The Policy-Based Profession

CHAPTER OUTLINE

The Target of Social Work—The Individual and Society 4
   The Social Function of Social Work
   The Dual Targets of Social Work
   The Dominance of Micropractice

Social Work’s Pursuit of Professional Status 7

The Policy-Based Profession 10
   Expert Technique
   Professional Practice within an Organizational Context

Summary and Practice Implications 13
   Policy Determines the Major Goals of Service

   Policy Determines Characteristics of Clientele
   Policy Determines Who Will Get Services
   Policy Specifies, or Restricts, Certain Options for Clients
   Policy Determines the Theoretical Focus of Services

Conclusion 16

Practice Test 17

CONNECTING CORE COMPETENCIES in this chapter

Professional Identity Ethical Practice Critical Thinking Diversity in Practice Human Rights & Justice Research Based Practice Human Behavior Policy Practice Practice Contexts Engage Assess Intervene Evaluate
For me the realization of the importance of policy to social work practice came in a blinding flash, or an epiphany, as my theologically inclined friends would say. As a social work master’s student, I had had little interest in policy, preferring to spend my time learning psychopathology, therapeutic techniques, group process, and all of the other sexy stuff taught in a typical social work graduate program. When I graduated, I became a training specialist for a large state department of social services; my primary assignment was to train the child welfare staff. In my new position, I developed and provided training programs on behavior modification techniques, risk assessment, and transactional analysis. I even included a session on an early version of the Diagnostic and Statistical Manual. The only time I ever thought about policy was during the session for new employees in which I would discuss office hours, dress code, sick leave, vacation, and retirement.

I’m not sure whether it was because state office staff thought I was especially good or because they thought I was especially obnoxious, but I became the person of choice to supply mandated training in regions lacking training specialists. So it was that I was sent to the largest office in the state—which had a staff so hostile that they had run out three training specialists in less than a year—to provide a series of three-day training sessions on how to fill out a new form.

This was a guaranteed loser for me. The staff hated state office, hated training, and, most of all, hated forms. I asked the director of training why she didn’t just issue the staff guns and then dress me in a shirt with a target on it. The director told me not to worry, this was going to be great. This was not merely a simple bureaucratic form we were asking the staff to use but really a system to train them in principles and techniques of task-oriented social services (which the state office had begun to call TOSS). The staff would fill out a simple form for each of their cases, a form that would require them to select and prioritize, from a standard list of codes, one or more goals for each case and then to list objectives required to reach each goal. The form would be updated each month with progress monitored by a computerized information system. The director showed me all the professionally developed curriculum material I would be supplied with to teach the staff this new problem-solving approach to social work practice.

When I began my first training session, it was as big a nightmare as I had imagined. The staff argued every step of the way. They said that task-oriented social services and the problem-solving method were fine, but they were already using this approach without the use of any long and complicated form. They argued that the reporting system would just get in the way of their work. They presented case after case that none of the preselected goals would fit. One guy, wearing the uniform of the professional radical of the era (beard, semilong hair, denim workshirt, American flag tie), selected a chair at the back of the room, leaned it against the wall, and promptly fell asleep. I figured that as long as he didn’t start snoring I would consider the day a success. He did and I didn’t.

The training was held on the campus of a college with a school of social work. By the end of the first day, I was thoroughly depressed and wandered over to the school in hopes of finding someone who could help me salvage this disaster. I ran into an acquaintance who was a professor of social policy. As she liked to keep tabs on activities of the Department of Social Services, she was happy to talk to me. She patiently listened to a lengthy tirade about my day, looked at the training material, and said, “Of course this is going badly. This form has nothing to do with social work practice and the staff knows it. This form has to do with social policy, but your state office staff doesn’t think the field staff can understand and appreciate policy. They think the staff will only respond to issues if they are presented in terms of direct practice.” Over take-out Chinese food, she spent much of the evening explaining social service funding to me, pointing out that the state could receive
reimbursement from the federal government for 90 percent of the cost of services related to family planning, 75 percent for social services to welfare-eligible children, but less than 50 percent for services to children not eligible for welfare. She said, “Obviously, the state wants to report services in the categories where they will receive the highest match. The higher the rate of reimbursement, the greater the amount of services the state will be able to provide. Staff can understand and appreciate this; why don’t you just tell them?”

Following the professor’s advice, and with an armload of books and photocopied journal articles she lent me, I returned to my hotel and stayed up most of the night revising my curriculum. The next morning I faced my now more-hostile-than-ever class and explained that we were going to approach the TOSS form from a slightly different angle. I spent about an hour discussing social service funding streams and how the state could maximize services by accurately reporting services to the federal government. I then deconstructed the form to show how, although it might have some slight relation to task-oriented social services, its actual purpose was to get the best reimbursement rate we could for services provided. To my surprise, the staff had become quiet and attentive and were even showing some glimmer of interest. At the end of my presentation, the guy at the back of the room, who had resumed leaning against the wall but had not fallen asleep, leaned forward so the front legs of his chair hit the floor with a crash, and almost yelled, “Oh, I get it. This form’s to screw the feds. I can do that!” I responded that I preferred to view it as a system to maximize the federal reimbursement the state could legitimately claim under existing laws, but if he wished to view it as screwing the feds, that was all right with me.

Once I made the purpose of the form clear, teaching the staff how to use it was relatively simple. In fact, we finished the training session a whole day early. I surveyed the class to see how they would like to spend the time left. They decided that they would like to discuss new techniques of social work practice, as long as the techniques did not involve any state office forms.

—Philip Popple

The state office administrators in the previous example assumed that the social workers to be trained would not be receptive to a social policy explanation because of what Bruce Jansson refers to as the mythology of autonomous practice. By this he means that social workers tend to approach practice assuming that they and their clients are relatively insulated from external policies. This mythology has led the profession to develop practice theories that focus heavily on the individual dimension of problems, causing a general disinterest in their policy context. Jansson states, “This notion of autonomous practice has had a curious and persistent strength in the social work profession.” This perception of social policy also appears internationally, as illustrated by a study of the social policy curriculum in Australia. The author, Philip Mendes, states that “in practice social policy seems to be peripheral to most social work courses in Australia” and that “social work students [have] the impression that social policy is simply about theoretical knowledge, without any need for practical application.” In this chapter we argue that the mythology of autonomous practice has been directly related to social work’s efforts to achieve professional status. These efforts have been based on a flawed theory of what professionalization means, a theory that equated autonomy with private practice and that assigned primary importance to the development of practice techniques. We will argue that looking at social work within a more up-to-date and accurate theory of professions leads to the conclusion that policy is not only relevant to the day-to-day activities of social workers but is also central to the definition and mission of the profession. Before we can get to this topic,
however, we must first look at the function of social work in society and how policy became relegated to secondary status in the profession, a victim of social work’s professional aspirations.

THE TARGET OF SOCIAL WORK—
THE INDIVIDUAL AND SOCIETY

Stuart observes that “social work’s unique and distinctive contribution to American life, often expressed as a dual focus on the person and his or her environment, resulted from a specific frame of reference that linked clients and social policy.” By this he means that we do not limit our concern to a person’s intrapsychic functioning; we also seek to understand and manipulate factors in the environment that contribute to his or her problems. Some of these environmental factors are close to the person—for example, family, job, and neighborhood. However, people are also affected by factors in the larger environment—affirmative action laws, public welfare programs, United Way fund-raising campaigns, church positions on social issues, and the like. The social work profession is distinctive for its interest in all these factors and issues.

The Social Function of Social Work

Social work’s concern with person-in-environment stems from the profession’s social function. Social work is the core technology in the social welfare institution, the institution in society that deals with the problem of dependency. Dependency occurs when an individual is not adequately fulfilling a role (for example, providing physical care for his children) and social institutions are not providing adequate supports to enable the individual to fulfill a role (for example, good quality, affordable child care is not available) and this causes problems for the community that requires a response. By this we mean that every person in society occupies a number of social positions or statuses (mother, teacher, consumer, citizen, etc.), and attached to each of these positions are a number of social roles (nurturing children, communicating information, shopping, voting, etc.). These statuses and roles are located within social institutions that support people in their efforts to meet role expectations successfully. For example, the role of employee occurs within the economic institution, which must be functioning well enough to provide jobs for most people. When an individual is doing everything necessary to fulfill a role and the appropriate social institutions are functioning well enough to support the person’s role performance, we have a situation we refer to as interdependence.

When most people and institutions are functioning interdependently, society operates smoothly. However, when people fail to perform roles adequately or social institutions fail to sufficiently support people in their role performance, social stability is threatened. Common examples of individual role failure are:

- A woman is unemployed because she has difficulty controlling her temper.
- A single father leaves his two-year-old son at home alone for an extended time while he goes fishing.
- A fifteen-year-old does not attend school because he prefers to sleep late and watch MTV.
Examples of failure of social institutions to support individual role performance are:

- A woman is unemployed because, due to plant closings, there are jobs in her town for only seven of ten people who need to work.
- A single father leaves his two-year-old son at home alone while he works because there is no affordable day care available.
- A fifteen-year-old with a learning disability does not attend school because the school does not offer a program that meets his special needs.

The Dual Targets of Social Work

Because of the dual focus of the social welfare institution, the social work profession also has two targets. One target is helping individuals having difficulty meeting individual role expectations. This is the type of social work generally referred to as social work practice with individuals, families, and small groups, also referred to as micropractice or clinical social work. The other goal of social work concerns those aspects of social institutions that fail to support individuals in fulfilling role expectations. This type of social work, sometimes referred to as macropractice or social work administration, policy, and planning, is what we are concerned with in the study of social welfare policy.

The Dominance of Micropractice

Social workers have long recognized that micro- and macropractice are complementary, but they have generally emphasized the micro, individual treatment aspect of the profession. The early social work leader and theoretician Mary Richmond referred to the dual nature of social work as retail and wholesale, saying, “The healthy and well-rounded reform movement usually begins in the retail method and returns to it again, forming in the two curves
of its upward push and downward pull a complete circle.6 By this she meant, according to Richmond scholar Peggy Pittman-Munke,

To utilize the rich material gathered through painstaking casework in a way which causes the problem to wear flesh and bones and breathe, to aggregate the data to present statistics which will convince policy makers of the need for reform, to organize and mount a successful campaign to see the legislation become a reality, and then to use case work as a way to evaluate the outcome of the legislation.7

Another early leader, Porter R. Lee, referred to these aspects of social work as **cause** (working to effect social change) and **function** (treatment of individual role difficulties). He felt that function was the proper professional concern of social work. Lee argued that a cause, once successful, naturally tended to “transfer its interest and its responsibility to an administrative unit” that justified its existence by the test of efficiency, not zeal—by its “demonstrated possibilities of achievement” rather than by the “faith and purpose of its adherents.” The emphasis of the function was on “organization, technique, standards, and efficiency.” Fervor inspired the cause, whereas intelligence directed the function. Lee felt that once the cause had been won it was necessary that it be institutionalized as a function to make the gains permanent. He saw this as the primary task of professional social work.8

The opinions of Richmond and Lee have continued to represent the position of the vast majority of social work professionals. Practice with individuals, families, and small groups to treat problems of individual role performance continues to be the focus of most social work. Even though social workers will admit that problems with social institutions are at the root of most client problems, we have tended to persist in dealing primarily with the individual client. There are three main reasons for this: (1) the individual is the most immediate target for change, (2) U.S. society is generally conservative, and (3) social work has chosen to follow a particular model of professionalism throughout most of the twentieth century.

**The individual is the most immediate target for change**

An individual with a problem cannot wait for a social policy change to come along and solve the problem. For example, the main reason a welfare mother runs out of money before the end of the month is, no doubt, the extremely small amount of money she receives, an **institutional** problem. If the size of the mother’s grant were to increase, her problem might well disappear. However, this is not going to happen in the near future, so the social worker must concentrate on aspects of the mother’s behavior that can be changed to stretch out her small budget and to help her develop skills in manipulating the system to ensure that she receives the maximum benefits to which she is entitled.

**The conservative nature of U.S. society**

Another reason for the social work profession’s strong emphasis on individual role performance is that U.S. society is rather conservative and firmly believes in the notion of individualism. We strongly believe that people deserve the majority of credit for any success they experience and, conversely, deserve most of the blame for any failures. We resent, and often make fun of, explanations of people’s personal situations that attribute anything to factors external to the individual.9

Explanations that attribute poverty, for example, to factors such as the job market, neighborhood disintegration, racism, and so forth will often be dismissed as “bleeding-heart liberal” explanations. In a society characterized by such attitudes, a model of social work that concentrates on problems of individual role
performance is obviously much more readily accepted and supported than one that seeks environmental change.

**Professionalization**

The final explanation of social work’s emphasis on treating individual causes of dependency and deemphasizing institutional causes is little recognized but of key importance. This is the model of professionalism that social work subscribed to early in the twentieth century, and social work’s subsequent efforts to achieve professional status have been based on this model. It is to this model that we now turn.

**SOCIAL WORK’S PURSUIT OF PROFESSIONAL STATUS**

Social work as a paid occupation has existed for only a little over 100 years. From the very beginning, those engaged in the provision of social services have been concerned, some would say preoccupied, with the status of their activities in the world of work, specifically with gaining recognition as a profession rather than simply as an occupation.

When social workers began to actively organize to improve their status, there was a conflict between those who thought the new profession should concentrate on institutional causes of dependency (social welfare policy) and those who were more interested in developing techniques and knowledge useful for helping individuals experiencing role failure (social work practice). Social work leaders such as Samuel McCune Lindsey at the New York School of Social Work, Edith Abbott at the Chicago School of Civics and Philanthropy, and George Mangold at the Missouri School of Social Economy argued for a profession based on social and economic theory and with a social reform orientation. Mangold stated:

> The leaders of social work . . . can subordinate technique to an understanding of the social problems that are involved. . . . Fundamental principles, both in economics and in sociology are necessary for the development of their plans of community welfare. . . . Courses in problems of poverty and in the method and technique of charity organizations are fundamental to our work. But the study of economics of labor is quite as important, and lies at the basis of our living and social condition. . . . The gain is but slight if our philanthropy means nothing more than relieving distress here and helping a family there; the permanent gain comes only as we are able to work out policies that mean the permanent improvement of social conditions.¹⁰

On the other hand, there were a number of social work leaders who believed that the new profession should concentrate on the development of practical
knowledge related to addressing problems of individual role performance. The Charity Organization Society leader Mary Richmond advocated using case records and the experiences of senior social workers to train new workers in practical techniques of work with individuals. Frank Bruno argued that social work should be concerned with “processes . . . with all technical methods from the activities of boards of directors to the means used by a probation officer to rectify the conduct of a delinquent child.”

The debate regarding the focus of the new social work profession came to a head at the 1915 meeting of the National Conference of Charities and Correction. Abraham Flexner, famed critic of the medical profession, had been asked to prepare a paper for the conference analyzing social work as a profession. Flexner began his analysis with the first clear statement of traits that differentiate professions from “lesser occupations.” He asserted that

Professions involve essentially intellectual operations with large individual responsibility; they derive their raw material from science and learning; this material they work up to a practical and definite end; they possess an educationally communicable technique; they tend to self-organization; they are becoming increasingly altruistic in motivations.

Following his definition of profession as a concept, Flexner measured social work against this definition. He found that social work strongly exhibited some professional traits—it was intellectual, derived its knowledge from science and learning, possessed a “professional self-consciousness,” and was altruistic. However, in several important criteria, mainly those of educationally communicable technique and individual responsibility, Flexner found social work lacking.

Regarding social work’s lack of an educationally communicable technique, Flexner felt the source of the deficiency was the broadness of its boundaries. He believed that professions should have definite and specific ends. However, “the high degree of specialized competency required for action and conditioned on limitation of area cannot possibly go with the width and scope characteristic of social work.” Flexner believed that this lack of specificity seriously affected the possibility of professional training. “The occupations of social workers are so numerous and diverse that no compact, purposefully organized educational discipline is possible.”

In the area of individual responsibility, Flexner felt that social workers were mediators rather than responsible parties.

The social worker takes hold of a case, that of a disintegrating family, a wrecked individual, or an unsocialized industry. Having localized his problem, having decided on its particular nature, is he not usually driven to invoke the specialized agency, professional or other, best equipped to handle it? . . . To the
extent that the social worker mediates the intervention of the particular agent or agency best fitted to deal with the specific emergency which he has encountered, is the social worker himself a professional or is he the intelligence that brings this or that profession or other activity into action?14

Social workers took Flexner’s message to heart such that “Is Social Work a Profession?” is probably the most frequently cited paper in the social work literature. David Austin asserts that Flexner’s “model of an established profession became the most important organizing concept in the conceptual development of social work and, in particular, social work education.”15 Following the presentation of the paper, social workers consciously set out to remedy the deficiencies identified by Flexner, mainly the development of an educationally communicable technique and the assumption of “large individual responsibility.”

In the area of technique, the profession chose to emphasize practice with individuals, families, and small groups, or social casework as it was then called. The committee charged with responding to Flexner’s paper stated, “This committee . . . respectfully suggests that the chief problem facing social work is the development of training methods which will give it [a] technical basis.”16 The committee felt that the social work profession had the beginning of an educationally communicable technique in the area of social casework; the profession should narrow its focus to emphasize this. This view was institutionalized in 1919 when the American Association of Professional Schools of Social Work was founded, dominated by educators who subscribed to the Flexner model for the profession. At an early meeting, it was voted that students receive training in casework, statistics, and community service. F. Stuart Chapin, director of the Smith College Training School for Social Work, proposed that social legislation be included as a fundamental curriculum area. This was voted down, based on the argument that social legislation lacked clarity and technique and was not suitable for fieldwork. Likewise, settlement house work was considered to be unsuitable for professional education. Settlements emphasized “mere neighborliness” and were opposed to the idea that their residents were more expert than their neighbors.17 Thus, within a relatively few years following Flexner’s paper, social work had all but eliminated knowledge and skills related to social policy from the profession’s domain, substituting a nearly exclusive focus on techniques demonstrated as useful in helping individuals solve problems of role functioning.

The second area in which Flexner considered social work deficient in meeting the criteria of professionalization is that of “assuming large individual responsibility.” By this, Flexner was referring to what is now generally termed professional authority or autonomy. According to Greenwood, “In a professional relationship . . . the professional dictates what is good or evil for the client, who has no choice but to accede to professional judgement.”18 Professional autonomy is closely related to professional expertise because it is on expertise that authority or autonomy is based.

Although neither Flexner nor any other theorist said it directly, social workers have come to equate professional autonomy with a private practice model of service delivery. Two reasons for this interpretation come to mind. The first is that Flexner’s model of a profession was based on medicine, which he viewed as the prototypical “true” profession. Because the predominant model of medicine during most of the twentieth century was private practice, social workers naturally assumed that private practice was the key to autonomy. The second reason is that it is obvious on the face of it that a person with no boss—as is the case in private practice—is autonomous. But whatever the reason, the result of this interpretation has been to push social work further
away from policy toward an individual treatment model of practice. As Austin has observed,

The emphasis on distinctive method also reinforced a focus on the casework counseling interview as the core professional technique in social work. This was a technique that could most readily be adapted to a private-practice model—a model that has been viewed by many practitioners as a close approximation to the medical model of professionalism that Flexner had in mind.19

In summary, for better or for worse, the adoption of a model of professionalization based on the Flexner’s criteria caused, or perhaps simply accelerated, the trend in social work to define the profession as being focused on role difficulties of individuals (casework) and to deemphasize concern with the institutional causes of role failure (social welfare policy). Social workers were concerned with identifying and demonstrating an educationally communicable technique. Casework with individuals and families appeared to be more promising than a concern with social welfare policy, which was—and still is—amorphous and hard to conceptualize. Social workers were also concerned with being able to practice autonomously, which they came to associate with private practice. The types of professional roles associated with social policy almost always occur in large organizations, which have traditionally been viewed as threats to autonomy. The definition of professional autonomy as ideally occurring in private practice has furthered the perception of social welfare policy as tangential to the social work profession.

Thus, social workers’ concern with professionalization has been an important reason for the relatively low interest in social welfare policy in the profession. It appears, however, that this model of professionalization contains some major errors. Flexner’s model of professionalism was based on medicine; it assumed that medicine was a prototypical profession and that as other occupations began to achieve professional status they would more closely resemble medicine. It is now apparent that medicine, rather than being a prototypical profession, was in fact an anomaly.20 For various social and political reasons, medicine was able to escape both the corporation and the bureaucracy and thus was able to completely control its domain and determine most of its own working conditions.21 However, rather than developing and becoming more like medicine as everyone assumed it would, social work has moved in quite the opposite direction. Medicine is now coming under the control of the corporation and the bureaucracy and, in terms of occupational organization, is coming more and more to resemble social work. These developments indicate errors in the Flexner model of professions and call for a reexamination of the concept. This reexamination should develop the concept in such a way that professionalism can be understood without assuming that professionals should be private practitioners and high-level technicians. In the following section, we attempt such a reexamination.

THE POLICY-BASED PROFESSION

The model developed by Flexner might well be termed the market-based profession. This model, based on the medical profession in the early part of the twentieth century, assumes that the professional is essentially a small business person. The product the professional is selling is his or her expertise. The basic relationship, illustrated in Figure 1.1, is dyadic. The consumer comes to the professional stating a problem, the professional diagnoses the
problem and prescribes a solution, the consumer requests the solution that the professional provides, and the consumer pays the bill. The demonstration of specific techniques is key in the market-based model because these represent the “products” the professional is selling. Autonomy is assumed in this model to result from the fact that the professional is his or her own boss.

Two general developments accelerated over the course of the twentieth century and indicate that the market-based model of professions no longer accurately reflects reality, if it ever did. The first is that the trend in all professions has been for professionals to become employees in organizations rather than private practitioners. Even medicine, long viewed as the ideal independent profession, shows signs of an eroding independent practice base. Paul Starr observes:

The AMA [American Medical Association] is no longer as devoted to solo practice either. “We are not opposed to the corporate practice of medicine,” says Dr. Sammons of the AMA. “There is no way that we could be,” he adds, pointing out that a high proportion of the AMA’s members are now involved in corporate practice. According to AMA data, some 26 percent of physicians have contractual relationships with hospitals; three out of five of these doctors are on salary. . . . Many physicians in private practice receive part of their income through independent practice associations, HMO’s, and for-profit hospitals and other health care companies. The growth of corporate medicine has simply gone too far for the AMA to oppose it outright.22

Although the number of social workers in private practice has steadily increased in recent years—and, as social workers succeed in their efforts to be eligible for third-party reimbursement (insurance), this number may increase even more—it is certain that a high proportion of social workers will continue to earn their living within organizational settings. Thus, a common work setting for professional persons in many fields has become a public or private bureaucracy rather than a private practice.

The second development that indicates the market-based model of professions is outdated is that professional practice, even in private settings, is increasingly subject to the dictates of external bodies. The psychiatry profession developed the Diagnostic and Statistical Manual in response to pressure from insurance companies to classify various treatments for insurance reimbursement. This manual is now the bible guiding the practice of mental health professionals, regardless of what they may feel about the evil of labeling. The practice of lawyers is subject to the dictates of banks, title companies, and state and federal justice departments, as well as the entire court system. Before a physician can hospitalize a patient, an insurance company generally has to approve the proposed treatment for payment; once the patient is in the hospital, the length of stay is usually determined not by the patient’s physician but by the insurance company, managed care organization, or governmental agency that will eventually pay most of the bill. Social workers in “private practice” receive most their income through membership in managed care panels, where they are paid by large insurance companies or HMOs. The list of examples could go on and on to illustrate our point that even professionals who are in so-called independent practice are now subject to all sorts of influences and controls by external organizations.
The model of professionalism reflecting occupational reality in the early twenty-first century is called the policy-based profession. This model, illustrated in Figure 1.2, is based on a triadic relationship. The triad is composed of three systems—the professional system, the client system, and the policy system. The policy-based model recognizes that although a professional provides services on behalf of a client, it is often not the client who requests the services, defines the problem, or pays the professional.

Recognizing that professions are now predominantly policy based rather than market based leads to two major revisions of the traditional way of looking at professions, each contributing to the argument that social welfare policy must be a central concern of the social work profession. The first regards the matter of expert technique and the second regards practice within an organizational setting.

**Expert Technique**

According to Flexner and all the social theorists following him who subscribe to the market-based model, an occupation becomes recognized as a profession by developing techniques in the same way a business develops a product, marketing the technique and, if successful, to use Robert Dingwall’s term, “accomplishing profession.”23 This process, however, does not follow from what we know of the history of professions. All professions were recognized as professions before they had any particularly effective techniques. This includes medicine, which was not particularly effective until the twentieth century. Many professions—the clergy, for example—do not now and probably never will have such techniques. By pursuing this trait (developing marketable techniques), social workers have defined a number of areas as outside the scope of the profession, generally areas related to social welfare policy, because they were not seen as amenable to the development of specific, educationally communicable techniques.

Rather than the possession of expert technique, social assignment appears to be crucial for an occupation to be recognized as a profession. Professions exist for the purpose of managing problems critical to society; the successful profession is recognized by society as being primarily responsible for a given social problem area. Medicine is charged with dealing with physical health, law with management of deviance and civil relations, engineering with the practical applications of technology, education with the communication of socially critical knowledge and skills, and, finally, social work with the management of dependency. All professions have wide and complex bodies of knowledge, and all have a theory base. However, the degree to which this knowledge and theory is translated into educationally communicable techniques varies widely. Medicine and engineering have rather precise educationally communicable techniques; law and the clergy have techniques that are somewhat less precise. Rather than specific techniques, these professions base their authority on mastery of complex cultural traditions. The important point is that it is not the possession of technique that is crucial for the development of a profession. Rather, what is crucial is the identification of one occupation over others as being given primary responsibility for the management of a social problem.24
Professional Practice within an Organizational Context

Traditional theory, based on Flexner’s work, equates professional autonomy with the autonomy of the independent practitioner who is his or her own boss. Over the course of the twentieth century, more and more professionals came to work in traditional bureaucratic organizations, and the question arose whether this development erodes the very basis of professional autonomy. The theoretical position that argues this most forcefully is called *proletarianization*. This thesis emphasizes the loss of control that professionals supposedly experience when they work in large organizations. According to Eliot Freidson,

This thesis stems from Marx’s theory of history, in which he asserts that over time the intrinsic characteristics of capitalism will reduce virtually all workers to the status of the proletariat, i.e., dependent on selling their labor in order to survive and stripped of all control over the substance and process of their work.25

Supposedly, in organizations the authority of the office is substituted for the authority of professional expertise. In other words, a person working in a bureaucracy is required to take direction from any person who occupies a superior position in the organization, regardless of whether the person has equal or greater expertise in the professional task being performed. Thus, when employed in an organization, a professional does not have autonomy.

Sociologists who have studied professionals working in organizations have found that the fears of losing professional autonomy in such settings have been greatly exaggerated. Instead, the organizations in which professionals typically work—hospitals, schools, law firms, social agencies, and so forth—have developed as hybrid forms that deviate from the ideal type of bureaucracy in order to accommodate professionals. Freidson states that

studies of professionals in organizations, as well as more recent developments in organizational theory, call into question the validity of the assumption that large organizations employing professionals are sufficiently bureaucratic to allow one to assume that professional work within them is ordered and controlled by strictly bureaucratic means.26

A number of developments have enabled professionals to work in organizations while maintaining sufficient autonomy to perform their professional roles. First, professionals have come to be recognized as a special group under U.S. labor law because they are expected to exercise judgment and discretion on a routine, daily basis in the course of performing their work. In other words, discretion is a recognized and legitimate part of their work role. Second, professionals are subject to a different type of supervision than are ordinary rank and file workers. Ordinary workers are generally supervised by someone who has been trained as a manager, not as a worker in the area being supervised. Professionals, however, generally are entitled to expect supervision only from a member of their own profession. In social agencies, supervisors, managers, and often even executive positions are reserved for persons trained and licensed as social workers.27

**SUMMARY AND PRACTICE IMPLICATIONS**

Recognizing that social work is a policy-based rather than a market-based profession clarifies and legitimizes the place of social welfare policy as a central concern. First, the policy-based model, while recognizing that the development of

technique is important for any profession, also recognizes that functions do not need to be excluded from a profession’s concern simply because they are not amenable to the development of narrow, specific procedures. This recognition legitimizes the inclusion of policy content such as policy analysis, administration, negotiation, planning, and so forth. Such inclusion has often been questioned because it was viewed as not being amenable to the development of “educationally communicable techniques.” Second, the policy-based model recognizes that the social work profession will probably always exist in an organizational context and that social work’s long experience in providing services within this context should be viewed as a strength rather than a weakness of the profession. Finally, the policy-based model explicitly recognizes the policy system as a major factor in social work practice and emphasizes that understanding this system is every bit as important for social work practitioners as understanding basic concepts of human behavior.

A number of roles within social work are described as policy practice roles, including roles mentioned previously—planner, administrator, policy analyst, program evaluator, and so on. In the years following the Flexner report, there was a good deal of debate whether these were really social work practice roles or something else, perhaps public administration. Tortured rationales were often developed that defined these roles as casework techniques applied to different settings and populations. The 1959 Council on Social Work Education curriculum study, for example, concluded, “As the administration project progressed, it became more and more clear that what we were discussing in the preparation of social work students for executive level positions was social work [practice] in an administrative setting and not administration in a social work setting.”28 Over the years, however, these roles have come to be defined as legitimate areas of social work practice without resorting to defining them as social casework applied to a different setting. Many graduate schools of social work now offer a concentration in administration, policy, and planning, often called macro social work practice.

This book, however, is not aimed only at social workers preparing for specialized policy practice roles. Rather, it is aimed at people interested in more traditional direct practice roles with individuals, families, and small groups. In this chapter, we have argued that the study of policy is relevant, in fact a necessity, for this group because policy is built into the very fabric of social work practice just as much as the study of human behavior. Social work’s concern with policy is a logical extension of our person-in-environment perspective. Up to this point, this discussion has been rather abstract and theoretical. The reader is justified at this point in looking for specific examples of the ways policy affects direct practice. The following, although not a complete classification of ways that policy directly relates to practice, offers a few of many possible examples.

Policy Determines the Major Goals of Service

A basic component of social work practice is the setting of case goals. As illustrated by the vignette at the beginning of the chapter, the range of possible goals is not entirely up to the judgment of the individual social work practitioner but rather is greatly restricted, and sometimes actually prescribed, by agency policy. A good example of this is shown in child protective services. For a number of years, protective service policy was based on goals that have come to be referred to as “child rescue.” The idea was that when the level of child care in a home had sunk to the level of neglect or abuse, the family was probably irredeemable and the appropriate strategy was to get the child out of the home.
 Chapter 1: The Policy-Based Profession

and placed in a better setting. Based to a certain degree on case experience and research results, but probably more on the outcomes of a number of lawsuits, policy is now shifting to the goal of family preservation. This means that before a child is removed from the home, the social worker must demonstrate that a reasonable effort has been made to help the family while the child is still in the home. The point is that family preservation now figures prominently among the goals of child protection social workers, not because thousands of social workers have individually come to the conclusion that this is the most appropriate goal, but because policy now specifies that this be the goal of choice.

Policy Determines Characteristics of Clientele

Policy analyst Alvin Schorr has pointed out how agency policy, often in subtle ways, determines the type of clients that social agency staff will deal with. If the agency wishes to serve a middle-class clientele, they can attract this type of client and discourage poorer clients by means of several policy decisions. First, by locating in the suburbs, the agency services become more accessible to the middle class and less so to poorer segments of the population. Second, what Schorr terms agency culture can be designed to appeal to the middle class—whether the waiting room is plush or bare and functional; whether appointments are insisted on or drop-in visits are permitted; whether the agency gives priority to clients who can pay for services; whether the agency has evening and weekend hours or is open only during the day, and so forth.\footnote{29}

Policy Determines Who Will Get Services

Ira Colby relates a situation in which an anonymous caller contacted a state department of social services to report that a fourteen-year-old girl had been at home alone for several days with nothing to eat, and the caller wanted the department to “do something.” The supervisor who was working intake that day was torn about what action to take. On the one hand, [she] wanted to send a worker out to verify the referral and provide any and all available services; yet, the department’s policy clearly classified this case as a priority three—a letter would be sent to the caretakers outlining parental responsibilities. . . . In [this state], each child protective services’ referral is classified as a priority one, two, or three. A priority one requires that a worker begin work within twenty-four hours after the agency receives a referral; a priority two mandates that contact be made within ten days; a priority three requires no more action than a letter or phone call. Cases are prioritized based on a number of variables, including the alleged victim’s age and the type and extent of the alleged abuse.\footnote{30}

Most social workers are employed in agencies with policies specifying who can and who cannot receive services and some method of prioritizing services.

Policy Specifies, or Restricts, Certain Options for Clients

Policy often requires that a social worker either offer or not offer certain options. For example, social workers who are employed by Catholic Social Services are generally forbidden to discuss abortion as an option for an unplanned pregnancy. Social workers at a Planned Parenthood center are required to explore this option. When one of the authors began work for a state welfare department, during the first six months of his employment he was explicitly prohibited by
agency policy from discussing birth control with welfare recipients. During the last six months of his employment there, policy was changed to explicitly require him to discuss birth control with all welfare recipients.

Policy Determines the Theoretical Focus of Services

Although less common than the other examples, in certain instances agencies will have policies that require social workers to adopt a certain theoretical orientation toward their practice. For a number of years there was a schism in social work between the diagnostic school (followers of Sigmund Freud) and the functional school (followers of Otto Rank). Social agencies sometimes defined themselves as belonging to one school or the other and would not employ social workers who practiced according to the other perspective. Currently, there are agencies that define themselves as behavioral, ecosystems, feminist (or whatever) and frown on other approaches being applied by their staff. One of the authors once prepared a training curriculum for child protective services workers on behavioral principles; it was rejected by the state office training division because “this is not the way we wish our staff to practice.”

CONCLUSION

Although few social workers enter the profession because of an interest in social welfare policy, every social work practitioner is in fact involved in policy on a daily basis. Social work agencies are created by policies, their goals are specified by policies, social workers are hired to carry out policy-specific tasks, and the whole environment in which social workers and clients exist is policy determined. We often think of policy in terms of social legislation, but it is much broader than that. As Schorr has noted,

Power in terms of policy is not applied on a grand scale only; the term “practitioner” implies consideration of policy in terms of clinical relationships and relatively small groups. These may be as consequential or more consequential for the quality of everyday life than the large-scale government and private hierarchical actions that are more commonly regarded as policy. As practitioners practice policy, they may choose any of a variety of instruments. They may simply decide differently about matters that lie within their own control, they may attempt to influence their agencies or they may take on more deep-seated and, chances are, conflict-ridden change. These are also choices that practitioners make.31

The problem with which we began this chapter shows why social work students who desire to be direct practitioners need to study social welfare policy. The answer should be clear by now. Because social work is a policy-based profession, practitioners need to be sensitive to, and knowledgeable about, the dynamics of three systems—the client system, the practitioner system, and the policy system. Human behavior in the social environment curriculum concentrates on the dynamics of the client system; the social work practice curriculum concentrates on the practitioner system; and the social welfare policy and services curriculum focuses on the policy system. All three are equally important to the preparation of a direct practice social worker.
CHAPTER REVIEW

Log onto www.mysocialworklab.com and select the Career Exploration videos from the left-hand menu. Answer the following questions. (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. Watch the Beth Harmon interview, focusing on question 10 “What are your biggest challenges?” Do you think that the proliferation of “paper work” is an inherent consequence of being a policy based profession?

2. Watch the Sue Dowling interview, focusing on the question “How many cases do you handle at a time?” How does Ms. Dowling’s answer to this question illustrate practice implications of policy?

PRACTICE TEST

1. Interdependence can be defined as:
   a. A group of dependent people banding together to help each other.
   b. An individual is doing everything necessary to fulfill roles and the appropriate social institutions are functioning well enough to support the person’s role performance.
   c. The cause of the American Revolution.
   d. A person who is functioning somewhere between being independent and being dependent.

2. An example of individual role failure is:
   a. A woman can’t keep a job because she has problems controlling her temper.
   b. A woman is unemployed because there are not enough jobs in her community.
   c. A child with a learning disability does not attend school because the school does not offer a program to that meets his special needs.
   d. A young mother leaves her child at an unlicensed day care center because it is the only one she can afford.

3. Micropractice is dominant in social work because of all the following except:
   a. The individual is the most immediate target for change.
   b. The conservative nature of U.S. society.
   c. Most social workers really want to be psychiatrists.
   d. The model of professionalization that the social work profession has pursued.

4. The technique adopted by social work to define itself was known as:
   a. Social casework
   b. Psychoanalysis
   c. Community organization
   d. Behaviorism

5. The author of the 1915 paper that had a great impact on the direction of the social work profession was:
   a. S. Humphries Gurteen
   b. Mary Richmond
   c. Abraham Flexner
   d. Alvin Schorr

6. In this text, the traditional way of defining professions such as medicine is called:
   a. The market-based model
   b. The process model
   c. The conflict model
   d. The trait model

7. The author’s describe the policy based profession as being comprised of the following except:
   a. The practice system
   b. The policy system
   c. The client system
   d. The professional system

8. The thesis that asserts that professionals lose power and control when they work in organizations is called:
   a. The white collar blues
   b. Proletarianization
   c. Alienation
   d. Bureaucratization

9. Which of the following is not a policy practice role?
   a. Therapist
   b. Planner
   c. Administrator
   d. Program evaluator

10. Social policy does not determine the:
    a. Major goals of service
    b. Goals of clients
    c. Characteristics of clients
    d. Theoretical focus of services

Log onto MySocialWorkLab once you have completed the Practice Test above to take your Chapter Exam and demonstrate your knowledge of this material.