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THE FRAME OF REFERENCE FOR SOCIAL WORK PRACTICE

THE HISTORY OF SOCIAL WORK has been characterized more by diversity than by unity. Practice has differed in accord with different fields of practice (medical social work, psychiatric social work, child welfare work, gerontological social work), different methods (casework, group work, community organization, administration), different schools of thought (psychosocial, functional, behavioral, task-centered, ecological, narrative), and different purposes (rehabilitation, socialization, resocialization, education, insight, behavior change, social action). So what, if anything, is there about social work's diverse practices that makes it a single profession? Subscription to a single set of ethics? Standing up for the needs and rights of oppressed peoples? While these similarities are significant, they are by no means sufficient to provide a clear and stable professional identity.

A profession is what it does; therefore, it should be defined by its actions. Thus, we must look to the activities of social work practitioners for the information from which to define the profession's boundaries. This chapter provides the frame of reference for examining, cataloging, and studying social work activities. The paradigm provides a foundation for social work practice in general and guides the practice of structural social work in particular.

Since the quadrant model was first introduced (Goldberg 1974, 1975; Middleman and Goldberg 1974), there has been increasing recognition that it connects the diverse activities of social work usefully and well. For example, Devore and Schlessinger developed one text devoted to ethnic-sensitive practice (1981) and another on social work in health care (1985), both of which make extensive use of the boundaries and divisions of the quadrant model. Anderson (1981) similarly used the model in his book on social work practice. The paradigm has been seen as valuable for helping workers identify where they are in any given instance of practice in terms of with whom and for

whom they are performing an activity at a particular time. This helps workers keep their primary goals in mind despite “happy accidents,” as when teenagers have good experiences providing recreation for disabled children. The social worker remains clear about the fact that the children are her intended beneficiaries and the teens are helping persons whom she engaged in behalf of the children. The worker, therefore, cannot inadvertently focus on the teenagers’ having a good experience.

The quadrant model defines social work in terms of its actions. As Germain (1983) notes, it comes out of social work itself. It does not rely on theory or practice in psychology, biology, sociology, ecology, or theology. It derives from what the worker is doing, with whom, and for whose benefit. In her historical review of social work’s technology, Germain describes the model as the most

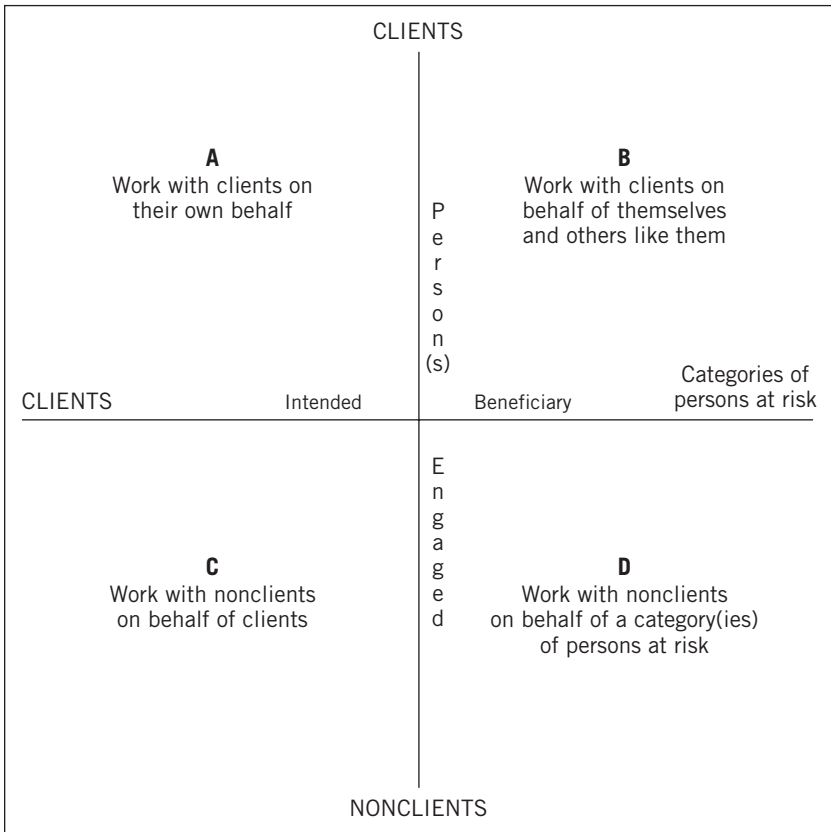


FIGURE 1.1 The frame of reference defining the profession of social work

promising framework “for knowledge-building activities and the means for sorting out social work objectives, processes and technologies” (50). The quadrant model consists of four categories of activity (that is, what the worker is doing), and is formed, as shown in figure 1.1, by the juxtaposition of two bipolar dimensions—Persons Engaged and Intended Beneficiary.

TWO DIMENSIONS THAT DEFINE THE PROFESSION

Two dimensions, when juxtaposed, define and set the boundaries for all of social work. The horizontal dimension, Intended Beneficiary, is the worker’s locus of concern, which constitutes the only rationale for social work intervention. The first pole on this dimension is “Client(s),” a specific person or persons suffering in relation to particular facets of various problems. For example, a homeless woman cannot take a second-shift job because shelter beds are not available after 5:00 p.m., nor can she take a third-shift job because shelter beds are not available in the daytime. The opposite pole on this dimension is Categories of Persons at Risk, subpopulations of persons identified as sufferers by definition of a social problem. One example would be the working poor, those who earn minimum wage that is not sufficient for renting an apartment. Another example would be children without health insurance.

The vertical dimension transecting the horizontal one is Persons Engaged, which refers to the different people with whom the social worker does her work at various times, that is, clients, resource providers, community politicians, and others in accord with her rationale for intervention, which is *always* either specific clients or categories of persons at risk. The poles on this dimension are (1) Clients and (2) Nonclients. On one hand, the social worker may engage clients, that is, individuals, families, or community groups in helping themselves and each other to change the particular situations that limit their functioning and exacerbate their suffering. On the other hand, the social worker may engage nonclients, that is, resource providers, other social workers, neighbors, congressional representatives, local merchants, charitable organizations, or other professionals such as teachers, lawyers, or nurses to help an individual or a family, or a group, or a category of persons. The social worker may approach state legislators, for example, to amend archaic housing laws that protect landlords, not tenants. Local civic leaders may be mobilized to demand additional free daycare centers for single parents earning minimum wage or more accessible and affordable health centers. Or neighbors may be enlisted

to provide special supports during a particularly trying time in the life of an individual or a family.

FOUR CATEGORIES OF SOCIAL WORK ACTIVITY

The four categories of social work activity bounded by these two coordinates (Intended Beneficiary and Person[s] Engaged) are labeled A, B, C, and D. **Quadrant A** (figure 1.2) designates all activity in which the social worker directly engages clients out of concern with their needs and problems. To illustrate, one worker at a community mental health center found isolation and loneliness to be the major recurrent themes expressed by her clients. To help alleviate this problem, she directly engaged the clients in forming a telephone network through which they communicated with each other every day. That is, Client 1 called Client 2, who then called Client 3. Client 3 called Client 4, who then called Client 1. (See chapter 4 for a description of the worker's process in developing this structure.) The creation of such a self-help network, comprising and for the sole benefit of the few, specific people engaged with the social worker, is typical of activity in **Quadrant A**. **Quadrant A** activity also includes therapy with families concerning problems various members are having with each other, and with individual persons who are having problems with themselves.

Quadrant B (figure 1.3) designates all activity in which the social worker directly engages specific clients out of concern for them and an entire category of people suffering from the same deleterious situation. **Quadrant B** activities include working with some tenants (clients) to press for home improvements for all tenants (a

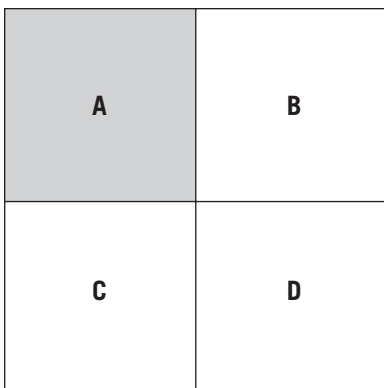


FIGURE 1.2 Activity in Quadrant A

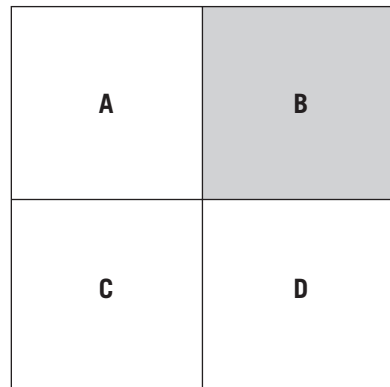


FIGURE 1.3 Activity in Quadrant B

category of persons at risk) or working with a committee of senior citizens to plan programs for a larger senior citizen population. In other words, the typical Quadrant B activity involves direct engagement of one or a few specific clients for the benefit of themselves and other persons in situations similar to theirs.

Quadrant C (figure 1.4) designates all activity in which the social worker works with others (nonclients) out of concern with the troubles effecting particular clients. For example, a social worker at a multiservice center found out that clients of hers who use mental health services were often spending a whole day waiting to get their prescriptions rewritten by the psychiatrist. She also found that others were on a long waiting list, unable to get needed prescriptions at all. The situation was largely due to the limited number of staff psychiatrists. In an effort to deal with the problem, the social worker sought to organize general practitioners and family physicians in the larger community to take on the prescription-writing and medication-monitoring functions for persons in their neighborhoods.

Had the social worker organized some of the people (clients) for purposes of pressuring the mental health service arm of the multiservice center to hire more psychiatrists, or pressuring the local physicians to extend their general practices to include supervision of people on medication, the worker's activity would be classified as Quadrant B activity. That is to say, organizing some clients to do something that will benefit both themselves and others besides themselves is a Quadrant B activity. But organizing others (nonclients) to do something that will benefit clients who are suffering is a Quadrant C activity. Other Quadrant C activities include supervision of line workers, direct practice consultation, and staff training.

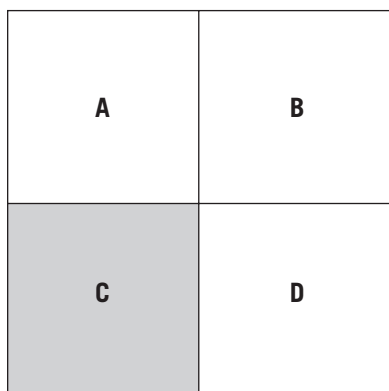


FIGURE 1.4 Activity in Quadrant C

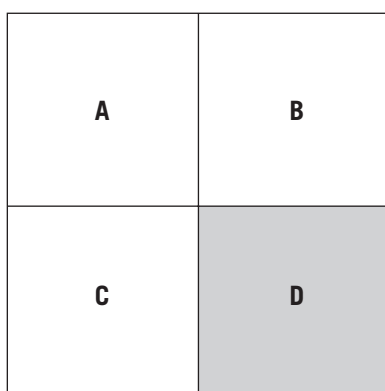


FIGURE 1.5 Activity in Quadrant D

Quadrant D (figure 1.5) designates all activity in which the social worker directly engages others (nonclients) out of concern with the plight of a category of persons. Examples include social policy analysis and development, social planning, fundraising, lobbying, and organizing scattered programmatic efforts to manage or alleviate a particular social problem into coordinated units for comprehensive service delivery.

RESEARCH VALUE

In addition to providing a classificatory scheme for ordering thoughts about social work practice, the four-quadrant paradigm has potential for guiding some research. For example, it can be used to track the activities of a given social worker at work in a particular instance, or to compare her activities across instances, thus providing a mechanism for determining the typical activity of a particular worker in different problematic situations. Holding the type of situation constant, it is possible to track the activities of different workers in order to determine typical social worker activity as a function of school of thought, field of practice, or methodology. In such ways as this, it is possible to collect data that will tell us what social workers do irrespective of differences in methods and settings for practice (generic activities), and what social workers do as a function of their different methods and practice contexts (specialized activities).

BEYOND RESEARCH

What social workers do might be quite different from what social workers ought to do. Research can contribute to knowledge of the former, and it can provide evidence to substantiate or disclaim the existence-in-action of a single, unified social work profession. But research cannot be permitted to dictate what social workers ought to do. *One cannot get ought from is.* If research findings were to indicate at a statistically significant degree that beating children improves their classroom behavior, surely school social workers would not be encouraged to beat unruly pupils. When the collectable data are in, we will have to decide whether we like all of it, part of it, or none of it—and that decision must be made quite independent of the data. In other words, findings from research function like a road map, illustrating where things are in relation to each other. The driver will decide where to go and which route to take.

Even an evaluative study that shows route X to be more effective (shorter, for example) than route Y does not, in and of itself, say "Use X!" although presumably the study was conducted for the purpose of making such a decision. The point is that research measures; it does not command.

Nevertheless, the frame of reference and the information collected and organized can focus attention on possible gaps in the range of approaches to social service delivery. Recognition of gaps can serve as a springboard for re-determining specializations and for developing new approaches to serving the heretofore unserved and underserved segments of the population frequently labeled "unreachable."