SPSW1001

INTRODUCTION TO HUMAN SERVICES AND COMMUNITY WELFARE

Semester 1, 2010

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Date Issued: Week 1 Semester 1 2010
Signature: A R Beveridge
*Cts information downloaded 30th January 2010
SPSW1001 - INTRODUCTION TO HUMAN SERVICES AND COMMUNITY WELFARE

Course Outline

Course Coordinator: Dr Alex Beveridge
Semester: Semester 1 - 2010
Unit Weighting: 10
Teaching Methods
Lecture
Self Directed Learning
Tutorial

Brief Course Description
Provides an introduction to the main ideologies and theories that have shaped the welfare state in Australia. It also provides an introduction to policy and practice in social welfare provision in Australia. It aims to develop a critical understanding of the way in which social, political and economic forces have shaped the development of welfare provision in Australia. A recurring theme throughout the course is the critical analysis of inequality and structural disadvantage.

Contact Hours
Lecture for 1 Hour per Week for the Full Term
Tutorial for 2 Hours per Week for the Full Term

Online Students:
Email Discussion Group for 2 Hours per Week for the Full Term
Self Directed Learning for 1 Hour per Week for the Full Term

On campus students participate in lecture and tutorial. Distance Education/Online students participate in email discussion and self directed learning.

Learning Materials/Texts
Set Text for seminars:
The Road to Social Work and Human Service Practice explores key elements of social work and social welfare practice as they are taught and practised internationally, while positioning students in a local context. This excellent text explores in depth working in human service organisations and discusses recent changes to policy, legislation and practice registration.

KEY THEMES:
1 Starting the journey: An introduction to social work and human service practice
2 Surveying the landscape: Historical and philosophical foundations for practice
3 Locating the lighthouse: Values and ethics in practice
4 Treading carefully: Professional practice and ethical standards
5 Finding the right maps: The knowledge base of practice
6 Travelling many paths: Practice fields and methods
7 Negotiating the maze: The organisational context of practice
8 Plunging in: Engagement, assessment, intervention, termination and review
9 Different landscapes: Working with difference
10 New journeys

ADDITIONAL RESOURCE-E TEXT:

Synopsis: Mendes (2002) considers the roles played by the key political parties, lobby groups and ideologies in determining Australia’s current welfare-related outcomes. With particular reference to recent ideas about globalisation, it considers:
* the influence of ideas such as economic rationalism (known outside Australia as neoliberalism), social democracy and the Blair government’s ‘the Third Way’
* the role of lobby groups including ACOSS, the ACTU, the business sector, the churches, welfare consumers, neoliberal think tanks, and the media

* the impacts of economic globalisation
Mendes uses contemporary case studies to explain current Australian welfare state policies and outcomes. From this basis it is able to consider potential/future policy directions. Australia’s Welfare Wars questions many of the values and assumptions that underpin contemporary social welfare policies. In particular, it critically examines the neoliberal or economic rationalist ideas currently dominating the welfare debates both in Australia and internationally, and demonstrates and reaffirms the ongoing relevance of social-democratic and welfare-state ideals.

Course Objectives
SPSW 1010 seeks to develop:

A critical understanding of the way in which social political and economic features have shaped the development of welfare provision in Australia;

An understanding of various models of the Welfare State, the ideologies which underpin them and the conceptions of welfare that the models support;
An understanding of the roles and responsibilities of different levels of government in Australia for welfare service provision;

An understanding of the ways in which the welfare of individuals, groups and communities may be affected by class, gender, ethnicity, sexuality, location and age.

An understanding of the role of beliefs, attitudes, and values in welfare service provision

Course Content
SPSW 1010 will consider four major themes:

1. Perspectives on Welfare: an introduction to the concept of welfare and welfare service delivery, and its central values: needs, rights, equity, access, justice and disadvantage;

2. History and Development of the Welfare State;

3. Specific Issues such as employment/unemployment, poverty, the gendered welfare state and racial inequality;

4. The Institutional Framework of Service Delivery - Approaches to Intervention.

Assessment Items

<table>
<thead>
<tr>
<th>Essays/ Written Assignments</th>
<th>Major Essay: 2000 words, due 4th June 2010 Academic week 13, worth 60%.</th>
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<tbody>
<tr>
<td>Presentation-Tutorial.</td>
<td>Tutorial presentation including written summary paper: worth 40% Due: One Week after presentation</td>
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Assumed Knowledge
None.

Callaghan Campus Timetable
SPSW1001 INTRODUCTION TO HUMAN SERVICES AND COMMUNITY WELFARE

Enquiries: School of Humanities and Social Science
Semester 1 - 2010
Lecture  Thursday  14:00 - 15:00  [V107]  Maths Bld. Lecture Theatre.
and Tutorial Thursday  15:00 - 17:00  [GP3-18]  General Purpose BLD.
or        Thursday  17:00 - 19:00  [McG25]  McMullen
or        Thursday  10:00 - 12:00  [McG25]  McMullen
Online Tutorial Registration:

Students are required to enrol in the Lecture and a specific Tutorial time for this course via the Online Registration system:


Registrations close at the end of week 2 of semester.

Studentmail and Blackboard: [www.blackboard.newcastle.edu.au](http://www.blackboard.newcastle.edu.au)

This course uses Blackboard and studentmail to contact students, so you are advised to keep your email accounts within the quota to ensure you receive essential messages. To receive an expedited response to queries, post questions on the Blackboard discussion forum if there is one, or if emailing staff directly use the course code in the subject line of your email. **Students are advised to check their studentmail and the course Blackboard site on a weekly basis.**

Written Assignment Presentation and Submission Details

Students are required to submit assessment items by the due date. Late assignments will be subject to the penalties described below.

**Assignments submitted after the due date, without an approved extension of time will be penalised by the reduction of 5% of the possible maximum mark for the assessment item for each day or part day that the item is late. Weekends count as one day in determining the penalty. Assessment items submitted more than ten days after the due date will be awarded zero marks.**

**Hard copy submission:**

- **Type your assignments:** All work must be typewritten in 12 point black font. Leave a wide margin for marker's comments, use 1.5 or double spacing, and include page numbers.
- **Word length:** The word limit of all assessment items should be strictly followed – 10% above or below is acceptable, otherwise penalties may apply.
- **Proof read your work** because spelling, grammatical and referencing mistakes will be penalised.
- **Staple the pages** of your assignment together (do not use pins or paper clips).
- **University coversheet:** All assignments must be submitted with the University coversheet: [www.newcastle.edu.au/policy/academic/general/assess_coversheet.pdf](http://www.newcastle.edu.au/policy/academic/general/assess_coversheet.pdf)
- **By arrangement with the relevant lecturer,** assignments may be submitted at any Student Hub located at:
  - Level 3, Shortland Union, Callaghan
  - Level 2, Student Services Centre, Callaghan
  - Ground Floor, University House, City
  - Ground Floor, Administration Building, Ourimbah
- **Date-stamping assignments:** All students must **date-stamp their own assignments** using the machine provided at each Student Hub. If mailing an assignment, this should be address to the relevant School. Mailed assignments are accepted from the date posted, confirmed by a Post Office date-stamp; they are also date-stamped upon receipt by Schools.
- **Do not fax or email assignments:** Only hard copies of assignments will be considered for assessment. Inability to physically submit a hard copy of an assignment by the
deadline due to other commitments or distance from campus is an unacceptable excuse. Assignments mailed to Schools are accepted from the date posted.

- Keep a copy of all assignments: All assignments are date-stamped upon receipt. However, it is the student’s responsibility to produce a copy of their work if the assignment goes astray after submission. Students are advised to keep updated back-ups in hard copy and on disk.

**Online copy submission to Turnitin**

In addition to hard copy submission, students are required to submit an electronic version of the following assignments to Turnitin via the course Blackboard website:

**ASSESSMENT ITEMS TO BE SUBMITTED TO TURNITIN INCLUDE:**

1. **MAJOR ESSAY 2:**
   Students are required to prepare a written discussion paper (Essay) which compares, contrasts and critically analyses a Person-centred Approach (Carl Rogers et al.) to Casework/Counselling, with a Structural/Radical perspective (Mullaly & Fook).
   As an alternative:
   students are invited to compare and contrast a traditional helping model with a Feminist Approach.
   Students are invited to compare and contrast a traditional Casework helping model with a Strengths-Based Approach (Saleeby).

   Due date: Friday due 4th June 2010 (Academic Week 13).
   Word Count: 2000 Words
   Worth: 60%.

**Marking Criteria:**

This assignment will be assessed from within the following criteria that must be satisfactorily completed in order for the student to receive a pass mark or better for the course.

*Demonstrated reading, reflection and appropriate referencing,
*Critical thinking, synthesis and analysis of issues,
*Identification of strengths & weaknesses (limitations) of theoretical models and practice approaches
*Clarity and coherence of argument,
*Presentation and formal structure of the discussion paper.
### Grading guide

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<tr>
<th>Percentage Range</th>
<th>Grade</th>
<th>Description</th>
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<tbody>
<tr>
<td>49% or less</td>
<td>Fail (FF)</td>
<td>An unacceptable effort, including non-completion. The student has not understood the basic principles of the subject matter and/or has been unable to express their understanding in a comprehensible way. Deficient in terms of answering the question, research, referencing and correct presentation (spelling, grammar etc.). May include extensive plagiarism.</td>
</tr>
<tr>
<td>50% to 64%</td>
<td>Pass (P)</td>
<td>The work demonstrates a reasonable attempt to answer the question, shows some grasp of the basic principles of the subject matter and a basic knowledge of the required readings, is comprehensible, accurate and adequately referenced.</td>
</tr>
<tr>
<td>65% to 74%</td>
<td>Credit (C)</td>
<td>The work demonstrates a clear understanding of the question, capacity to integrate research into the discussion, and a critical appreciation of a range of different theoretical perspectives. A deficiency in any of the above may be compensated by evidence of independent thought. The work is coherent and accurate.</td>
</tr>
<tr>
<td>75% to 84%</td>
<td>Distinction (D)</td>
<td>Evidence of substantial additional reading and/or research, and evidence of the ability to generalise from the theoretical content to develop an argument in an informed and original manner. The work is well organised, clearly expressed and shows a capacity for critical analysis.</td>
</tr>
<tr>
<td>85% upwards</td>
<td>High Distinction (HD)</td>
<td>All of the above, plus a thorough understanding of the subject matter based on substantial additional reading and/or research. The work shows a high level of independent thought, presents informed and insightful discussion of the topic, particularly the theoretical issues involved, and demonstrates a well-developed capacity for critical analysis.</td>
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### 2. Presentations – Tutorial:

Students are required to lead a discussion focusing on one chapter, drawn from Chenoweth, L. I. and McAuliffe, D. A. (2008). The Road to Social Work and Human Service Practice: An Introductory Text.

This task invites students to facilitate a group discussion and critical review of various historical and contemporary themes pivotal to the Australian Welfare State and its interlinked Human Services.

As a strategy for preparing individual presentations students are encouraged to discuss with teaching staff individual ideas, critical perspectives, and so on, before the presentation. The key expectation of the task is the generation of group discussion and critical reflection. A number of trigger questions will need to be prepared beforehand as a vehicle for prompting peer discussion. *It is an expectation that the presentation is an engaging process, not merely “reading from prepared notes”.* Students are encouraged to consider ways of constructing activities and small group tasks which are linked to the readings. This more active approach to learning (through engaging peers in an experiential task) will hopefully encourage greater connection to the material under examination.
Summary Notes must be submitted one week after presentation. In particular these brief notes must elaborate the questions generated from review (given these are brief prompts and guide notes there is no need to submit this material to Turnitin). Worth: 40% of total marks.

Assessment Criteria

- Engagement with audience
- Creativity and ability to devise novel and engaging materials
- Coherent Communication of ideas and Debates to peers
- Capacity to generate critical inquiry and broad discussion
- Ability to foster positive interpersonal interactions
- Demonstrated Reading and personal reflection
- Capacity for Analysis and Critical Thinking
- Synthesis and integration of Wide Literature
- Clarity and Coherence of Summary Notes
- Organisation and Presentation of summary notes

Penalties for Late Assignments

Assignments submitted after the due date, without an approved extension of time will be penalised by the reduction of 5% of the possible maximum mark for the assessment item for each day or part day that the item is late. Weekends count as one day in determining the penalty. Assessment items submitted more than ten days after the due date will be awarded zero marks.


Refer - ‘Rules Governing the Administration of Assessment Items - Rule 000113’ available @ http://www.newcastle.edu.au/policylibrary/000113.html (section 18)

Special Circumstances:

Students wishing to apply for Special Circumstances or Extension of Time should apply online. Refer - ‘Special Circumstances Affecting Assessment Items - Procedure 000641’ available @ http://www.newcastle.edu.au/policylibrary/000641.html

No Assignment Re-submission

Students who have failed an assignment are not permitted to revise and resubmit it in this course. However, students are always welcome to contact their Tutor, Lecturer or Course Coordinator to make a consultation time to receive individual feedback on their assignments.
Re-marks & Moderations

A student may only request a re-mark of an assessment item before the final result – in the course to which the assessment item contributes – has been posted. If a final result in the course has been posted, the student must apply under the Procedures for Appeal against a Final Result (see: http://www.newcastle.edu.au/study/forms/).

Students concerned at the mark given for an assessment item should first discuss the matter with the Course Coordinator. If subsequently requesting a re-mark, students should be aware that as a result of a re-mark the original mark may be increased or reduced. The case for a re-mark should be outlined in writing and submitted to the Course Coordinator, who determines whether a re-mark should be granted, taking into consideration all of the following:

1. whether the student had discussed the matter with the Course Coordinator
2. the case put forward by the student for a re-mark
3. the weighting of the assessment item and its potential impact on the student’s final mark or grade
4. the time required to undertake the re-mark
5. the number of original markers, that is,
   a) whether there was a single marker, or
   b) if there was more than one marker whether there was agreement or disagreement on the marks awarded.

A re-mark may also be initiated at the request of the Course Coordinator, the Head of School, the School Assessment Committee, the Faculty Progress and Appeals Committee or the Pro Vice-Chancellor. Re-marks may be undertaken by:

1. the original marker; or
2. an alternate internal marker; or
3. an alternate external marker (usually as a consequence of a grievance procedure).

Moderation may be applied when there is a major discrepancy (or perceived discrepancy) between:

1. the content of the course as against the content or nature of the assessment item(s)
2. the content or nature of the assessment item(s) as against those set out in the Course Outline
3. the marks given by a particular examiner and those given by another in the same course
4. the results in a particular course and the results in other courses undertaken by the same students.

Further detail on this University policy can be found at:

Return of Assignments
Students can collect assignments from a nominated Student Hub during office hours. Students will be informed during class which Hub to go to and the earliest date that assignments will be available for collection. Students must present their student identification card to collect their assignment.

Return of Assignments
Where possible, assignments will be marked within 3 weeks and returned to students in class. At the end of semester, students can collect assignments from the Student HUBS during office hours.

Preferred Referencing Style
In this course, it is recommended that you use the use the Harvard in-text referencing system (similar to the APA system) for referencing sources of information used in assignments. Inadequate or incorrect reference to the work of others may be viewed as plagiarism and result in reduced marks or failure. An in-text citation names the author of the source, gives the date of publication, and for a direct quote includes a page number, in parentheses. At the end of the paper, a list of references provides publication information about the source; the list is alphabetised by authors' last names (or by titles for works without authors). Further information on referencing and general study skills can be obtained from:


Student Representatives
We are very interested in your feedback and suggestions for improvement. Student Representatives are the channel of communication between students and the School Board. Contact details of Student Representatives can be found on the School website.

Student Communication
Students should discuss any course related matters with their Tutor, Lecturer, or Course Coordinator in the first instance and then the relevant Discipline or Program Convenor. If this proves unsatisfactory, they should then contact the Head of School if required. Contact details can be found on the School website.

Essential Online Information for Students
Information on Class and Exam Timetables, Tutorial Online Registration, Learning Support, Campus Maps, Careers information, Counselling, the Health Service and a range of free Student Support Services can be found at: http://www.newcastle.edu.au/currentstudents/index.html
<table>
<thead>
<tr>
<th>Week</th>
<th>Week beginning</th>
<th>Lecture Topic &amp; Tutorial Focus</th>
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</table>
                             Tutorial: Introductory Overview |
| 2    | March 8th      | Lecture: Towards a New Theory of Welfare Obligations.  
                             Tutorial: SMALL GROUPWORK. |
| 3    | March 15th     | Lecture: The Domains of Human Service Practice  
| 4    | March 22nd     | Lecture: The Historical & Political Development of the Australian Welfare State-Values and Ethics. Dilemmas And Contradictions.  
                             Tutorial: Values and Ethics, Chapter 3, Chenoweth and McAuliffe, pp.48-72.  
                             *See Also Chapter 4, pp. 76-100. Professional Practice and Ethical Standards  
                             *31st March Last Day to Withdraw without Financial Penalty |
| 5    | March 29th     | Lecture: Traditional Approaches to Human Service Practice  
                             Tutorial: The Knowledge Base of Human Service Practice  
                             Chapter 5, pp. 110-139. Chenoweth and McAuliffe.  
                             Semester Recess-Friday 2nd April. – Friday 9th April. |
| 6    | April 12th     | Lecture: Person-Centred Approaches to Casework & Counselling.  
                             Tutorial: Practice Fields & Methods Chapter 6, pp. 144-166. Chenoweth and McAuliffe. |
| 7    | April 19th     | Lecture: Assessment-Application of Life Span Development Psychological Models.  
                             Tutorial: Negotiating The maze: The Organisational |
<table>
<thead>
<tr>
<th>Date</th>
<th>Lecture</th>
<th>Tutorial</th>
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<tbody>
<tr>
<td>9 May 3rd</td>
<td>Lecture: Structural Theory and Practice.</td>
<td>Tutorial: Case Study (1) Aunty Ivy Marks</td>
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<tr>
<td></td>
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<td>Aunty Ivy Marks came to Lake Tyers mission from north-western Victoria when she was nine years old. She remembers when the mission was lit only by candles and tourists would visit by boat. This proud mother of fifteen children and grandmother has since become a respected Elder of the community that lives at Lake Tyers, the place that has become her home. Aunty Ivy has seen many changes in that time and experienced the effects of many government policies. Her own father was not allowed on Lake Tyers mission as his skin was too “fair” but despite this, he was able to save Aunty Ivy from life in an orphanage.</td>
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<td></td>
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<td>*See Blackboard for Copy of Case Study.</td>
</tr>
<tr>
<td>10 May 10th</td>
<td>Lecture: Counselling Men.</td>
<td>Tutorial: Case Study (2). Tom- Men Engaged In Partner Abuse.</td>
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<td>*See Blackboard for Copy of Case Study.</td>
</tr>
<tr>
<td>11 May 17th</td>
<td>Lecture: Women And Mental Health.</td>
<td>Tutorial: Case Study (3). M Channing- The Aftermath of Breast Cancer; Relational Issues &amp; Dynamics.</td>
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<td>*See Blackboard for Copy of Case Study.</td>
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<tr>
<td>12 May 24th</td>
<td>Lecture: Disability and Sexual Rights.</td>
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</table>
**Plagiarism**

University policy prohibits students plagiarising any material under any circumstances. A student plagiarises if he or she presents the thoughts or works of another as one's own. Without limiting the generality of this definition, it may include:

- copying or paraphrasing material from any source without due acknowledgment;
- using another's ideas without due acknowledgment;
- working with others without permission and presenting the resulting work as though it was completed independently.

Plagiarism is not only related to written works, but also to material such as data, images, music, formulae, websites and computer programs.

Aiding another student to plagiarise is also a violation of the Plagiarism Policy and may invoke a penalty.

For further information on the University policy on plagiarism, please refer to the Policy on Student Academic Integrity at the following link -


The University has established a software plagiarism detection system called Turnitin. When you submit assessment items please be aware that for the purpose of assessing any assessment item the University may -

- Reproduce this assessment item and provide a copy to another member of the University; and/or
- Communicate a copy of this assessment item to a plagiarism checking service (which may then retain a copy of the item on its database for the purpose of future plagiarism checking).
- Submit the assessment item to other forms of plagiarism checking
Written Assessment Items

Students may be required to provide written assessment items in electronic form as well as hard copy.

Extension of Time for Assessment Items, Deferred Assessment and Special Consideration for Assessment Items or Formal Written Examinations

Students are required to submit assessment items by the due date, as advised in the Course Outline, unless the Course Coordinator approves an extension of time for submission of the item. University policy is that an assessment item submitted after the due date, without an approved extension, will be penalised.

Any student:

1. who is applying for an extension of time for submission of an assessment item on the basis of medical, compassionate, hardship/trauma or unavoidable commitment: or

2. whose attendance at or performance in an assessment item or formal written examination has been or will be affected by medical, compassionate, hardship/trauma or unavoidable commitment;

must report the circumstances, with supporting documentation, to the appropriate officer on the prescribed form.

Please go to the Policy and the on-line form for further information, particularly for information on the options available to you, at:

Special Circumstances:

Students wishing to apply for Special Circumstances or Extension of Time should apply online. Refer - ‘Special Circumstances Affecting Assessment Items - Procedure 000641’ available @ http://www.newcastle.edu.au/policylibrary/000641.html

Changing your Enrolment

The last dates to withdraw without financial or academic penalty (called the HECS Census Dates) are:

For semester 1 courses: 31 March 2010

Students may withdraw from a course without academic penalty on or before the last day of semester and prior to the commencement of the formal exam period. Any withdrawal from a course after the last day of semester will result in a fail grade.

Students cannot enrol in a new course after the second week of semester/trimester, except under exceptional circumstances. Any application to add a course after the second week of semester/trimester must be on the appropriate form, and should be discussed with the School Office.
To change your enrolment online, please refer to  
http://www.newcastle.edu.au/study/enrolment/change-enrol.html

The Dean of Students  
Phone: 492 15806  Fax: 492 17151  
resolutionprecinct@newcastle.edu.au

Various services are offered by the University Student Support Unit:  

Alteration of this Course Outline

No change to this course outline will be permitted after the end of the second week of the term except in exceptional circumstances and with Head of School approval. Students will be notified in advance of any approved changes to this outline.

Web Address for Rules Governing Undergraduate Academic Awards  

Web Address for Rules Governing Postgraduate Academic Awards  

STUDENTS WITH A DISABILITY OR CHRONIC ILLNESS

The University is committed to providing a range of support services for students with a disability or chronic illness.

If you have a disability or chronic illness which you feel may impact on your studies, please feel free to discuss your support needs with your lecturer or course coordinator.

Disability Support may also be provided by the Student Support Service (Disability). Students must be registered to receive this type of support. To register please contact the Disability Liaison Officer on  49 21 5766, or via email at: student-disability@newcastle.edu.au

As some forms of support can take a few weeks to implement it is extremely important that you discuss your needs with your lecturer, course coordinator or Student Support Service staff at the beginning of each semester.

For more information related to confidentiality and documentation please visit the Student Support Service (Disability) website:  
www.newcastle.edu.au/services/disability
University Dates

Semester 1 commences
Monday 1st March 2010

31/03/2010 (31st March Last day to withdraw without financial penalty.)

Semester dates - 2010

Semester 1 commences Monday 1 March 2010
Semester 1 Recess (includes Easter) Friday 2 April to Friday 9 April 2010
Semester 1 resumes Monday 12 April 2010
Anzac Day Holiday Monday 26 April 2010
Semester 1 concludes Friday 4 June 2010

Students may withdraw from a course without academic penalty on or before the last day of semester and prior to the commencement of the formal exam period. Any withdrawal from a course after the last day of semester will result in a fail grade.

Spsw1001 Introduction To Human Service and Community Welfare 2010

Dr ALEXANDER

Case Analysis: Support Document

*Please Note as Outlined in The Course Outline Students are required to explore Person-Centre Theory and Practice, Life-Span Approach and one Other Theoretical Model of your Choice

There are many definitions of ethics, but for our purposes, we will define ethics as professional obligations and rules of conduct. We also have moral judgment, “a choice made about right or wrong behaviour . . .” (Barker, 1999). Other important concepts we should consider include beliefs, which are ideas people hold about reality and morality, and values, defined as “culturally defined standards by which people assess desirability, goodness, and beauty, and which serve as broad guidelines for social living” (Macionis, 1997).

Australian Institute of Welfare and Community Workers

AIWCW CODE OF ETHICS

1. INTRODUCTION

The welfare and community worker is a person who, through professional training and field education, has the requisite values, attitudes, knowledge and skills to work autonomously, or with a team, in a social welfare agency or program intended to promote, relieve or restore the social functioning of individuals, families, social groups or larger communities.

The welfare and community worker as a professional practitioner in the field of welfare and community work is concerned to promote the worth and well being of all individuals regardless of racial origin, sex, age or social status or other individual differences. The professional behaviour and practice of the welfare and community worker are aimed at maximizing the human potential and worth of all persons.
Conduct opposed to the full recognition of human dignity and well being for all persons within the welfare worker's professional practice shall be considered improper and unacceptable to the welfare and community work profession.

Welfare and community workers are concerned with issues of social justice and equity for clients including access to quality services and the opportunity for maximum client participation in service delivery.

2. Principles

2.1 Every human being, regardless of racial origin, age, sex, beliefs, and socio-economic status, has a right to maximise his/her potential providing it does not infringe upon the rights of others.

2.2 Every society has an obligation to provide for and deal equitably with all its members and to make extra provision for those persons who by reasons of disability or misfortune are disadvantaged.

2.3 The welfare and community worker in professional practice has an obligation to utilise all available skills and knowledge to promote the well being of individuals, groups and communities.

2.4 The welfare and community worker has a professional obligation to give clients all knowledge, information and skills, which will assist clients, and client groups realise their maximum human potential.

2.5 The welfare and community worker as a practitioner within complex social structures has an obligation to safeguard the human value of all persons encountered in practice.

3. Responsibilities to Clients and Client Groups

The welfare and community worker is placed in a unique relationship to other persons because of employment and profession. Obligations arise from that relationship - to safeguard the dignity of the client, to maintain the integrity of the practitioner and to recognise the value and worth of all persons involved in the welfare work practice.

3.1 Confidentiality - The welfare and community worker shall regard all information concerning clients disclosed in the course of practice as confidential, except where:
   a. with the client's permission referrals are to be made and other professional consultation is sought;
   b. failure to disclose information would breach the terms of the welfare worker's employment (such exceptions must be notified to the client)

3.2 Accountability - In exercising certain powers and using information, the welfare and community worker has an accountability to both the employing agency and to clients. However, special accountability to clients in preserving their dignity and autonomy is acknowledged.

3.3 Respect - The welfare and community worker has an obligation to treat clients with respect, to promote maximum self worth and dignity, and to safeguard and promote the capacity for free choice by the client.

4. Responsibilities to Colleagues

As a professional person the welfare and community worker can be expected to:

4.1 Respect the practitioner skills and conceptual abilities of colleagues;

4.2 Provide loyalty and support to colleagues where this does not contradict the principles of this code of ethics;

4.3 Share knowledge, skills and insights with colleagues;

4.4 Bring to the attention of colleagues unprofessional or unethical conduct, and if unresolved, to refer the matter to the appropriate professional bodies;
4.5 Refrain from any personal behaviour which may damage the profession.

5. Responsibilities to Employers and Employing Organisations

The welfare and community worker is expected to have clarified prior to employment that agency policies and practices are likely to allow the applications of the principles contained in this code of ethics.

As an employee of an organisation the welfare and community worker is expected to:

5.1 Carry out the duties and responsibilities outlined as terms of employment;

5.2 Assist in promoting the stated aims of the employing organisation in terms of policy, procedure and practice;

5.3 Distinguish in public statements or behaviour whether acting as an authorised spokesperson of the employer or in a private capacity;

5.4 Use professionally approved channels to express criticism of employment practices which are detrimental to the profession;

5.5 Be accountable to the employing organisations for the full discharge of duties - except where such contradicts this code of ethics.

6. Responsibilities to the Profession

6.1 Maintain proper standards of practice, and uphold principles and ethics of the code at all times;

6.2 Maintain the standards of knowledge, skill and learning appropriate to professional development;

6.3 Promote understanding of the role and skills of professional welfare and community work

7. Responsibilities of the Profession

The welfare and community work profession through the Australian Institute of Welfare and Community Workers Inc. will contribute to the knowledge, attitudes and skills of practitioners and positively promote social well being in the community.

By the application of sanctions, the Institute will move to protect individuals and communities against incompetent and unethical practices.

On advice from a State Branch of the Australian Institute of Welfare and Community Workers Inc., a review of alleged incompetent and unethical practices will be conducted by the Membership Assessment Panel which may recommend to the National Executive sanctions including removing eligibility for or membership of the Institute.

Even if we were able to completely believe in and follow community welfare ethical guidelines under all circumstances and held them as part of our personal morality and values, there still would be dilemmas. When we express a value or put one into action, many dilemmas and paradoxes become apparent. “It is no easy task to be good” (Aristotle, 1972).

There are several very well-conceived guidelines for ethical decision-making, and I have selected two to list below.

Reamer (1999) offers a systematic approach:

1. Protection of the necessary preconditions of individual action – such as life, health, food, shelter, mental equilibrium – take precedence over protection against the harm resulting from lying, engaging in deception, or breaking a confidence, or from threats to items that enhance the quality of life but are not necessary to it, such as recreation, excessive, and artistic artifacts.

2. An individual’s right to the necessary preconditions of action takes precedence over another individual’s right to freedom.

3. An individual’s right to freedom takes precedence over his or her right to basic well-being.

4. The obligation to obey laws, rules, and regulations to which one has voluntarily and freely consented overrides one’s right to engage voluntarily and freely in a manner that conflicts with these laws, rules and regulations.

5. In cases of conflict, individuals’ rights to well-being may override rules or arrangements of voluntary associations.

6. The obligation to prevent basic harms such as starvation and to promote the public good takes precedence over complete control of one’s property.

Lowenberg et al (2000) suggest the following “Ethical Assessment Screen”:

1. Identify your own relevant personal values in relation to the ethical dilemma which faces you.

2. Identify any societal values relevant to the ethical decisions to be made.

3. Identify the relevant professional values and ethics.

4. Identify alternative ethical options that you may take.

5. Which of the alternative ethical actions will protect to the greatest extent possible your client’s rights and welfare, as well as the rights and welfare of others?

6. Which alternative action will protect to the greatest extent possible society’s rights and interests?

7. What can you do to minimize any conflicts among 1, 2, and 3?

8. What can you do to minimize any conflicts between 5 and 6?

9. Which alternative action will result in your doing the “least harm” possible?

10. To what extent will alternative actions be efficient, effective, and ethical?

11. Have you considered and weighed both the short-term and long-term ethical consequences of alternative actions?
Approaches to ethics

The "four principles" approach

The "four principles" approach to ethics is based on principles of ethics articulated by Beauchamp and Childress. These principles are:

# Beneficence (the obligation to provide benefits);
# Non-maleficence (the obligation to avoid harm);
# Respect for autonomy (the obligation to respect the decision-making capacity of others);
# Justice (the obligation of fairness).

It is claimed that these four principles encompass most, if not all, ethical issues in healthcare and provide a common set of moral commitments and a common language for discussing ethical issues.

Narrative ethics

Narrative ethics offers an alternative approach to principles, in which personal narrative, rather than a pre-identified framework, is central to any analysis and to decision-making. The emphasis is upon understanding the meaning of the situation for those involved. Narrative analysis draws upon skills of interpretation and reasoning by analogy to reach sound and defensible conclusions. This approach assumes that the most appropriate ethical solution can be reached through knowledge of the personal, cultural and social context of the individual.

Ethics of care

Ethics of care gives priority to caring as the most important moral principle in healthcare ethics, rejecting abstract and impersonal approaches to ethical analysis. In particular, care is contrasted with justice as a more appropriate moral principle. Like narrative ethics, ethics of care relies upon detailed information about the context of ethical decision-making in order to provide ethically sensitive and morally supportive care.

Virtue ethics

Virtue ethics starts with a consideration of particular qualities or virtues such as honesty, wisdom, or kindness rather than with concepts or rules. Becoming a good Human Service Worker involves learning through experience and from others and adopting an internal, value-based perspective, rather than following external rules or principles. This approach emphasises character and wisdom rather than focusing on the "right" result. Virtue ethicists believe that the intention to be a kind and compassionate person, rather than following a set of prescribed rules, results in a more integrated life with better-quality interactions.

PERSON-CENTRED “HUMANISTIC APPROACH”.

QUESTIONS FOR CONSIDERATION:

*How might we approach the Case Study from a Person-Centred “Humanistic-Approach”?

*What explanations/insights can be drawn from applying a Person-Centred Analyses?

*From a Person-centred perspective how might we improve social functioning by increasing the client’s self-understanding and self-acceptance through a “non-directive” helping approach that emphasises empathic and reflective listening?

Underlying Theory of Person-Centred Counselling

The person-centred approach views the client as their own best authority on their own experience, and it views the client as being fully capable of fulfilling their own potential for growth. It
recognizes, however, that achieving potential requires favourable conditions and that under adverse conditions, individuals may well not grow and develop in the ways that they otherwise could. In particular, when individuals are denied acceptance and positive regard from others -- or when that positive regard is made conditional upon the individual behaving in particular ways -- they may begin to lose touch with what their own experience means for them, and their innate tendency to grow in a direction consistent with that meaning may be stifled.

One reason this may occur is that individuals often cope with the conditional acceptance offered to them by others by gradually coming to incorporate these conditions into their own views about themselves. They may form a self-concept which includes views of themselves like, "I am the sort of person who must never be late", or "I am the sort of person who always respects others", or "I am the sort of person who always keeps the house clean". Because of a fundamental need for positive regard from others, it is easier to 'be' this sort of person -- and to receive positive regard from others as a result -- than it is to 'be' anything else and risk losing that positive regard. Over time, their intrinsic sense of their own identity and their own evaluations of experience and attributions of value may be replaced by creations partly or even entirely due to the pressures felt from other people. That is, the individual displaces personal judgements and meanings with those of others.

Psychological distress occurs when the individual's 'self-concept' begins to clash with immediate personal experience -- i.e., when the evidence of the individual's own senses or the individual's own judgement clashes with what the self-concept says 'ought' to be the case. Unfortunately, disturbance is apt to continue as long as the individual depends on the conditionally positive judgements of others for their sense of self-worth and as long as the individual relies on a self-concept designed in part to earn those positive judgements. Experiences which challenge the self-concept are apt to be distorted or even denied altogether in order to preserve it.

### Therapeutic Approach of Person-Centred Counselling

The person-centred approach maintains that three core conditions provide a climate conducive to growth and therapeutic change. They contrast starkly with those conditions believed to be responsible for psychological disturbance. The core conditions are:

1. Unconditional positive regard
2. Empathic understanding
3. Congruence

The first -- unconditional positive regard -- means that the counsellor accepts the client unconditionally and non-judgementally. The client is free to explore all thoughts and feelings, positive or negative, without danger of rejection or condemnation. Crucially, the client is free to explore and to express without having to do anything in particular or meet any particular standards of behaviour to 'earn' positive regard from the counsellor. The second -- empathic understanding -- means that the counsellor accurately understands the client's thoughts, feelings, and meanings from the client's own perspective. When the counsellor perceives what the world is like from the client's point of view, it demonstrates not only that that view has value, but also that the client is being accepted. The third -- congruence -- means that the counsellor is authentic and genuine. The counsellor does not present an aloof professional facade, but is present and transparent to the client. There is no air of authority or hidden knowledge, and the client does not have to speculate about what the counsellor is 'really like'.

Together, these three core conditions are believed to enable the client to develop and grow in their own way -- to strengthen and expand their own identity and to become the person that they 'really' are independently of the pressures of others to act or think in particular ways.

As a result, person-centred theory takes these core conditions as both necessary and sufficient for therapeutic movement to occur -- i.e., that if these core conditions are provided, then the client will experience therapeutic change. (Indeed, the achievement of identifying and articulating these core conditions and launching a significant programme of scientific research to test hypotheses about them was one of the greatest contributions of Carl Rogers, the American psychologist who first began formulating the person-centred approach in the 1930s and 1940s.) Notably, person-centred theory suggests that there is nothing essentially unique about the counselling relationship and that in fact healthy relationships with significant others may well manifest the core conditions and thus
be therapeutic, although normally in a transitory sort of way, rather than consistently and continually.

Finally, as noted at the outset, the person-centred approach takes clients as their own best authorities. The focus of person-centred therapy is always on the client's own feelings and thoughts, not on those of the caseworker or counsellor -- and certainly not on diagnosis or categorization. The person-centred therapist makes every attempt to foster an environment in which clients can encounter themselves and become more intimate with their own thoughts, feelings and meanings.

**Ecological, Psych-Social Approaches:**

**QUESTIONS FOR CONSIDERATION:**

*How Might an Ecological, Psycho-Social Perspective be applied to the Case Studies?*

*Explore how this approach helps the worker maintain focus on the interplay between the person and his/her environment.*

*How might the clients behaviour be explained within a particular social context and environment?*

The Ecological Life Model was originally developed by Carla B. Germain (1980). This model explained social work practice in terms of life transitions, interpersonal dynamics, and environment.

The ecological systems theory states that the individual is engaged in constant transition with other people and with other systems in the environment which reciprocally influence each other. This theory is an extension of the person-in-environment perspective that dominated social work until the mid-1970s.

Ecological systems theory evolved as an outgrowth and synthesis of trends that include ego psychology, systems theory, family therapy, and ethnocultural factors. For the ecological theory, each system is unique and people are not mere reactors to environmental forces; they act on their environment and make choices. From this perspective, satisfaction of human needs and mastery of developmental tasks requires adequate resources in the environment and positive transactions between people and their environments.

**SYSTEMS:**

**Microsystem** - The most basic system, referring to an individual's most immediate environment (i.e., the effects of personality characteristics on other family members).

**Mesosystem** - A more generalized system referring to the interactional processes between multiple microsystems (i.e., effects of spousal relationships on parent-child interactions).

**Exosystem** - Settings on a more generalized level which affect indirectly, family interactions on the micro and meso levels (i.e., the effects of parent's employment on family interactions).

**Macrosystem** - The most generalized forces, affecting individuals and family functioning (i.e., political, cultural, economical, social).

Over time the Ecological Perspective has been expanded to explain that an individual is “constantly creating, restructuring, and adapting to the environment as the environment is affecting them”. The systems approach now added the social elements to the interactive process. In the 1960's and 1970's, the systems theory was expanded based on an ecological approach, breaking down the term “environment” into social determinants with varied levels of power and influence, as deemed by individual stress and need and level of connectedness.

Unlike most behavioural and psychological theories, ecological theories focus on inter-relational transactions between systems, and stress that all existing elements within an ecosystem play an equal role in maintaining balance of the whole.
In community welfare & social work practice, applying an ecological approach can be best understood as looking at persons, families, cultures, communities, and policies and to identify and intervene upon strengths and weaknesses in the transactional processes between these systems. Holistic thinking can provide a paradigm for understanding how systems and their interactions can maintain an individual's behaviour.

**Students are encouraged to consult the following Electronic Textbook via Auchmuty Library. In particular Humanist and Feminist Approaches.**

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Summary

Containing chapters on Relational Theory, and Cognitive-Behavioral Theory, Existential Theory, and Wraparound Services, this work includes information on the movement toward eclecticism, the rationale and empirical support for eclecticism, and approaches to eclecticism. Each chapter provides references on theory, research, and practice

**STRENGTHS-BASED THEORY & PRACTICE.**

**QUESTIONS FOR CONSIDERATION:**

*Drawing on a Strengths-Based Perspective-critically examine the question: “How could a Strengths-Based Approach if applied to the Case Study counter-balance the pre-occupation with focusing on clients problems, pathology, and deficits?*

*What could be gained by highlighting and affirming peoples existing and potential assets and capacities?*

*Critically examine and reflect on Saleeby’s assertion: “The language of pessimism and doubt, professional cynicism: Accentuating the problems of clients creates a wave of pessimistic expectations of, and predictions about, the client, the client's environment and the client's capacity to cope with that environment”.*

**Overview:**

The focus on strengths and empowerment has gained considerable prominence over the last couple of decades and represents a major paradigm shift away from the problem-based approach that has been with community welfare & social work for such a long time. Both approaches will have and keep its supporters for years to come, but the focus on strengths and empowerment has become too strong to be ignored. It constitutes a fascinating and refreshing way to look at clients and their circumstances and is characterized by its positive and optimistic view of people confronted by life's challenges.
Historically Human Service workers have seen the purpose of their work as assisting people in their relationships to one another and with social institutions. For them, practice focuses on developing more positive and promising transactions between people and their environments. They regard the empowerment perspective as central to practice and see client strengths as providing the fuel and energy for that empowerment. Strengths-oriented Human Service practice incorporates empowerment as both a concept and a process.

2. THE DEFICIT/PROBLEM-BASED MODEL

In order to understand and appreciate the contrasts between the strengths approach and the problem-based or deficit model, some of the assumptions of the problem-based model should be considered.

Saleebey (2001) makes it clear that social work and other professions have not been immune to the contagion of the disease- and disordered-based thinking. He explains that much of social work theory and practice has been developed around the supposition that clients become clients because they have deficits, problems, pathologies, and diseases; that they are in some way weak or flawed. Saleebey points out that more sophisticated terminology prevails today, and he declares that the metaphors and narratives that guide our thinking and acting which are often imbued negatively.

Attention to “people’s inability to cope is a central expression of the prevailing perspectives on helping." ..virtually all schools of therapeutic thought rest on the belief that people need help because they have a problem that in some way sets them aside from people who are thought not to have that problem.

Cowger (1994) observes that much of the social work literature on practice with families “continues to use treatment, dysfunction, and therapy metaphors and ignores work on family strengths developed in other professions.” DuBois and Miley (2005) also drive the point home stating that the "professional literature abounds with information on functional problems, maladaptation, victimization and powerlessness." They feel that it too often happens that professionals identify deficits, incompetencies, and maladaptive functioning and yet seem unable to notice clients' strengths.

Saleebey (2001) came to the conclusion that the words and terms associated with pathology expresses the following assumptions and consequences:

* The person is the problem or pathology named: This implies that the person becomes the alcoholic or schizophrenic or whatever the label is that is attached to him or her. Other elements of a person’s character, experiences, knowledge or aspirations, slowly recede into the background, replaced by the language of symptoms and syndrome. No wonder that the client actually does not get effective help from a well-meaning professional person but instead is being made aware of his weaknesses and inadequacies.

* The language of pessimism and doubt, professional cynism: Accentuating the problems of clients creates a wave of pessimistic expectations of, and predictions about, the client, the client’s environment and the client’s capacity to cope with that environment. Saleebey (2001) explains that a focus on what is wrong often reveals an egregious doubt about the ability of individuals to cope with life’s challenges or to rehabilitate themselves. DuBois and Miley (2005) echo these views by saying that narrowly “focusing on clients’ problems excludes from view the resources of their strengths. They warn that an emphasis on what the clients are doing wrong decreases their sense of competence and heightens their defensiveness and vulnerability. The significance of this is that the defensiveness from the client is not a characteristic of the person but a response of the client to the relationship.

* Distance, power inequality, control, and manipulation mark the relationship between the helper and the helped: Saleebey (2001) expresses the view that the idea that we have empirically-grounded or theoretically-potent techniques to apply is misleading, but it may create distance between clients and helper. This, he feels, may imply a power inequality.
* Context-stripping. Problem-based assessments often do not regard the context of the client and this deletion is not helping very much. Saleebey (2001) and Weick et al. (1989) explain that problem-based assessments tend to be individually focused and do not give an ecological account of people's problems. Saleebey (2001) notes that when we transform people into cases, we often see only them and how well they fit into a category. In doing this, important elements of the client's life - cultural, social, political, ethical, spiritual, and economic - and how they contribute to, sustain, and shape a person's misery or struggles or mistakes, don't get emphasised.

* The supposition of disease assumes a cause for the disorder and, thus a solution: The perception that the identification of the problem leads to the solution does not convince Saleebey (2001). He feels that the idea of a regression line between cause, disease, and cure ignores the steamy morass of uncertainty and complexity that is the human condition. Saleebey believes that it also takes out of the hands of the person, family, friends and the neighbourhood - the daily life world of all involved - the capacities and resources for change. Weick et al. (1989) expands on this view by arguing that concern "about establishing the precise cause of the problem ensnares social workers in a strategy for dealing with the problem in those terms". If the cause of the problem is determined, the client is "taught" this view of the problem.


**General themes of structural community welfare/human service work**

1) Exposing and opposing socio-economic structures (primary and secondary) that oppress people.

Uncovering or unmasking structures in society that oppress people according to class, gender, race, age, ability, and sexuality. Structural social work views debates about which particular oppression is more debilitating and therefore more central than other oppressions is futile. It believes that social relations of oppression are interwoven and interdependent. The primary structures include patriarchy, racism, capitalism, heterosexism, ageism, ableism. The secondary structures include personality, family community and bureaucracy. The division is used because the primary structures have more impact on secondary structures than vice versa.

2) Analysis of the social control functions of the Human Services.

Structural approaches to intervention recognizes that the human services profession in its broadest arrangements functions, in part, to control certain groups and individuals so that social and power divisions are maintained. This recognition and philosophical stance allows human service workers to avoid participating in activities which serve the interests of powerful groups in society. Structural human service workers avoid the dominant medical model in which the worker as expert diagnosis problems and prescribes solutions. In contrast the structural human services worker engages in mutual dialogue to optimize egalitarian relationships.
3) Critical analysis of existing social relations and arrangements.

Structural human services workers need to be aware of how other institutions, and broader economic and social arrangements serve the interests of powerful groups in society. They must be aware of how this context effects their day-to-day practice. There must be a constant awareness of how broader structures may influence their work and the situation of their clients.

4) Working simultaneously on liberating persons and liberating structures.

Personal liberation and social change are inextricably linked. Personal change for a client allows clients to recognize how structures affect their lives. The worker and client collaborate in linking client thoughts and feelings to the personal impacts of social structures. It should also explore the impact of the feelings and behaviour of others on the client.

5) Goals of client empowerment and worker activism for social change.

In the client -- worker dialogue, the worker supports the client in linking their own experiences with others in similar situations. This is a core working component of client empowerment. There is an element of social and political change inherent in the process of workers and clients sharing power and working together. Structural human service workers recognize the importance to join struggles and movements for social change. Remaining on the sidelines only serves to perpetuate oppressive social relations and structures.

6) integrated model of practice, as opposed to specialize practice

Structural human service work requires skills in individual, family, group and community practice, and knowledge of social policy and welfare. It opposes the separating of direct intervention and social administration or policy, and community work and organizing.

**ANTI-DISCRIMINATORY AND ANTI-OPPRESSIVE APPROACHES:**

**QUESTIONS FOR CONSIDERATION:**

What is the relevance of an Anti-discriminatory and anti-oppressive approach?

According to Thompson (1992, pp.169-70):

‘There is no middle ground; intervention either adds to the problem (or at least condones it) or goes some small way towards easing or breaking such oppression. In this respect, the political slogan, ‘If you’re not part of the solution, you must be part of the problem’ is particularly accurate.

An awareness of the sociopolitical context is necessary in order to prevent becoming (or remaining) part of the problem.’

Critical approaches to the community welfare & social work assume that Human Service workers should:
• prioritise the structural social processes such as those associated with class, gender and/or race inequalities, in their analysis of, and response to, the problems facing clients
• adopt a critical and self-reflexive stance toward the often contradictory effects of community welfare & social work practices and policy processes
• commit to co-participatory rather than authoritarian practice relations in policy making and in direct service delivery
• commit to working with, and for, oppressed populations for progressive social change.

Analyse the following assertion and apply this argument to the case study under review:

Community Welfare & Social Work are professions highly conditioned by institutional/structural inequalities. The encounters between the client and the worker, the worker and the agency, and the agency and the state are all shaped within the context of unequal power relations (Garcia and Melendez, 1997; Pollack, 2004).


Consider the following viewpoint from Structural Theory. How might these ideas relate to the Case Study?:

Structural views of poverty typically focus on changing the system rather than changing the poor. But systemic changes are difficult to achieve and require long-term strategies. Impoverished groups can advance anti-poverty policies by advocacy, lobbying, coalition building, increasing social awareness and supporting social movements that increase community participation in political processes. But the community’s ability to promote social change is severely limited by structural constraints. Area-based agencies cannot combat structural inequality and deprivation, and social and economic policies are also needed to address these broader social forces and the power structures that maintained them. Oppression can be defined as a state of asymmetric power relations characterised by stages of oppression, subordination and resistance.

Structural Community Welfare & Social Work

QUESTIONS FOR CONSIDERATION:

*What insights can be gained from applying a Structural Theoretical Analysis to the case study?*

*Identify the critical issues and value dilemmas raised by a Structural Analysis*

*Examine critically the following comment: “principally the major shortcomings of conventional community welfare & social work concern the policies, workers and organizations which accept and participate in the present social order rather than addressing the systemic social problems that exist within capitalist societies-In sum, “fixing up, adjusting individuals, rather than taking action for social justice.”*

From a Structural approach Robert Mullaly critiques conventional “helping/Do-Goodism” on behalf of the controlling state. Mullaly advocates for a progressive view that is practiced within the social agency, outside of the agency, and within the personal lives of structural Human Service workers.

**Structural community welfare work**: extends conventional casework notions of social context to an emphasis on how socioeconomic structures oppress. Frequently when conventional community welfare work approaches look at environmental factors they concentrate on immediate social environment such as family, friends and work. Structural community welfare work considers these environmental factors, and extends the analysis by consideration broader socioeconomic factors.
DEFENCE OF CLIENTS RIGHTS

- Recognizes importance of material resources

Defence of Client's Rights: refers to worker activities directed at responding to the clients need for adequate financial and material resources. Advocacy for client rights and adequate resources recognizes the importance of addressing issues of material resources. Conventional community welfare work encourages workers to emphasize personal emotions, skills, and interpersonal capacities and conveys the message that these are more important than advocacy for material resources.

MUTUAL DIALOGUE

*egalitarian client-worker relationship
*demystify professional techniques

Mutual dialogue: structural community welfare workers strive for egalitarian mutual dialogue in the client worker relationship. Conventional community welfare workers maximize worker -- client power differences following the professional expert model. While consultation may occur generally-prescribed solutions are proposed which clients are expected to follow.

LINK PERSONAL & POLITICAL

- extend traditional casework methods
- how clients situation links with structures

Linking Personal and Political:
structural community welfare workers begin with the premise that existing structures are oppressive and the focus is directed towards social change. This involves sharing opinions and encouraging feedback concerning how the client’s situation links with the primary structures of oppression. Conventional community welfare work methods tend to blame the victim and psychologizing problems.

PERSONAL CHANGE:
- do not ignore responsibility for behaviour
- explore behaviour in relation to others and structures in society

Personal Change: although the structural community welfare worker views social problems as being caused by the primary structures of oppression, they do not blame everything on structures and ignore individual responsibility for harmful behaviour. Client and worker work together to explore the clients feelings and behaviour in relation to both the structures of oppression and the behaviour of other people.

COLLECTIVE CONSCIOUSNESS

- recognize common experiences
- discuss how collective solutions occur

Collective Consciousness: fostering collective consciousness requires that people recognize common experiences. Progressive community welfare workers should link their own experiences with the experiences of others in similar situations. The client -- worker dialogue should include an examination of how collective solutions to problems can occur. Clients are encouraged to link with other people who have had similar experiences.

SOCIAL ACTIVISM

- involve yourself in social change action
- activism is the most important & powerful aspect

Social Activism: structural community welfare workers engage in activism to change structures. Since conventional community welfare workers do not see existing structures as problematic,
political activism is seen as unnecessary and unprofessional. For structural community welfare workers training social action groups, or movements, represent one of the most important and powerful aspects of work.

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**Post-Modernization, Economic Rationalism and The MacDonalization of Social Care.**

**QUESTIONS FOR CONSIDERATION:**

*Explore the Case Study from the perspective of Post-Modernization, Economic Rationalism and The MacDonalization of Social Care.

*Bureaucratic decentralization: the dispersal and delegation of responsibilities—What might be the effects for Clients and Families?

There are two related aspects of decentralization—dispersal, which refers to the outward or horizontal displacement of activities, and delegation, which refers to the shift of authority to those lower down a chain of command. Historically, central government had a crucial role in providing welfare services. This bureaucratic arrangement was increasingly under critical attack from a range of political and ideological persuasions: it was criticized for being unable to meet the varied and changing needs of the population as well as for being expensive. The consequence was the gradual dismantling of the ‘welfare state’: responsibility for the provision of welfare has been dispersed away from the public sector, in particular state authorities, to a range of private or Faith-Based/charitable organizations. Compulsory Competitive Tendering (CCT) required government authorities to consider alternative providers for specified local services. Social services were, however, exempted. Informed by public choice theory, this strategy aimed to make service provision more economical, efficient and effective.

Whilst retaining control, the government has not only dispersed, but also delegated responsibility for the provision of social care. In particular, managerial responsibilities have been delegated to practitioners through the hierarchical chain of command. Community Welfare & Social Workers, for example, now have to appreciate and work to specified budgets as well as become implicated in the purchasing and contracting of services. This is seen most clearly in adult care where practitioners are now known as care managers. This new role does not bring enhanced autonomy. On the contrary, critics have argued that a reduction in autonomy has occurred as practitioners have become co-opted into the government’s agenda and subjected to micro-management—wherein they must “do more with less” and this often means cutting services and so on. The focus becomes on of cash-centred economic rationalism distanced from ethics, social justice and human rights.

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**FEMINIST HUMAN SERVICE WORK: CASEWORK & COUNSELLING.**

**QUESTIONS FOR CONSIDERATION:**

*Explore and critically reflect upon the statement:

“...Feminism’s structural perspective seems a far better fit than that provided by orientations which merely focus on personal behaviours, individual pathology or intrapsychic processes…”

*What do you perceive as the potential benefits of drawing on a Feminist Theory and Practice Approach to the Case Study?
*Critically examine the following Feminist statement:

“Feminist Counselling begins with the idea that reality is ‘socially constructed’ rather than ‘fixed’ and focuses on empowering the individual to see the political implications of the personal crisis.”

Reflect upon the following Feminist Counsellors statement:

“Feminism enables me to incorporate broader political issues connected to a client’s ‘problems’, therefore helping to ‘de-pathologize’ herself and her situation...It introduces commonality of women’s experience, thus reducing her beliefs about herself as ‘causing the problem’...”

**Available from Sage OnLine………….

**Feminist Theories.**

A growing number of authors have lamented social work’s emphasis on personal attributes (thoughts, feelings, behaviours and lifestyles) as primary intervention targets, while rhetorically espousing a holistic, eco-logical perspective, as well as an interest in solving social problems (e.g., Epstein, 1994; Jacobson, 2001).

Feminism’s structural perspective seems a far better fit than that provided by orientations which Gorey et al. merely focus on personal behaviours or intrapsychic processes (Collins, 1986; Mullaly, 1993). A number of general attributes of feminist practice may serve to set it apart from other practice modes:

(a) the importance of gender is explicitly addressed as are such related issues as inegalitarian resource distribution and oppression;
(b) efforts are made to eliminate, or minimally, to diminish false dichotomies and artificial separations;
(c) power is reconceptualized; and
(d) a strengths perspective is emphasized (Bricker-Jenkins, Hooymann, & Gottlieb, 1991; Burt & Code, 1995; Russell, 1989; Tavris, 1992; Van Den Bergh, 1995).

Among the continuum of major feminist theoretical orientations, there are two approaches that are most germane to social work practice: liberal and radical (Trainor, 1996).

The liberal orientation tends to fit with traditional modes of practice. Though it emphasizes the importance of equal rights for women, it still focuses on the correction of individual deficits.

The radical perspective, on the other hand, focuses systemically on a variety of intervention targets: social relationships, larger institutional systems, and the structures of a patriarchal society (Israeli & Santor, 2000; Nes & Iadicola, 1989; Sands & Nuccio, 1992).
Feminist theory examines women in the social world and addresses issues of concern to women, focussing on these from the perspective, experiences, and viewpoint of women. It cuts across conventional academic disciplines (e.g. feminist history, geography, literature, science) and develops ideas and approaches that are useful in a wide variety of these disciplines. Not only have feminists critiqued conventional methodological approaches, they have developed new methods – placing more emphasis on the experiences of women and new forms of knowledge. As noted earlier, feminism is closely engaged with the social world – feminist theorists tend to be women who theorize about their own experiences and interaction, it is concerned with the everyday lives and experiences of women and their social interactions, and it is often connected to women’s groups, social reform, and broad social and political movements, organizations, and institutions. As a method of conducting social analysis, social research, and social theorizing, feminist theoretical perspectives provide worthwhile models and examples for sociology and other academic endeavours.

Feminist Theories and Feminist Psychotherapies: Origins, Themes, and Diversity by Carolyn Zerbe Enns, J. Dianne Garner
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Haworth Innovations in Feminist Studies

Feminist Theories and Feminist Psychotherapies: Origins, Themes, and Diversity, Second Edition examines major feminist theoretical perspectives and links them to practical applications of feminist therapy. This book focuses on the evolution of feminist therapy and how historical and current feminist practices interconnect with feminist theoretical and political thought. This new edition contains numerous improvements to further your research with new references, additional information on diversity issues, and more.

Feminist Theories and Feminist Psychotherapies concentrates on major feminist theories and therapies, including:

*liberal feminist theory and therapy
*radical social change feminisms in feminist theory and therapy
*cultural feminist theory and therapy
*women-of-colour feminisms and feminist therapy
*global feminist theory and therapy
*feminist postmodernism theory and therapy
*lesbian/queer feminisms and therapy
*third-wave feminisms and therapy

Tammie Byram Fowles, MSW, Ph.D. reflecting on her years of Feminist centred Counselling notes the impact of "traditional" and "growth" therapies on women as well as describes "feminist" therapy in action. In doing so she offers a great deal of insight regarding the role of the therapist in feminist work including:

1) That the therapist's most essential tool is herself as a person.

There have been so many occasions in my years as a therapist that I've sat speechless with a client, knowing all too well that there are no words that will comfort, justify, or explain the pain away. There have been all too many times when all my years of studying the human psyche and condition still render me helpless to alter a particular circumstance, belief, or feeling. On these occasions I can only offer
my support, my caring, and my understanding. I'm humbled at these moments but not
disempowered. I've learned that in joining another human being in his or her pain; in being a steady
and present witness; in respecting the magnitude and depth of their feelings, I can't lead them out
of the darkness, but I can stand beside them. Anyone who has ever been deeply afraid or saddened
recognizes that an outstretched hand can be a true gift.

2) It is essential therapy be demystified from the beginning in order for clients to achieve a sense of
their own power (and responsibility, I would add) in therapy. "Therapy must be geared to helping
the client see that she must be her own rescuer - that the power she longs for is not in someone
else but in herself."

I was visiting with a very special friend and fellow therapist one day discussing movies we'd
seen over the years. She reminded me of a scene in a movie whose title I have long since
forgotten. In this particular scene, the main character is at a party where she meets up with
her therapist. They chat for a few moments and then part company. A friend approaches the
main character and asks who the woman was that she had been talking to. The heroine
responds, "that's no woman. That's my therapist!"

This scene illustrates the mystique that therapists often have with their clients. While intellectually
our client's realize that we, too, are imperfect and possess our own difficulties and short-comings,
they very often manage somehow to perceive us as somewhat "larger than life." They often look to
us to provide the "right" answers, point the way, or tell them how to "fix it". Our responsibility is not
to oblige them (even if we could), but to assist them in recognizing and learning to trust their own
power and wisdom.

3) That rules of the therapeutic relationship should be overtly stated and mutually agreed upon.
This doesn't mean that the therapist explains the rules by which the client is expected to operate,
but rather that the client and therapist explore their expectations of one another together and
jointly come to an agreement of what each person's role and responsibilities will be.

4) Within every symptom, no matter how painful or problematic, there exists a strength.

Helen Gahagan Douglas in The Eleanor Roosevelt We Remember" ("The Quotable Woman", Vol.
Two, edited by Elaine Partnow, 1963,) wrote:

"Would Eleanor Roosevelt have had to struggle to overcome this tortuous shyness if she
had grown up secure in the knowledge that she was a beautiful girl? If she hadn't struggled
so earnestly, would she have been so sensitive to the struggles of others? Would a beautiful
Eleanor Roosevelt have escaped from the confinements of the mid-Victorian drawing room
society in which she was reared? Would a beautiful Eleanor Roosevelt have wanted to
escape? Would a beautiful Eleanor Roosevelt have had the same need to be, to do?"

Perhaps Eleanor would have still accomplished all that she was to achieve in her lifetime, beautiful
or not; however, it's been reported that Eleanor herself confided that her insecurity about her looks
often motivated her.

Wayne Muller, in Legacy of the Heart: The Spiritual Advantages of a Painful Childhood (1992)
observed while working with individuals who had experienced painful childhood's that,"...even as
they struggled to be free, the reverberations of family sorrow continued to infect their adult lives,
their loves, even their dreams. Yet, at the same time I've also noted that adults who were hurt as
children inevitably exhibit a peculiar strength, a profound inner wisdom, and a remarkable
creativity and insight."

In the introduction of "Healing Voices: Feminist Approaches To Therapy With Women" (1990),
Laidlaw and Malmo state that feminist therapists welcome their clients' inquiries about the
therapist's values, methods and orientations. They also:

(1) at appropriate times share their own experiences in order to assist their clients;

(2) encourage their clients to take an active part in making decisions about the course of therapy;
(3) and allow the client final say over the content of a session, the choice of method, and the pacing of therapeutic work.

**SELF DISCLOSURE**

The degree of therapist self-disclosure is an area in which a wide range of opinions exists. For some, the therapist should not provide personal information to the client in almost any circumstance. Others firmly maintain that some personal information is not only acceptable at times, but advisable. I find myself agreeing with the latter. In order for a true therapeutic relationship to develop, in my opinion, therapist and client generally must achieve some level of intimacy. I don’t believe that such intimacy can exist without the therapist sharing some limited aspects of his or her own life from time to time.

Carl Rogers urged therapists to be genuine. How can one be genuine when conscientiously hiding all personal aspects of oneself? When a client asks if I am angry with them and I say that I'm not (after all, therapists should never experience anger toward a client) when in fact I am angry, I am not only being disrespectful, I'm inflicting damage. When a client observes that I look like I've had a hard day, and I deny that I have, when the truth is that the day has been extremely difficult, I've become a liar to someone whose trust is extremely important. This doesn’t mean that I should proceed to describe my day to the client, but that I merely acknowledge that the client's observation is a perceptive and accurate one.

Lenore E. A. Walker, in her piece, "A feminist Therapist Views The Case" from "Women as Therapists" (Cantor, 1990), provides an overview of the guiding principles of feminist therapy, including:

1) Egalitarian relationships between clients and therapists serve as a model for women to take personal responsibility to develop egalitarian relationships with others instead of the more traditional passive, dependent female role. While it is excepted that the therapist knows more in terms of social-psychology, the client knows herself better. That knowledge is as critical as the therapist's skills in developing a successful therapeutic relationship.

2) The feminist therapist focuses on the enhancement of women's strengths rather than remediation of their weaknesses.

3) The feminist model is non-pathology-oriented and non-victim blaming.

4) Feminist therapists accept and validate their clients' feelings. They are also more self-disclosing than other therapists thus removing the we-they barrier between therapists and their clients. This limited reciprocity is a feminist goal that is believed to enhance the relationship.

Milton Erikson spoke often of the importance of joining with our clients. It's difficult from my perspective to accomplish this if we're placed somewhere above our clients and often out of their reach. To truly understand another, we must be willing to get close enough to really see; we can miss so much when keeping back too great a distance. Perhaps, in part, the distance is recommended, because it's not possible to observe imperfections and vulnerabilities close up without risking our own being exposed from time to time. Therapists need not be perfect in order to be effective; in fact, they don't even need to be smarter.

Janet O'Hare and Katy Taylor in the book, Women Changing Therapy (1985), edited by Joan Hammerman Robbins and Rachel Josefowitz Siegel, provide a number of insights and recommendations for working with victims of sexual abuse including:

(1) A controlling therapist is too much like the abuser to be helpful;

When we encounter an individual who has been abused, our assuming control of the therapeutic process is bound to be threatening to most. Such individuals have been told what to do very often for much of their lives, and voluntarily surrendering now to the mandates of yet another feels uncomfortably familiar. Victims and survivors need to be empowered to act in their own best interests, to make their own decisions, and communicate their needs effectively. Attempting to acquire these abilities in the presence of a controlling "expert" is hardly conducive to producing these results.
(2) The client must be encouraged to recognize her own strengths.

Often victims and survivors of abuse are acutely aware of their inadequacies and have little faith in their strengths. It is important that when working with these individuals that the therapist focus on and strive to develop strengths vs. honing in on and seeking to remediate inadequacies. In fact, many of the tendencies that survivors (and some therapists) perceive as weaknesses are, in fact, just the opposite -- assets to be recognized and appreciated.

(3) The therapist must honour the client's own healing process and allow the healing to proceed at the client's own pace.

Not being controlling need not mean being non-directive. In operating from a brief treatment perspective, it's absolutely necessary that the therapist remain active and quite often provide direction. This from my perspective, indicates that we must serve as guides and facilitators. It may be important to remember that when one engages the services of a guide when embarking on a journey, it's ultimately the role of the one to be guided to determine the destination, the limits of the distance to be travelled, the stops along the way, and the overall pace. It's the guide's responsibility to meet the objectives of the guided.

**Disability Theory:**

**QUESTIONS FOR CONSIDERATION:**

*What is the relevance of Disability Theory to the Case Studies?*

*What insights can be gained by exploring the Case from A Disability Theoretical perspective?*

*Explore the following assertion: “Disability is another 'culture-bound, physically justified difference to consider along with race, gender, class, ethnicity and sexuality'. The two reigning models that have marked disability as a site of difference are the medical and the social; the former in both its benign and pernicious forms identifying the somatic and psychological markers of disability and scaffolding around these regimes of medical intervention and correction, the latter involving social recognition of disabilities, and identifying ways to 'establish social equity that do not depend on a medical response, but on modifying man-made societal arrangements'.”*

*Critically Analyze the following statement: “The medical and social models have been critiqued by theorists in the field who have argued that they are not only underpinned by the view that disability is a 'personal medical tragedy', but also that they are often mutually exclusive, failing to successfully cognate the culturally discursive, the socially regulated and the multiple realities of disabled people’s lives”.*

In mapping the conceptual terrain of disability:

“..Both the medical model and the social model seek to explain disability universally and end up creating totalizing meta-historical narratives that exclude important dimensions of disabled people's lives and of their knowledge. The term ‘disability’ itself has been strongly contested as it is seen to be negatively tagging an abjectness of being; an ‘other’ to the ‘good and proper’ social and physical body...”