBP), "requires an adequate knowledge base about the efficacy of interventions for selected client populations and problems" (Jenson, 2005, p. 132). The approach applies to whatever

level of intervention the practitioner is addressing, whether individual, group, organization, or community.

In addition, systems theory that informs the planned change model implies that there will be goals and outcomes, both of which are important steps in the planned change process. Our model of planned change assumes that there will be broadly defined goals to guide practitioners' efforts. Goals are usually long term and sometimes idealistic. However, goals provide a vision shared by clients and colleagues—a hope of what can be—and they assist the practitioner in maintaining a focus. The identification of these goals should be based on the best knowledge available.

From goals, we assume there will be outcomes defined as quality-of-life changes in clients' lives, based on the interventions planned by practitioners. Much of the history of social work practice has been focused on process—what the social worker does. Interventions of the future will be driven by outcomes—what change is expected to be achieved by and for the target population as a result of this change effort. Balancing the importance of process and the push for accountability through outcome measurement is part of competent, contemporary practice. It is also key to planned change intervention. Together, goals and outcomes are based on the best available evidence, guided by as complete as possible an understanding of the systems in which change will occur.

During the socialization process of preparing for professional social work practice, each person will have to determine how her or his personal values relate to the professional values being learned. Integrating one's personal and professional values is a part of professional identification, and leads to what Sullivan (2005) and others say about professions as communities of identity in which colleagues come together to work toward the civic good. Embracing that identity and approaching one's practice with integrity and competence will contribute to one's ability to join with others in pursuing the values of the profession.

Balancing the values of services, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence demands an analytical approach to decision making and intervention. Inevitably, the macro practitioner will face ethical dilemmas that go beyond the bounds of the Code of Ethics. This requires that he or she have a strong professional identity. We now turn to three case examples that illustrate the dilemmas often encountered by social work practitioners.

THREE CASE EXAMPLES

Some of the aspects of social work macro practice that need to be understood by the student and the beginning practitioner can be illustrated by case examples. We selected the following examples because they contain similar themes but focus on different target population groups: children, elders and disabled persons, and persons who are homeless. As these cases and the workers' thoughts are presented, we encourage the reader to think about how macro-level change might be approached by beginning with a study of the *problem*, the *population*, and the *arena* within which change might take place. We also hope that these examples will illustrate both the systemic nature of social work macro practice and the types of value dilemmas confronting social workers.

Case Example 1 Child Protective Services

Child protective services (CPS) workers have responsibility for dealing with the abuse and neglect of children. When reports of alleged abuse or neglect come to the unit, the CPS worker is responsible for investigating the report and making decisions about the disposition of the case. It is a very demanding and emotionally draining area of specialization within the field of social work. One CPS worker several years ago took the time to record the details of a particular case, and also shared with us a list of dilemmas and contradictions he had encountered over the years, in the interest of helping new workers prepare for what they will face as they enter practice.

Friday, 10:40 A.M. Supervisor text messaged me about a report of neglect. She felt it should be checked out today because it sounded too serious to be left until after the weekend (as agency rules allow with some neglect allegations). According to the neighbor's report, parents have abandoned three minor children.

11:10 A.M. Got in my car and headed for the address on the intake form. I know the neighborhood well. It is the poorest in the city and unsafe at night. A high percentage of families receive some kind of assistance. Homes are run down, streets are littered, and any sense of pride in the community has long been abandoned.

11:40 A.M. The house at the address given is among the most run down in a seriously deteriorating neighborhood. The house has no front steps—just a cinder block placed in front of the door. Window casings are rotting out for lack of paint. There is no doorbell. I knocked. There was rustling inside, but no answer. I waited and knocked again. I walked around and peered through a window and saw a small child, about 3 years old I guessed, curled up in a chair. An older girl, about age 8 or 9, peeked out from behind a doorway.

I remembered that the oldest child was named Cindy, so I called out to her. After a bit of conversation I persuaded her to let me in. I quickly recognized that this would not be an ordinary case. A foul smell hit me so hard it made my eyes water. I used a tissue to filter the air. The worst odors were coming from the bathroom and kitchen. The water had evidently been shut off—toilets were not working and garbage was piled up. The kitchen was littered with fast-food containers, possibly retrieved from the dumpsters of nearby shops.

There were three very frightened children—Cindy (age 9), Scott (age 6), and Melissa (age 3). None would talk.

12:35 P.M. I made arrangements to transport them to the shelter and went back to the office to do the paperwork.

2:15 P.M. A previous neglect report revealed the following:

Father: Stan, age 27, unemployed, in and out of jail for petty theft, public intoxication, and several other minor offenses. Frequently slept in public parks or homeless shelters. Rarely showed up at home any more. Several police reports of violence against wife and children. Admits paternity for only the oldest child.

Mother: Sarah, age 25. Temporary Aid to Needy Families (TANF) recipient, high school dropout, never employed. Tests performed in connection with one attempt at job training revealed borderline retardation. Child care skills have always been minimal, but there is no previous history of abandonment of children. Whereabouts at this time are unknown.

3:35 P.M. Filed the appropriate forms with agency and the police. Entered field notes into laptop for the record. Children placed at Vista Shelter until a more permanent placement can be arranged. Emailed confirmation of placement to supervisor, copied to shelter staff.

Over the years, as this CPS worker dealt with similar cases, he kept a running list of the kinds of dilemmas, frustrations, and contradictions he and his colleagues regularly faced. These are excerpts from his list:

1. Abused and neglected children are the saddest victims of all. They brought nothing on themselves, yet their chances of success are extremely limited. Success, to a large extent, correlates with a child's ability to perform in school. A child's performance will be hindered by moving from shelter to foster home to home, changing schools, missing many days, lacking consistent parental support and help, having inadequate clothing and diet, lacking in self-esteem, and other barriers. We can predict failure, but we can't seem to do anything to change it. Could a macro-level preventive effort be launched that focuses on success for these children?
2. A disproportionately high percentage of lower socioeconomic status teens get pregnant and drop out of high school, go on welfare, parent poorly, and recycle many of their problems to the next generation. How can we interrupt this pattern? Current programs seem to focus primarily on survival in terms of shelter, food, clothing, and medical care, but do not change the behavior patterns. Can we develop a program to help young women make informed decisions during this highly vulnerable time in their lives and find ways to evaluate whether it works?
3. Lots of people in this wealthy country are worse off than lots of animals in this country. There ought to be minimum standards for food, clothing, housing, and medical care below which no one should be allowed to fall. Governments at all levels claim lack of resources and legislators seem bent on blaming the victims, when it is clearly a matter of priorities. Could we focus attention on this issue by organizing a panel of experts to establish these types of standards for our community and give them maximum publicity?
4. The corporate sector has reaped enormous benefits from our economic system. Gross national product continues to grow and many corporations are moving from a national to an international market. As a sort of a "return" or "payback" for their success, the corporate sector donates a few dollars to charitable organizations. Rarely do they get involved directly in the habilitation or rehabilitation of human beings, even though they control the means to self-sufficiency and success. If all employable people were somehow tied to a job with benefits, the need for income assistance and human services would be greatly reduced. Perhaps a few community-minded business owners would be willing to experiment with "adopting" families by providing employment, training, and scholarships.
5. Bureaucracy has a tendency to become an end in itself. Its manuals become a way of life for many of its employees. People in severe emotional pain bring their needs to our agency and we look up an answer in the manual and quote it to them. Worse yet, we send them to a website to access this information when they don't even have access to a computer. Sometimes all they want is to make contact with a human being, and they are unable to do so in our agency. Can we change this agency to make it more responsive to those it serves even though it is a large bureaucratic organization?

Case Example 2 Case Management with Elderly and Disabled Persons

Case managers work in a variety of public and private settings. They are responsible for screening potential clients, assessing client needs, developing care plans, mobilizing resources to meet identified needs, and monitoring and evaluating services provided. The case manager in this example works for a nonprofit agency in an inner-city neighborhood, where many of her clients have lived all their lives. She is assigned to the home and community-based long-term care unit, and carries a caseload of about 60 elderly and disabled clients. As part of the program evaluation, she was asked to keep a diary of what happened during a typical day. The following are excerpts from her diary.

Wednesday, 7:30 A.M. Arrived early to catch up on email and enter client data from previous day. Organized documents from eight cases, including two new care plans and five medical reports.

8:00–8:10 A.M. Mrs. Garcia, a 79-year-old woman, called. She was distraught over a letter received from the Social Security office, thinking it meant her benefits would be cut off. Explained that it was a form letter, indicating a routine change, not affecting the amount of her check. Knowing that she is often forgetful and has a hearing problem, made a note to make home visit tomorrow to be certain she understands what was said.

8:10–8:30 A.M. Met with Jim from In-Home Support Services. Mr. Thomas, a 93-year-old man, had fallen last night and was in Mercy Hospital. Homemaker had found him when she arrived at 7:00 this morning. He is not expected to live. Homemaker is very upset. Called his daughter and will plan to meet her at hospital later this morning.

8:30–9:30 A.M. Staff meeting regarding 10 clients discharged from City Hospital with inadequate discharge plans. Discussed how to work better with discharge planners from hospital because this situation continues to be a problem. As I left meeting, another case manager told me that my client, Mrs. Hannibal, had refused to let the home health nurse into her apartment.

9:30–9:45 A.M. Called Mrs. Hannibal, no answer. Called the lifeline program to meet me at her apartment.

9:45–10:00 A.M. Drove to Mrs. Hannibal's apartment. No one answered my knock, so got manager to let me in. Mrs. Hannibal had been drinking and was acting paranoid. Threw bottle at me and screamed, "No one is going to get me out of here. I'll never go to a home. I'll die first." Worked with lifeline staff to get Mrs. Hannibal calmed down. She is a 67-year-old widow. She goes in and out of the hospital every two months. Has a severe drinking problem.

10:00–11:00 A.M. Arrived at Mercy Hospital. Met Mr. Thomas's daughter. She was in tears, saying it was all her fault, that if he had been living with her this would have never happened. Talked with her regarding her father's desire to live alone, that this had been his choice. Contacted hospital social worker to work with daughter.

11:15 A.M.–12:00 P.M. Back to office. Entered notes on visits to Mrs. Hannibal and Mr. Thomas into computer. Called two new referrals, faxed documents to hospital, and set up appointments to do assessments tomorrow. Received call from Ms. Roman, age 83. She is lonely and wondered when I would be seeing her. Her partner of 40 years died last week and she is crying. Has no family. Assured her I would come see her on Friday.

12:00–12:30 P.M. Ate lunch with Adult Protective Services (APS) worker. Discussed abusive relationship of Mr. and Mrs. Tan, a couple in their 60s living in public housing. Agreed to work closely with APS regarding this situation.

12:45–2:00 P.M. Conducted in-home assessment for new client, Ms. Johnson. She was released from the hospital yesterday and is receiving home-delivered meals and

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in-home nursing. Small house is a mess, roaches everywhere. Needs chore and housekeeping services, but there's a long waiting list. Called and cajoled volunteers at senior center to help her temporarily. Ms. Johnson was too weak to complete full assessment, will come back tomorrow.

2:30–3:30 P.M. Attended public hearing preceding the planning process for the Area Agency on Aging. Presented written and verbal documentation of problems in working with my caseload. Discussed the need for more flexibility in providing services to disabled clients under age 60. Gave examples of three clients on caseload who are in their 40s and have severe mobility problems.

3:45–4:15 P.M. Stopped by Sunnyside Nursing Home to see Mrs. Martinez. Has been my client for five years and was just admitted to Sunnyside. Doesn't know me and seems confused. Checked with facility social worker regarding what medications she is on and agreed to call physician regarding potential drug interactions. Made note to check with local long-term care ombudsman about any complaints against this facility. Also made mental note to check on Mrs. M's disabled daughter who is still in the home and will need supportive services previously provided by her mother.

4:45–5:15 P.M. Returned to office, found out Mr. Thomas had died. Called his daughter. Tried to call physician about Mrs. Martinez's medications but his nurse would not reveal any information to me because of the privacy act. I could tell she was angry that I would even suggest a medication interaction given my nonmedical background. Received call from home health aide referring client to us. Had to tell her that client did not qualify for our services, but referred her to a for-profit agency in town. Returned a call about assistive technology that might help several clients with disabilities.

5:15–5:30 P.M. Tried to clean up desk and catch a few emails. Decided to stop by and check on Mrs. Garcia on my way home.

Just as the CPS worker had kept a running list of the kinds of dilemmas he faced through the years, the case manager had kept a list of her dilemmas as well. In preparation for the Area Agency on Aging public hearing, she had updated the list in hopes something could be done to address her ongoing frustrations, particularly about persons with disabilities who were not yet 60 years old. Excerpts from her list follow:

1. So many of the older people I see have had problems all their lives. You can almost tell what's going to happen in their old age by what happens to them as they go through life. Drug and alcohol problems only seem to get worse. If someone had intervened when they began having these problems it would have been much easier, because the behavior patterns are set by the time I encounter them. I know people can change at any age, but it seems harder when one is under stress or facing hard times. Is there some way we could organize a prevention effort to prepare middle-aged people for their senior years?
2. Although some of our resources can be used to serve any older person in need, most of our funding is tied to income eligibility. Slots for people who aren't destitute are quickly filled and there is a long waiting list. So clients above the income eligibility level are referred to for-profit agencies or to other nonprofits that have sliding fee scales. The irony is that the ones who have set a little money aside are usually the same ones who get left out in the cold. These "notch group" clients can't afford to pay the full cost of services but fall just above our eligibility guidelines. It seems

- that in our society if you aren't really poor or really rich, you had better hope your health holds out or you'll have nowhere to turn. Couldn't we organize this group to help each other and advocate for their own needs?
3. I'm concerned about our younger clients who have disabilities. So many of the places that claim to have the best interests of these clients at heart are not complying with the Americans with Disabilities Act. Water fountains aren't accessible, elevators are out of order, and ramps are poorly lit at night. I'm constantly reminding people who should know better that these policies are important. The problems caused by noncompliance are very demoralizing to our clients.
 4. Working with Ms. Roman has reminded me how insensitive people are when partners die. I know there is new research on same-sex caregiving and resources on lesbian, gay, bisexual, and transgendered persons, but I haven't had time to fully explore these areas. I just know that when Ms. Roman went to the hospital to see her partner before she died last week, she was not treated as a family member and that her relationship was not respected as it should have been. What do I need to know in order to be more sensitive to diverse caregiving situations? How can I better advocate for my clients who are discriminated against in large systems?
 5. I'm learning some revealing things about case management. Case managers attempt to coordinate what is really a nonsystem of services. If we had a real system we wouldn't need to pay people like me and we could put those resources toward client services. Even our professional organizations have bought into it. The National Association of Social Workers and the National Council on Aging have developed guidelines and standards for case management. There is even a credentialing movement for case management. We are investing a lot in institutionalizing case management when it often just covers up the real problem—that we don't have an accessible service delivery system in place. Until we get agencies in this community to collaborate in establishing a coordinated and accessible system of services, case management efforts will be of limited use. How can I work toward a more integrated system of care?
 6. How does one maintain a client-centered perspective in a cost-obsessive environment? Working closely with health-care organizations has shown me the contrasts between the ideal and the reality of managed care. Ideally, managed care is supposed to view clients as whole people, recognizing that their psychosocial as well as medical needs must be addressed. In reality, many people view managed care simply as a mechanism for containing costs. As a case manager in a managed care environment, it's really hard to explain to higher-ups that case management can be intensive and long term and that it requires balancing advocacy and gatekeeping roles. How can I show administrators the effect that cost decisions have on clients' lives? What kind of documentation can I keep so that decision makers will benefit from what I know about my clients and so that I can adequately advocate for them?
 7. Old people are not a homogeneous group. There are vulnerable subpopulations that get lost when one talks about "the aged." Most clients in my caseload are women who live alone and are often members of oppressed groups. Because many have been oppressed all their lives, they are practically "invisible" now. How do we familiarize policymakers with the unique needs of these clients? How do we persuade them to even care?

Case Example 3 Chronic Homelessness

A social worker was hired by a local nonprofit organization to coordinate the future efforts of key community stakeholders who had been meeting for over a year discussing the problem of chronic homelessness. The stakeholders were originally a part of a state policy academy sponsored by the U.S. Department of Health and Human Services to address the problems associated with homelessness. The policy academies were offered in several states and educated the stakeholders on different facets of homelessness and its potential solutions. The group from the social worker's state had participated in a policy academy on chronic homelessness, or long-term homelessness among individuals with disabilities. In the process, the group had decided to address the problem in a pilot community in the state. Members of the larger stakeholder group had become a steering committee for the pilot project.

The social worker was responsible for developing a *housing first* pilot project in the community. Housing first is an innovation in homeless services that differs from the traditional *treatment first* model. Housing first models assume that homeless individuals need the stability of permanent housing to succeed in services. Treatment first models assume that homeless individuals need services to become ready for housing. Participants in the policy academy had heard compelling evidence that housing first was a promising practice that was reducing chronic homelessness and the costs associated with chronic homelessness in several cities across the country. They had decided to focus their pilot efforts on chronic homelessness among individuals with a severe and persistent mental illness. After creating a steering committee and identifying a nonprofit to house the pilot program, the steering committee identified the social worker as the coordinator for the effort. Excerpts from the social worker's field notes follow.

Tuesday, 7:30 A.M. Arrived at the monthly board meeting of Metropolitan Supportive Housing Corporation (MSHC). The executive director of MSHC had been a member of the state policy academy and was now a member of the housing first steering committee. He had suggested that his organization would be willing to host the community's pilot program to address chronic homelessness. Last month, the board voted to administer the pilot program. In this month's meeting, I was introduced as the coordinator of that effort. I also updated the board on the status of the project since I started three weeks ago. I had spent much of that time reviewing the information that the policy academy members had received and meeting with steering committee members to discuss their goals for the project. I had also spent a significant portion of my first three weeks gathering information from the professional knowledge base on the problem of chronic homelessness and its potential solutions. The board seemed to appreciate my thoroughness, but I could tell that the executive director was ready to move toward action.

8:30–9:00 A.M. Went to my office to check my email and return phone calls. Set up two meetings with case managers at a local clinic for homeless individuals. I want to see how the service providers understand the problems faced by homeless adults experiencing serious mental illness. I also want to begin to better identify the strengths of the population—I've noticed that much of our conversations about these homeless adults are about their challenges, not about their resilience and strengths. Meeting with a variety of service providers will also help me gauge the support that direct service providers have for creating a housing first model in the community.

9:00–9:30 A.M. Prepared for three meetings scheduled for the day. Made copies of the handouts I had prepared yesterday for my lunch meeting with mental health service providers. The handouts detail the service models that are used for a variety of supportive housing programs around the country for homeless individuals with severe and persistent mental illness. Also put the finishing touches on a presentation for the

Chamber of Commerce foundation later today. Finished the registration paperwork for an upcoming conference on mental health recovery.

10:00–11:30 A.M. Met with the housing subcommittee of the original policy academy group. The committee included a commercial real estate agent, an architect, a general contractor, and housing staff from MSHC. The group reported on two older motels on a major bus route that could potentially be converted into efficiency apartments for chronically homeless individuals. Unfortunately, the owners of the two properties were unwilling to sell the properties at anything close to the price required by our budget. The subcommittee has now looked at 12 motels and believes that it is currently not feasible to utilize an existing motel for the pilot project. The group also questions the feasibility of constructing a new facility when the local government is already supporting two special needs housing projects, one of which is being constructed by MSHC. Because of financial commitments to these projects for the next two years, it will be difficult to obtain support for a new project any time soon. In addition, both of these projects struggled to get buy-in from their neighborhoods. All of the committee members express significant skepticism that this project can go forward as initially conceptualized. They recommend that the steering committee consider another housing model or postpone the project until the two other projects are completed.

11:30 A.M.–12:00 P.M. Drove to my next meeting thinking about the implications of the housing committee's recommendation. Would the political will to create this project end if the original model was not financially viable in this community? I'm concerned that if we postpone the project, we will lose political will to move forward. After all, this isn't a particularly popular population to serve—people often assume that these people are homeless because of bad choices and a refusal to address their addictions to alcohol and drugs. Made a note to myself to revisit the information about other housing first models that were introduced at the policy academy and to examine the professional knowledge base for alternatives to the original model the steering committee had proposed.

12:00–1:30 P.M. Arrived at a local diner for a lunch meeting with two local mental health service administrators, one of whom was a part of the original policy academy. The providers were concerned about the housing first model that the steering committee had chosen. The providers were particularly concerned about the low barrier, harm reduction philosophy of the program. How could we help these people if they weren't required to participate in services, quit using substances, and take the medication that would help them recover? How could we justify serving people who weren't willing to follow the rules while so many people were in need and willing to meet eligibility requirements? I listened to the administrators' concerns and assured them that I would relate them to the steering committee. I also discussed the success these models had achieved—success that surpassed traditional means of serving the population. I left the meeting wondering if this pilot project was doomed to fail.

2:00–3:30 P.M. Returned to the office to review information on other housing first models. Both the academic and practice literature suggested the effectiveness of a scattered site housing first model that had been successful in large urban areas for almost 10 years. Perhaps a scattered site model that used existing apartments could work if we could not locate a single site for a housing first residence. Created a table of the various models that included the location of the model, a description of the housing component, a description of the services component, and outcome measures or other evidence that suggested the model's success. Left a voicemail message for the executive director of a particularly successful scattered site model regarding his availability to do an educational event for members of the policy academy and the cost of

(Continued)

providing technical assistance. The table and the executive director's information will be a part of my presentation to the steering committee at next week's meeting.

4:00–5:00 P.M. Arrived at the offices of the Chamber of Commerce with the executive director of MSHC. The foundation director had heard about the pilot project and wanted to discuss the problem of chronic street homelessness from a business perspective and the possibility of supporting the pilot with a small seed grant. I had prepared a brief presentation that talked about the problem of chronic homelessness, the scope of the problem in the city, and the success of the proposed pilot in other cities. The foundation director relayed the concern of Chamber members who were concerned that visible street homelessness frightened potential customers. The executive director of MSHC noted that while that is a common perspective, homeless individuals are more likely to be victims of crime than to commit crime. Regardless, street homelessness will continue to be a problem until permanent housing solutions provide homeless individuals an alternative to the streets. The foundation director's body language suggested that he was pleased with the presentation and potential solution to visible street homelessness. He thanked us for coming and encouraged me to submit a letter of intent in their next funding cycle.

5:30 P.M. I drove home thinking of the day's events. On one hand, today's news was depressing. It seems like there are too many barriers to implement the steering committee's original model choice. On the other hand, there are other options and some support for the project from a high profile business organization. Tomorrow I will do additional research on scattered site housing first models and redevelop a budget to guide our discussion at next week's steering committee meeting.

The dilemmas experienced by this social worker are somewhat different from the previous two case examples. This professional was hired to coordinate a project that had been initially developed by a coalition of community stakeholders. Her direct practice background gave her considerable insight in understanding mental health and homelessness issues, yet her role as a coordinator of this community effort required a great deal of reflection. She outlined a number of questions and concerns.

1. This project has the initial support of a rather diverse group of key stakeholders from the homeless services sector, the mental health services sector, various offices of local and state government, the local hospital systems, and local law enforcement. How do I keep stakeholders involved and excited about this pilot project, particularly as we work through significant challenges? What level of detail should I provide the steering committee? To the original members of the state policy academy?
2. I have noticed that while we have representation from a variety of government and community organizations, we do not have representation from homeless individuals who have experienced serious mental illness. A central tenet of several of the housing first models for this population is that with support, people can recover from mental illness. If we are proposing a program that assumes recovery is possible, we should have meaningful representation from individuals who are in recovery and who have experienced some aspect of the problem we are addressing. How do we meaningfully include representatives in our decision-making and governance? How do I address those who are concerned about the ability of individuals with a serious mental illness to participate in the planning process?

3. In the three weeks I have worked for MSHC, I've noted a significant undercurrent of opposition to the housing first program model. At this point, I believe the opposition is around two philosophical tenets of the model—the belief that housing is a right and the emphasis on voluntary participation in services. Some stakeholders who attended the policy academy contend that housing as a “right” is too strong a political statement that the public will not support. Likewise, some stakeholders suggest that it might be irresponsible to use a harm reduction method regardless of the success of the model in other cities. “That philosophy won’t sell here,” they say. “We’ll never get funders and the public behind a model that doesn’t build in more accountability.” The evidence of the model’s success is overwhelming to me and the model is aligned with my professional values as a social worker. How do I address stakeholder concerns while preserving key components of the successful housing first models? How do I constructively manage this tension among stakeholders.
4. I am an employee of the MSHC, yet I am carrying out the objectives of the Housing First Steering Committee that is comprised of members from a larger state policy academy. I’m not always sure which organization or supervisor I work for. How do I define my role and the roles of others in this community effort? How do I ensure that MSHC is not the sole organization involved in this effort and that it retains its collaborative nature? How do I involve other organizations?
5. Housing first has been a high profile project in other communities and has been featured in their local newspapers and talk radio programs. The media coverage has been positive at times, but has also highlighted several instances where the program failed and a homeless person threatened his or her neighbors or was found sleeping in the street even after an apartment was provided for him or her. When should we involve the local media? Should we enlist their help as we try to raise funds to support the program or should we wait until we have a success story to highlight? How will we manage potentially negative coverage?
6. One of my responsibilities is to raise funds to start the pilot program but I also have to coordinate my grant writing efforts with the director of development at MSHC. I can only submit grants that are not in conflict with the ongoing fund development efforts of MSHC. This substantially restricts my ability to obtain the necessary funds to pilot this program. A program officer of one local foundation has indicated his interest in providing a three-year grant for the housing first program. This would require MSHC to postpone a submission to the foundation for five years (the foundation requires a two year hiatus between successful grant applications). The executive director of MSHC is hesitant to give up this MSHC funding source. How can I develop the funding streams to support this project when there is substantial competition for the grants, even within my own organization? How do I approach this subject with my executive director and members of the steering committee?
7. There’s a lot of talk about capacity building, collaboration, effectiveness, and sustainability among coalition members, but they seem like buzzwords more than words with shared meanings. I know what the words mean to me but I’d do well to explore the professional

knowledge base and find out what is known about these concepts. It seems that we are trying to build capacity by engaging in collaboration among the organizations of key stakeholders. This raises a couple of questions: Are the organizations as excited to participate in the collaboration as their representative on the steering committee is? How will we sustain the collaboration over time?

SURVIVING THE DILEMMAS



Ethical Practice

Critical Thinking Question:
What kinds of dilemmas do you anticipate facing in your future professional role?

[Some workers] ignore the larger issues . . . and relinquish the advocacy role. . . . The profession, then, ceases to be a calling and becomes “just a job.”

We have presented these rather lengthy scenarios and the accompanying observations of the workers in an attempt to characterize the kinds of issues and problems social workers face almost every day. The nature of a capitalist system is that some people succeed economically whereas others do not. For the most part, social workers deal with those who are not able to care for at least a part of their own needs. It should be clear by this time that direct practice interventions alone cannot address large-scale community problems. Social workers must also master the skills involved in organizing people who may want change and have good intentions but need coordination and direction. Faced with these contrasts, a practitioner has a number of options, which can be categorized as follows:

1. **Develop a Strong Support System.** The types of dilemmas the practitioners in our case examples faced cannot be handled by one person, no matter how competent that person is. Social workers owe it to themselves to reach out to colleagues and friends, to make connections with persons from other professions, and to create opportunities to use formal and informal teams to solve tough interpersonal issues. No one has to work in isolation. Certainly one has to be careful about sharing confidential information about an agency or community problem that one is facing, but using close colleagues as a sounding board (and being available to others for the same purpose) is necessary to survive in a highly complex environment.
2. **Find Ways to Do Self-Care.** Some practitioners may burn out but remain on the job. Social workers can get caught in believing that they are working at impossible jobs. They stay in the system and feel powerless, accepting that they, too, are victims of the things they cannot control. They may do the basics of what has to be done with clients and ignore the larger issues, which means that they accept organizational norms and relinquish the advocacy role. This is a tempting option because taking on the larger issues can add many hours of work to an already busy week for what often seems like an impossible task. The profession, then, ceases to be a calling and becomes “just a job.” One way to counter these tendencies is to engage in self-care behaviors. This means being intentional about nurturing oneself. For example, carve out time for the exercise class you know you have been meaning to take, but seem to never have time for. If reading for pleasure is something you just don’t have time to do, find the time. Find ways to rest, to get away, to enjoy the outdoors, or do whatever renews you both personally and professionally.
3. **Prioritize Efforts.** Even social workers who are not burned out may become overcommitted and overwhelmed or develop excessively narrow perspectives or blind spots to matters they ought to consider.

These practitioners may remain very committed to clients but choose to ignore conflict or to engage in certain issues by focusing on a narrow area of expertise or assuming a set of responsibilities that establishes an independent base of power within the organization. This is certainly a strategy to use, but the downside is that focusing does not necessarily mean prioritizing. Focusing one's efforts may be important to getting things done, but occasionally set aside time to reprioritize so that a professional rut doesn't develop.

4. **Channel Energies.** Some social workers become activists, joining as many organizations and efforts as time and energy allow. Rejecting the norms of what are viewed as flawed organizations, these persons try to effect systemic change through whatever means possible. Adopting an independent stance from the organization in which he or she works, the social worker quickly becomes a maverick or "house radical." Often these persons become labeled as uncooperative and immature, losing credibility as they fight for change. Yet, they can also be a reminder of the broader issues, even to colleagues who are frustrated by their attitudes. Think about how to channel your energies so that the causes that really matter become the focus of your efforts.
5. **Join with Others to Initiate Change.** Building on a strong support system, social workers can go beyond interpersonal problem solving and join concerned colleagues, clients, and citizens to initiate change. Practitioners can apply professional knowledge and skill toward a systematic change effort designed to resolve at least a part of a problem and, hopefully, work toward its reduction and eventual elimination. This is an approach that can be taken by social workers who are committed to clients, community, career, and profession. Together with colleagues, workers form committees and task forces with the intent of changing organizational and community problems. Initiating feasible change means that the social worker must be selective, recognizing that not every problem is solvable and that choices must be made as to which will be addressed. Working toward change calls for sound judgment and discretion.

Much of the work done by social workers who seek to bring about change is what we refer to as macro practice, and is carried out with widely varying degrees of skill. The purpose of this book is to present a theoretical base and a practice model designed to assist the professional social worker in bringing about change in organizations and communities. Not only do we encourage readers to become change agents within the organizations and communities in which they will work, but we also believe that the value base of social work demands it. We believe, too, that surviving the dilemmas requires a strong professional identity. We now turn to an exploration of what that means.

PROFESSIONAL IDENTITY

Professional identity is incredibly important at a time in which there is such rapid technological change, so many demographic shifts, and so many questions being asked about the effectiveness of higher education (Sullivan, 2005). Professional identity is a relational concept in that one identifies with a community of colleagues who share a common value base and whose joint efforts

Not only do we encourage readers to become change agents . . . but we also believe that the value base of social work demands it.

work toward “a way of life with public value” (p. 39). Lengthy lists of characteristics have been proposed to describe a “profession.” Gustafson (1982) identifies three principal characteristics common to all professions: people-oriented purpose, extensive knowledge base, and mechanisms of control.

First, professions “exist to meet the needs of others” within the larger community (Gustafson, 1982, p. 508). This characteristic has led a number of writers to refer to professions as *callings* because they literally call members to contribute to the civic good. Professions are therefore client oriented and conform to a set of values that encapsulate the community good that is to be served. Activities designed only to serve the political or economic needs of powerful community members, even though they may be carried out by skilled individuals, do not qualify as professional endeavors.

Second, professions require mastery of a large body of theoretical, research-based, and technical knowledge. Having professional expertise means being up-to-date on what theories and practice models are available and integrating the best research evidence into one’s practice. Thus, professional judgment derives from the ability to skillfully apply and discern the quality of the best knowledge available in a workable manner. Gustafson (1982) argues that professional practitioners prefer guidelines rather than rules because guidelines offer direction instead of rigid formulation. They allow professionals to exercise discretion and to use their judgment. However, professionals also carry enormous responsibility because what they decide and how they act will affect both their clients and the multiple constituencies previously discussed. Every choice is a value judgment.

Gustafson’s third characteristic of professions is that they place many social controls on professional activities. In social work, these controls include the accreditation activities carried out by the Council on Social Work Education (CSWE) to ensure the quality and consistency of degree programs in social work; the sanctioning capacity of NASW; the NASW Code of Ethics, which provides basic value guidelines through which professional judgment is applied; and the credentialing and licensing requirements in various states. In short, there are many mechanisms for overseeing what occurs under the rubric of professional practice.

Certainly, each practitioner will have a vision of what the social work profession can be. The vision may be as broad as a higher quality of life for all and a better society, and may never be achieved as fully as one would like. Sullivan (2005) suggests that one major barrier to a shared vision is professional specialization. As the social work profession has developed (and as human service organizations have become larger and more bureaucratized), multiple specialties have emerged. For example, it is not uncommon to have social workers describe themselves as *psychiatric social workers*, *geriatric specialists*, *child welfare workers*, and so on. These specialties denote the target populations with whom these practitioners work. Just as common are terms such as *medical social worker* and *behavioral health specialist*, indicating a setting in which these professionals are employed. Terms such as *planner*, *community organizer*, *case manager*, and *group worker* describe actual functions performed by social workers. As will be discussed in later chapters, specialization offers attractive organizational efficiencies, and it can allow social workers to develop greater skill and expertise in particular areas of practice. On the other hand, it can also lead to tunnel vision, in which one begins to work within narrowly defined limits at the expense of a broader awareness of client needs.

Bureaucratization can be a barrier to professional vision. As professional organizations have developed and grown, as settings in which social workers



Professional Identity

Critical Thinking Question:
Why do you think that as your skill increases, so does your professional responsibility?

function have become multipurpose and diversified in their programs, and as communities have established numerous mechanisms that structure interaction amid units within those communities, it is easy to lose one's professional sense of the broader vision. Sometimes there are so many impediments to instituting change in an organization or a community that the change agent becomes frustrated.

Fabricant (1985) discusses the "industrialization" of social work practice, particularly in large public welfare agencies. In his discussion, he argues that social work is losing its aspects of "craft." A craft implies that the person responsible for beginning the professional task sticks with it until the end. For example, if a social worker provides intake for the client, that same social worker assesses the client, contracts with the client regarding a care plan, and persists in working with the client until the goals of that plan are achieved. This provides both the worker and the client with a sense of continuity, with ownership of the entire process, and with a shared understanding of what the outcome is to be.

As the nation's health and human service delivery systems have become more and more complex, as new actors enter the arenas, and as professionals specialize, it becomes rare for the practitioner to see an intervention from beginning to end. Many tasks have become more standardized and routinized; thus, social workers may feel bound by rules rather than directed by flexible guidelines that facilitate discretion and judgment. These changes can jeopardize the maintenance of a professional vision that transcends individual organizations and communities.

Although there are barriers to achieving an in-depth vision, we believe it is built on a commitment to serve diverse people within a society in which basic human needs are not always met and that at times actually denies support to some populations. The challenge is to work toward the development of comprehensive, effectiveness-oriented health and human service systems within local communities. This often requires the practitioner to understand situations without accepting "what is," to analyze dilemmas with the full realization that an ethical response is a choice among values, to envision competent and compassionate alternatives to what currently exists, and to skillfully use a macro-practice model to change "what is" to "what could be."

In many ways it is this commitment to the understanding and changing of larger systems that defines social work. Sullivan (2005) argues that the very nature of professionalism implies a responsibility to the larger society and to the common good.

SUMMARY

In this chapter we have provided the basic foundations on which students can build an understanding of social work macro practice. We defined *macro practice* as professionally guided intervention designed to bring about planned change in organizations and communities, and we began a discussion of the circumstances leading to the need for planned change. A conceptual framework was provided.

We used comments from former students who are now practicing social workers to illustrate how the circumstances that are often most important or troubling to social workers are not only client needs but also issues such as the management of their organization or the resources available within their communities.

Systems theory guides the planned change model that will be elaborated in subsequent chapters. Systems theory contends that there are multiple parts of any entity, whether it is a group, an organization, or a community. These parts have connections, some more closely aligned than others. There are resources the system needs in order to function and they may come in the form of people, equipment, funding, knowledge, legitimacy, and a host of other components. These resources interact within the system, producing something that becomes the system's product. We used Warren's classic work to focus on communities as systems in which there are both horizontal and vertical relationships.

The value base of social work is summarized most succinctly in the NASW Code of Ethics, which embodies the profession's orientation to practice. Intervening at any level presents ethical dilemmas that must be faced by the practitioner. In many cases no right or wrong answer is present, and the appropriate course of action is not at all clear. In such instances, the practitioner's job can be facilitated by analyzing the situation in terms of the six core values in the NASW Code of Ethics. *Service* (sometimes called beneficence) refers to the value of helping others. *Social justice* is assuring equal access to resources and equitable treatment. *Dignity and worth of the individual* (often associated with autonomy) refers to the value ascribed to an individual's right of self-determination. The *importance of human relationships* recognizes the value of connecting with others to improve quality of life and to facilitate change. *Integrity* and *competence* are values that implore professional social workers to be consistent and skilled in all that they do. Social workers engaged in macro practice may find that their job is one of balancing these values. In micro practice, for example, one must often temper the desire to help (and one's notions of how best to solve a client's problem) with a recognition of the client's need for personal autonomy. From a macro-practice perspective, social and economic justice considerations may demand that one focus not on individual helping but on attempts to alter macro systems that fail to distribute resources in a fair manner. These points were reinforced through three case studies showing how policies, program structures, resource deficits, and other macro-related criteria have much to do with social workers' ability to be effective in their jobs.

One way that social workers sometimes respond to these realities is to give up fighting against them. However, social workers who are skilled in macro practice have other options—to develop strong support systems, find ways to do self-care, prioritize efforts, channel energies, and use their understanding of macro systems to join with others to bring about needed changes in these systems. These skills are not and should not be limited to those who are working in traditional macro-practice roles such as administration or planning. Instead, they are critical for all social workers to know, including those engaged mostly in micro practice.

Working through these dilemmas aids in the development of a professional identity that incorporates both micro- and macro-practice aspects. Just as the profession must be built on social workers who are committed to making a difference in the lives of individual clients, these same workers must also be committed to making a difference in the systems within which clients live and on which they depend. In the chapters that follow we will provide a macro-practice model to guide social workers in undertaking change processes. But first, Chapter 2 will complete our introduction to the field by reviewing the historical background of social work macro practice.

Log onto **www.mysocialworklab.com** and answer the questions below. (If you did not receive an access code to **MySocialWorkLab** with this text and wish to purchase access online, please visit www.mysocialworklab.com.)

1. Read the MySocialWorkLibrary case study: Golem, Albania. Explain how vertical and horizontal linkages were influenced by the work of the community organization efforts in this city.

2. Read the MySocialWorkLibrary case study: Professional Decision Making in Foster Care.

In the last paragraph, the author cautions that good social workers “seek self-awareness so they are not confusing their own needs with the needs of their clients.” How can this advice about clients be applied to communities or populations?

PRACTICE TEST The following questions will test your knowledge of the content found within this chapter. For additional assessment, including licensing-exam-type questions on applying chapter content to practice, visit **MySocialWorkLab**.

1. The person-in-environment concept means
 - a. one must be aware of environmental constraints
 - b. sometimes the environment needs to be changed
 - c. focusing on environment means focus on the person
 - d. you cannot remove the environment from the person
2. A vertical linkage connects community units with
 - a. other internal community units
 - b. small autonomous neighborhoods
 - c. organizational agency connections
 - d. units outside of the community
3. Horizontal linkage units are
 - a. geographically located within the area
 - b. connections with similar communities
 - c. agreements between service agencies
 - d. usually managed by the mayor's office
4. Which item below best describes social controls on a profession's activities?
 - a. Code of Ethics sanctions
 - b. A sense of “calling”
 - c. A body of knowledge
 - d. Professional conferences
5. Someone asks you, “Are you going into micro- or macro-level practice?” Based on the discussion in the beginning of this chapter, why is this not an easy question to answer?

ASSESS YOUR COMPETENCE Use the scale below to rate your current level of achievement on the following concepts or skills associated with each competency presented in the chapter:

1	2	3
I can accurately describe the concept or skill.	I can consistently identify the concept or skill when observing and analyzing practice activities.	I can competently implement the concept or skill in my own practice.

- _____ Can articulate the connection between working one on one with a client and working to solve community, systemic or societal problems.
- _____ Can be mindful of the responsibility of social workers to protect human rights regardless of the specific focus of the job at hand.
- _____ Can anticipate ethical dilemmas and demands and respond appropriately.
- _____ Can demonstrate a willingness to pursue opportunities for improving systems and communities, even if this means increased responsibility.
-