VOLUME
1

COMPREHENSIVE HANDBOOK OF SOCIAL WORK AND SOCIAL WELFARE

THE PROFESSION OF SOCIAL WORK

Volume Editor
Barbara W. White

Editors-in-Chief
Karen M. Sowers Catherine N. Dulmus

WILEY
John Wiley & Sons, Inc.
profession did not express some resistance: There were suggestions that evidence-based practice was out of step with the profession's value base (Gibbs & Gambrill, 2002). Skeptics were perhaps mindful that the early systematic evaluation studies threw cold water on many claims regarding the success of interventions (Fisher, 1973, 1976; Mullen & Dumpsion, 1972).

One way social workers, along with other health and human service professionals, responded was via evidence-based practice (Taylor & White, 2002). Efforts to integrate practice and research through single-case evaluations (Bloom & Fisher, 1982; Briar, 1979) gained some attention, but not sufficient momentum. Nonetheless, several more recent studies are noteworthy (Gambrill, 2004; Glisson & Hemmelgam, 1998; Henggeler, Pickel, Brondino, & Crouch, 1996; Thyer, 2004). Glisson and Hemmelgam (1998), for example, investigated the impact of intra- and inter-organizational mechanisms used for service coordination on service quality and their outcomes in an effort to improve human services to children. Most notable, they found that an agency's organizational climate has direct bearing on the effect of psychosocial functioning of such a needful and vulnerable population, whereas: (a) organizational climate positively affected service quality and outcomes; (b) improved service quality does not translate into more positive outcomes; (c) and although both intra- and inter-organizational characteristics affect service quality, increased service coordination decreases quality of service. Practice research findings such as this demonstrate that educators, practitioners, service planners, and administrators must keep abreast of the changing state of practice science.

Evidence- (or empirically) based practice (EBP) in the meantime has become the "gold standard" to judge social work practice, as it should (Fisher, 1973; O'Hare, Tran, & Collins, 2002; Thyer, 2004; Tran & Collins, 2002). This approach is believed to be the answer to the profession's challenges regarding "depth and breadth" because EBP has been given a high priority in the profession and among stakeholders (Hopps & Collins, 1995; Sze & Hopps, 1978). These internal and external forces underscore how the profession's practices, boundaries, and responsibilities continue to mature and move toward the ranks of its more established contemporaries. Practice research in the form of outcomes and service evaluation will be the driving force.

**FIELDS OF PRACTICE**

The social work profession has traditionally served disenfranchised population groups. As waves of immigrants, urbanization, and industrialization of the late 1800s and early 1900s took hold in the United States, "friendly visitors," precursors of professional social workers, engaged individuals, families, groups, organizations, and communities in transformative efforts with different motivation, approaches, and degrees of success (Brieland, 1995). Although new immigrants, women and children, primarily of European descendants, were the focus of mainstream advocates, the concerns of people of color, Native Americans, and others were often left to self-help efforts that paralleled the mainstream community.

Professional social workers today are found in many fields serving many populations. It is impossible to discuss all fields of practice because many overlap. Data from the Department of Health and Human Services, for example, finds that professional social workers are the nation's most common providers of mental health services (DHHS, 1998).
In these fields, they serve diverse populations with many biopsychosocial and economic needs. Among the most common areas or fields:

- **Advocacy services**: Includes service for children, family, elderly, prisoners, victims of domestic violence, gay, lesbian and transgendered, homeless, immigrants, women, people of color, persons with disabilities, and many others who may require political and economic advocacy.

- **Behavioral health services**: Includes acute, ambulatory, and residential care and private practice that may be provided in mental health and substance abuse settings to clients and communities with identified needs.

- **Child welfare and youth services**: Includes child custody, adoption, abuse and neglect, kinship care, protection, delinquency/gangs, and family services that may be provided in public, private nonprofit, and/or profit organizations.

- **Communities and neighborhood services**: Includes organizing communities (geographic and nongeographic) and neighborhoods around common interests such as violence, education, and others.

- **Criminal justice services**: Includes diversion, forensic, juvenile justice, drug courts, parole, probation, and other related services.

- **Educational/school services**: Includes advocacy, after-school, delinquency, prevention, special education, and other services for at-risk populations.

- **Emergency/disaster services**: Includes direct and indirect services such as crisis intervention, resource development, and coordination of service for internally displaced and refugee populations that are provided by the American Red Cross and other relief agencies.

- **Environmental justice**: Includes engaging in community organizing, advocacy, mobilization, and other practices with communities and organizations committed to bringing justice to areas suffering from industrial pollution and exposure to unsafe levels of environmental contaminants.

- **Families, couples, singles services**: Includes a range of community-based, faith-based, and advocacy services designed to enhance, support, and develop the social functioning of partners, marriages, and families through agencies such as family service agencies, Planned Parenthood, Inc., and others.

- **Gerontology services**: Includes physical and psychiatric care, in-home, residential, and advocacy services for seniors.

- **Immigrant and refugee services**: Includes providing direct and indirect service to recent immigrants and refugees needing advocacy, resettlement, financial, and legal assistance.

- **International social work**: Includes the use of direct and indirect interventions in other host nations serving in practitioner, educator, and consultant roles.

- **Policy/legislative practice**: Includes a number of roles such as legislative aides, lobbyists, advocates, policy analysts, politicians, and others who may serve at the local, state, and national levels.

- **Medical/health services**: Includes a range of acute and ambulatory care that includes genetic, prenatal, psychosocial, HIV/AIDS, nutritional, and discharge planning services that may be provided in primary, institutional, and public health settings.
• **Military services**: Includes physical and behavioral health services provided to current and former soldiers and their families, such as crisis and support services.

• **Research/evaluation services**: Includes investigating social problems, documenting effectiveness of social work practice, policy, treatment, and service outcomes.

• **Occupational social work services**: Includes employee assistance, referral, and other services that maybe provided by public, private, or nonprofit organizations.

• **Vocational rehabilitation services**: Includes job readiness and rehabilitative care for individuals with disabilities.

THE FUTURE

Social work practice in the future will continue to be charged by forces that will forever influence its boundaries. Continuing struggles regarding enhancing social functioning and advancing social justice require that practitioners remain vigilant regarding the needs of both old and new vulnerable populations. The challenge of responding to such problems, however, must be considered in the context of the profession’s core mission. By doing so, the profession can maintain and expand public trust that could enhance support of its goals. A major part in winning greater trust (and funding) is predicated on strong evidence relative to the effectiveness and usefulness of intervention strategies, theories of change, and policy approaches.

Major advances have been documented since the beginning of this twentieth-century profession. This chapter noted many successes as well as areas that need further development and consensus. Paramount among these is evidence-based knowledge among students, practitioners, and educators. Ongoing attention should be directed, not only toward culturally sensitive practices, but also to eradicate the “isms” (i.e., race, gender, age, sexuality, class, religion) and advancement of social and economic justice. The profession must continue to support refining its “problematic” or paradigm, and move on with advancing theory based on evidence if it expects cognate professions to use social work generated knowledge and to move up the hierarchy of professions. It is the responsibility of both academics and practitioners to advance the profession’s knowledge. The time has come for the profession to define itself to the public through engaging in social marketing of its practice strengths and capabilities.

Finally, all should remain mindful of implications brought to practice by the changing demographics. Overarching questions remain: Is social work practice committed to addressing new as well as traditional groups of vulnerable populations and also educating a cadre of professionals willing to respond, in this country and abroad? Is the profession capable of acknowledging the need for flexibility and elasticity to anticipate and forecast future dilemmas where the profession’s resources will be needed?

REFERENCES

