Editorial Notes

The Next Century: Living Up to Our Charge

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Editor

I am thrilled to direct the first issue of the second centennial of this journal. Social work research and practice has grown and flourished in this journal since 1920, when Mary Richmond, the first editor, asked readers “What are you thinking?” That question is still important as the profession has developed and specialized into various areas, many of which are reflected in the topics covered in this issue and the journal archives. Our authors document that social work is addressing complex challenges, exploring opportunities created by new technologies and emerging interprofessional partnerships, providing service in nontraditional settings, and facilitating treatment and intervention practices for populations with many distinct needs. Clearly, social work and social services remain relevant, needed, and adaptable to the continuous pressing societal and personal issues that impede well-being, opportunity, and meaningful connection between individuals and their families, neighbors, and communities.

The growth and maturity of the social work profession has come with its own set of limitations and uncertainty. Social work ethics help guide us through the complexity of our helping roles, yet those principles can seem diminished when workers seem at times to be more beholden to regulations and policies than to the people we desire to serve and support. This in turn can create a scenario where solutions and interventions for clients accommodate rules and regulations rather than the underpinning administrative or implementation problem. This is a serious issue and very concerning. For example, many communities—urban and rural—are in dire need of affordable housing for area residents. Without housing to support a stable workforce, business and economic development are jeopardized. This impacts the community tax base which influences how needed local services are sustained. As employment options become limited or unavailable, residents must decide to leave the area or seek other means to make money. This creates a perpetual cycle where families face the stress of relocation, eviction, and/or living in unsafe neighborhoods. This situation has been well documented, such as in the Pulitzer Prize-winning book, Evicted: Poverty and Profit in the American City (Desmond, 2016). I believe this book, along with the growing awareness of the societal effects of stagnant incomes for many workers, has elevated the issue of housing affordability nationally. Given the importance of housing and as a member of the ending homelessness initiative of the Grand Challenges for Social Work (Henwood et al., 2015), I must ask: Does the profession and the myriad agencies in which we work address housing affordability and residential sustainability as key components in the prevention and intervention plans developed to help individuals and families who are using or required to use our agencies? Certainly, child welfare, mental health, aging services, education, health care, public health, and criminal justice must see housing availability and affordability as a fundamental barrier to many treatment services and successful client outcomes. Economic vulnerability cannot be secondary to mental health status or other individual conditions. Social workers and social service personnel must not fail to evaluate how the intervention plan addresses the life-space realities of their clients.

This brings me to the gaps that exist between policies and practice reality. Continuing with the example of housing insecurity, I recently heard of an issue regarding those who were homeless...
prior to time spent time in jail. These individuals who return to the community from prison or jail are typically excluded from immediate access to housing programs because of a narrow federal definition of homelessness attached to housing programs. Without support to acquire stable (and safe) housing, it is difficult to embark on a successful transition from incarceration to community life. This is a fact. If we, as advocates and partners with people affected by systemic disparities and marginalization, do not address exclusion criteria for housing or other program policies, consequences will continue no matter how well we implement evidenced-based programs focused on individuals, such as those that address mental or substance misuse.

Another story of unintended consequences I recently heard focuses on those who rely on county health insurance for their treatment and medication, such as insulin, and who are discharged from a hospital or inpatient program on the weekend. Often, these patients are not provided enough medicine to cover their weekend needs because there is no county health insurance staff available to authorize during this time period. Rather, the patient may be asked to wait until the following Monday to request additional medication. Clearly, this is not feasible. Yet, what is the option for the patient? Most likely (if they are able), they will return to a hospital emergency room on the weekend to receive the needed insulin, which incurs more costs to an already struggling county health system.

I cannot imagine successful businesses running this way. Typically, businesses consider the end user when policies and procedures are developed to promote products and services. Look at how companies have used access to investment capital, business development subsidies (whether it constitutes corporate welfare or not), and collaborative partnerships to enhance the convenience of shopping, transportation, and personal care for millions of people. These collaborations often lower the cost for consumers, increase revenue for the businesses, and lead to innovations in services. However, in the social service sector, bureaucracy often ties the hands of innovation that could strategically confront oppressive and ineffective policies. Additionally, evidence-based or informed treatments may not be implemented with fidelity. All this impacts how the social worker or social service staff is able to effectively assist the client or family in navigating their presenting problem.

In our profession’s scholarship, I often feel as though there’s a dearth of solid innovation to address the difficulties of practice situations such as the brief examples I’ve shared. Instead, most of the published work centers on classifications and conditions for individuals found in the latest DSM or ICD or on the well-established causes of systemic dysfunction, with comparatively smaller attention to the context of agency practice and policies as a way to bridge and surmount multilevel challenges. As I review the early writings in this 100-year-old journal, I know this is not a new concern. Charity organization societies and settlement houses sought ways to address individual conditions as well as environmental stresses such as poverty, inadequate housing, food insecurity, substandard health care, and lack of workforce readiness. Mary Richmond founded this journal as a forum to share innovations and promote best practices in agencies designed to address the failure of society in supporting all community members to reach their full potential. Looking at the past, we can see the many gains that have been made in our services. But many people continue to be denied or otherwise find elusive the access and supports that would improve their circumstances. I need to ask: How do we change this?

References