Tensions between clinical and social justice social work

Stephanie Reynolds

MSWQ University of Sydney

"Dominator culture has tried to keep us all afraid, to make us choose safety instead of risk, sameness instead of diversity. Moving through that fear, finding out what connects us, revelling in our differences; this is the process that brings us closer, that gives us a world of shared values, of meaningful community" - bell hooks

Abstract

This essay explores the tensions between social work as a clinical and evidence-based profession or a political and emancipatory practice. It utilises personal reflection and a review of relevant literature to explore how our social work identities can be built through individual professionalism and power, or through a collective, emancipatory lens. It argues that we must see difference as strength and embed social justice into our practice at all levels.

Key words

social justice, collective care, clinical power, emancipatory social work

Introduction

My experience of social work education has been full of contradictions and binaries. This was especially evident in my field placements, where I observed a stark difference between the social work theories, ethics and values I had been taught and the ones I observed in practice. There seemed to be a stark difference between the social worker as defined by clinical, biomedical models and the social worker who resists dominant ideologies and works politically to achieve creative results. This reflection is not a new one, and has been discussed at length over the history of social work as a profession. The identities are also not mutually exclusive. Regardless, the question persists as to whether we are helping professionals that provide clinical services to individual clients, or social

justice activists who seek to emancipate the collective, or whether we can be both. This essay will explore this tension through research, personal reflection and a discussion of possible implications for practice. I will look at what we can learn from collective care, a concept based in community development theories and practice. Then I will explore the issues of privilege and oppression in the creation and use of clinical power. Finally, I will reflect on what this means for developing a social work identity based in emancipatory practice.

For my literature review, I utilised research collected across years of study as well as supplementary readings, to ensure my writing was an integration of my learning to date. As I have throughout my degree, I focused on themes of community development, collective models of care, participatory practice, analysis of power and social justice approaches to social work. The major themes that emerged included collective care, the legitimisation of clinical power, and the barriers and enablers of emancipatory social work practice.

Regarding collective care, researchers have highlighted our reduced community capacity and willingness to care for vulnerable individuals and groups, due to the privileging of Western neoliberal systems that individualise, responsibilise and outsource care (Abel et al., 2013; Carey, 2014; Horsfall et al., 2012; Liddell & Lass, 2019; Phillips, 2018). The human experience has been pathologised and compartmentalised based on deficit and need, with the burden of care shifting from family and community members to state agencies who are slow and bureaucratic, or private organisations who operate in a competitive free market (Carey, 2014; Liddell & Lass, 2019; Phillips, 2018). Counter to this, the concept of collective care challenges dominant understandings of human need, and provides creative solutions. This is highlighted in working with First Nations communities through utilising ways of knowing and doing that are based in a historical and collective understanding (Purdie et al., 2010; Szymanski 2020; Terare & Rawsthorne, 2020). It is also relevant to the mental health field, particularly in regards to the shortcomings of the biomedical response to mental distress (Guerin & Guerin, 2012; Herman, 2015; Johnstone & Boyle, 2020; Topor et al., 2009). Literature on grief and loss helps to crystallise this concept further, as it highlights opportunities for communities to be galvanised through caring for their dying (Abel et al., 2013; Breen et.al, 2022 Horsfall et. al, 2012). As Horsfall et al. (2012) argue, caring does not have to be seen as a drain on our collective social capital, in fact it can be seen as an opportunity to build it.

Another theme that arose in the research was the creation and legitimisation of clinical power in social work education and practice. The tension between social work as a clinical or activist profession has been explored by many, but it is increasingly relevant now due to organisational focus on risk management and hierarchies of need that require 'objective' evidence bases to justify decision making and resource allocation (Kam, 2012; Tew, 2006; Thorpe, 2018). Social work students are also under increased pressure to build clinical skills and practices, with the aim of building a 'professional' identity. Many argue that this places the profession itself at risk of losing its social justice roots (Baines, 2021; De Backer, 2022). The context in which our skills and practice are developed are far removed from the contexts of the people and communities we are aiming to serve, and this only continues to reinforce the white, neoliberal power structures that already dominate (Guerin & Guerin, 2012; Phillips, 2018; Terare & Rawsthorne, 2020; Tew, 2006)

The final theme that both ties together and responds to these issues is the need for social work to rediscover its emancipatory identity, through the centreing of diverse knowledges and lived experience. As Baines (2011) argues, social work is and always has been a political practice, and therefore should remain political and resist professionalisation. Academics and activists who take this stance often look to the 'margins', so as to ensure their practice is responsive to the needs of many, not just a privileged few (Phillips, 2018; hooks, 2003; Baines, 2011; Reynolds, 2012). To work in an emancipatory way requires deep listening, creative use of collective power and resistance to oppressive systems of care (Baines, 2011; Terare & Rawsthorne, 2020; Phillips, 2018).

Collective care and empowerment

Across my studies in social work, I have often found myself wondering "would we even need social workers if communities had the resources to navigate these issues for themselves?". The more I learned about our collective failure to look after our most vulnerable, the more I felt disillusioned with the profession itself. The burden is increasingly falling on social services to deliver care that was once a community responsibility (Abel et al., 2013). This has direct impacts on equality of care (Gilmore, 2007; Phillips, 2018). There are people within privileged communities, who are able to navigate systems, rely on family and friends for emotional, financial and social support. Others who are oppressed and marginalised, hold less social capital, literacy in bureaucratic systems or financial resources are placed in vulnerable positions when trying to access care (Breen et al., 2020; Carey,

2014. Phillips argues that in this context, the concept of care itself has evolved to be an oppressive one. There are those that care, and those that need to be cared for. Horsfall et al (2012) also explore this concept, and suggest that we are increasingly viewing those who need care as a drain on our individual and collective resources. I would argue that this view of care, that is individualistic and transactional, has led us to the 'outsourcing' of care of our most vulnerable. This can be seen clearly in systems such as the NDIS and My Aged Care, where the appeal of personalisation and flexibility has led to the individual responsibilisation of care (Phillips, 2018). These are deficit-based models, designed to assess individuals on a hierarchy of needs. These needs are defined by people who are removed in so many ways from the identities of those they are intended to respond to. The delivery of care is then outsourced to a range of non-profit, non-government organisations or as Gilmore (2007) titles it, the 'shadow state'. Rather than holding care as a collective responsibility, we allow the free market to decide whose needs are worth meeting.

Another space where this is evident is the mental health sector, where individual distress has been medicalised, without concern for the social context in which it exists (Guerin & Guerin, 2012). Western models of mental health are individualistic and clinical, which don't take into account social or familial networks. This problematic issue has been well documented in our failure to support mental health in First Nations communities (Guerin & Guerin, 2012). Attempts to address this have included inclusion of supplementary principles and considerations related to working with First Nations communities (Guerin & Guerin, 2012). However, these approaches still exist within Western models of healthcare, and will only go so far to address the systemic and collective issues that contribute to mental distress and what is needed for recovery (Terese & Rawsthorne, 2020). Judith Herman (2015) summarises this well in her exploration of trauma and its inherently relational nature. She argues that without understanding the community context in which trauma occurs and using that community to support and gather around survivors, we cannot expect to heal.

In contrast to this individualised nature of care, other literature explores the concept of collective care, and the opportunities this creates for community development. This concept is strongly influenced by asset-based community development theories, and as Breen et al. (2005) suggests, can help us to challenge the idea of "care being solely an institutional undertaking" (Breen et.al., 2005). I believe this approach has the potential to not only benefit individuals and their communities but could offer benefits to social workers too. During my second placement in a women's refuge, I observed

significant levels of burnout due to challenging systems and an unsupportive work environment. What was most notable was the way this stress was directed towards the clients themselves, who were seen to be difficult and needy. I believe that this is a result of the burden of care being institutionalised and individualised, as the systems and processes we work within allow us no room to work in a creative and community focused way. We are asked to hold so much within oppressive and broken systems, and when there is no collective responsibility we break, but then label it as 'vicarious trauma', which positions blame on those we are there to serve. Vikki Reynolds (2012) critiques this in her work, and calls for commitment to collective work that listens to the lived experience of marginalised people, and is rooted in social justice. A beautiful example of this is the 'Concerned Older Women' group from Glebe, who collectively worked to build visibility of the impacts of ageism in the community (Rawsthorne et al., 2016). While their advocacy work was focused on achieving practical outcomes such as accessibility or social support, the process of their community organising built power and social capital in a once isolated and vulnerable group. It also had lasting impacts on the community workers who were involved, which is a great example of the way in which a community-led approach can contribute to collective sustainability in this work.

In regards to how this can look in the provision of care, literature on grief and loss also provides insight to the opportunities that exist to respond to needs outside of our dominant systems. Research has shown that through taking on caring roles, communities build knowledge, skills and connections that may not have been fostered had the process occurred entirely within a medicalised space (Breen et al., 2005; Horsfall et al., 2012). I would argue that this approach isn't unique to death, and could be replicated in many spaces of care. Abel et al (2013) argue that community care models are a social justice approach, and that we should look to existing circles of care first in our work, rather than as a supplementary consideration. Terare & Rawsthorne (2020) explore through yarning ways in which Aboriginal worldviews can help us take a collective approach to health and social work practice. At the moment, our systems are set up to deal with the individual, and we may never even interact with their 'circles of care' or be encouraged to look for opportunities to create and foster new circles with service users (Abel et al., 2013). Breen et al (2022) argue that we should look to harness community assets as much as possible, with a long term view to build them through our work. Rather than using deficit models based on a needs hierarchy, we can assess strengths and assets and seek to shore communities up through collective care. If our identity as social workers is one of simply allocating resources, rather than co-creating them with our clients, we will always be fighting an uphill battle.

Clinical power and professional identity

This emphasis on social workers as gatekeepers and managers of resources is also central to the continued development and legitimisation of clinical power. When working within neoliberal, capitalistic systems where resources are limited, there is pressure to justify decisions based on certain theories, evidence and methodologies over others. In a similar way to the language of care, the language of empowerment has also been individualised. Rather than empowerment based on liberation from oppression, someone is considered to be 'empowered' if they no longer need support or care (Phillips, 2018; Tew, 2006). This positions vulnerable people as without power, and the caregiver, social worker or therapist as someone who is responsible for their 'empowerment'. This creates a distance between the clinical professional and the service user. The further away social work is positioned from society through professionalisation, the more legitimate it is to gate-keep public and private resources (Gilmore, 2007). It also centres white and Western ideologies, given they are at the heart of the institutions that build the 'evidence base' we learn from (Furman, 2009). It is a form of building and maintaining power, and creates many opportunities for social work to be an oppressive practice.

A way in which I have observed this use of power in social work is the use of surveillance and assessment of risk to manage service delivery and prioritisation of funds. During my placement at a women's refuge there were strong narratives about the complexity of clients, and huge pressure placed on staff to gather as much information as possible to ensure organisational risk was covered, and to fairly distribute resources according to need. There is increasing pressure to show evidence that services are achieving outcomes at the risk of losing state funding (Mehrotra et al, 2016; Theobald et al, 2020). Gilmore (2007) argues that with the increase of non-government organisations, state agencies have been transformed into "policing bodies" and are simply overseeing social service provision at an arm's length. Instead of spending time understanding and responding to the needs of service users within their social context, practitioners are under increasing pressure to document status and outcomes in line with organisational, funding and state priorities. Baines (2021) captures this well in her likening of social workers to "soft-cops". Rather than seeking to gain information about service users so that we can understand their lived experience, we do it to assess risk and prioritise resource delivery. Thorpe (2018) argues that this culture of surveillance also undermines narrative

based work, which is nuanced, creative and generally based on the discretion of workers in relationship with their clients. Instead of being able to utilise creative, person centred modalities, we prioritise numbers of clients, dosage of medication, rooms being slept in, resources being used in order to meet targets and justify our existence to funding bodies.

This experience of clinical power also resonated with me in my placement within the Youth Justice system. The language of 'involuntary clients' and use of 'evidence-based' assessments of criminality was at the heart of their practice, even amongst social workers who considered themselves to work within anti-oppressive and social justice frameworks. While we discussed the importance of cultural practices, community relationships and the oppressive nature of the justice system, we still operated within a system that sought to label young people on the basis of criminality. As Yassine (2019) argues, the purported 'neutrality' of assessments such as the Youth Level of Service Case Management Inventory Australian Adaptation (YLS/CMI-AA) suggests that criminality is inherent in an individual, and is something that we can predict and treat professionally. With very little critique of the racist and limiting stereotypes that were perpetuated through 'neutral' assessments like the YLS/CMI-AA, I observed how identities were created and shored up through this process. Ours being the professional identities who held 'expertise' in being able to assess and treat criminality, and the young people who, in a crucial time of identity construction, are labelled and serviced accordingly.

This kind of clinical power is one that is increasingly used to create and protect social work identities. In their analysis of power in social work, Thorpe (2018) discusses the movement of profession from religious and state systems based in provision of welfare, to medical and psy-professions based in delivery of therapeutic interventions. While state and religious groups have extensive histories of oppression, there has arguably been more room to resist this through political activism, in response to state entities (Gilmore, 2007; Thorpe, 2018; Tew, 2006). Now dominant ideologies that are created and perpetuated through a Western scientific lens are less homogenous, and seen to be objective, neutral and above criticism. Kam (2012) explores the tension in this and suggests that aligning itself to evidence based practice has provided social work some professional recognition. However, they also acknowledge that this privileging of clinical ideologies has meant that social workers are increasingly moving towards individualised therapy work that targets the middle class, rather than working with oppressed communities. As explored throughout this essay, because our systems of care are not designed with the lived experience of the marginalised in mind, when we are confronted with

complex community issues, we have a conflict between reinforcing dominant ideologies or trying to resist as creatively as we can. As Audre Lorde (1979) said, “the master's tools will never dismantle the master’s house”. Our clinical power will only continue to perpetuate the systems in which it is built. In her book ‘Teaching Community’ (2003), bell hooks talks about teaching with love, which echoes the emancipatory ideology in Freire's ‘Pedagogy of Hope’ (1992). Instead of seeking to bring students into conformity through the transfer of information, social work education should seek out, share and create new and diverse knowledges. Tew’s (2006) analysis of power in social work provides us with a helpful framework to do this. He argues for seeking opportunities to build ‘cooperative power’ based on valuing commonality and difference as opposed to ‘collusive power’, which is a form of banding together to exclude ‘otherness’. I would argue that the clinical power we see in today’s social workers is a kind of ‘collusive power’, and we must seek to work as cooperatively as we can to expand our knowledge base for practice.

I recall a moment during one of my placements where someone reflected that students who take a social justice approach to social work often struggle in clinical roles, due to their lack of practical skills. This stuck with me and is a feeling that lingered across my degree and continues now as I step into a clinical role. I have felt inadequate in my ability to stay across and utilise evidence-based therapies and clinical interventions with clients. This, however, is rooted in fear, ego and desire to be seen as a competent professional, rather than my care or consideration for the people I will be working with. It is also based in fear, and distances me from the people I work with (hooks, 2003). If I seek to share and build power with the people I work with, I hold more risk but also more opportunity to build connection and collective action. As I read, research, and discuss with my peers and now colleagues, I realise that my values, ethics and theoretical understandings are what inform my actions as a social worker. I choose to resist frameworks and methodologies that are built on ‘evidence’ created by white, Western and bio-medical systems. Instead, I seek to cherry pick tools and resources, listen to practical and lived experience of the colleagues and the clients I work with, and do my best to respond sensitively and creatively to the challenge at hand. This framework is one of constant learning, critically reflecting on privilege and positionality and it is worth more than any clinical training I will ever complete.

Moving from empowerment to emancipation

Empowerment implies I have something to give people and validates my identity in opposition to the people I work with. Emancipation is about facilitating and transferring of power and provides opportunities for me to learn and be influenced by diverse experiences (Reynolds, 2012). A powerful moment for me during this degree was hearing from a lecturer who had worked for decades with children who had experienced significant trauma. She reflected on what it meant to her to "walk across the sacred landscape of someone's life" and shared that she only ever felt privileged to have her heart broken open by their stories, so that she could see what was inside. I believe that fear is at the heart of why social work has moved towards such an individualistic, clinical profession. It protects us from parts of humanity that we struggle to face. But these parts continue to exist, and if we cannot find ways to hold each other creatively and collectively we will continue to burnout and be unable to do this work.

Rather than protect our professional interests, hooks (2003) argues that we must move through this fear to build shared values in difference. Knowledge exists in cultures and movements from outside of our dominant worldviews that can teach us how to embed emancipatory and social justice practice into our everyday work. It requires us to view human distress and need in social, cultural and community contexts, rather than only through a professional or clinical lens (Topor et al., 2009). First Nations activists and academics explore ways of doing this work holistically (Guerin & Guerin, 2012; Terare & Rawsthorne, 2020). Models like the Power Threat Meaning framework (2020) are beginning to challenge dominant biomedical understandings of mental distress and provide guidance for new ways of thinking. Other workers and activists are continually calling for structural changes to allow for this kind of collective work to be recognised as core business, rather than relying on ad-hoc, unpaid labour (Carey, 2014; Baines, 2011, Reynolds, 2019). A critical reading in my reflection for this essay is Audre Lorde's speech at a feminist conference in 1979. She called out the hypocrisy of a so-called social justice movement that was blind to the experiences of Black and Queer women and argues that "without community there is no liberation, only the most vulnerable and temporary armistice between an individual and her oppression". Her activism is a perfect example of what Reynolds (2012) argues is people in the margins "making space for each other". If we continue to look to the same dominant groups and ideologies for our development as social workers, we will only

continue to reinforce the oppressive systems that are currently in play. Instead, we need to listen and look for opportunities in the collective, to shift from 'power over' to 'power together' (Tew, 2006). This is what emancipatory social work means to me. It looks into the margins, to see what differences can be found and celebrated, while seeking to create space for other stories to be heard. I believe this can and should happen in individual therapeutic environments as much as it happens in large-scale activist movements. What it requires is a deep understanding of context, the power we hold and the humanity at the heart of our profession.

Conclusion

There are opportunities in social work to reinforce oppression, build power and legitimise a professional identity based on privileged knowledges. However, there are just as many opportunities to resist this, and find ways to work creatively alongside individuals and communities to move from empowerment to emancipation. Having observed this tension existing in many individuals and organisations, I am finishing this degree with a practice of resistance, based in a commitment to listen deeply to stories different to my own, and find creative ways to ensure my own knowledge and practice is led by them.

References

Abel, J., Walter, T., Carey, L. B., Rosenberg, J., Noonan, K., Horsfall, D., Leonard, R., Rumbold, B., & Morris, D. (2013). Circles of care: Should community development redefine the practice of palliative care? *BMJ Supportive & Palliative Care*, *3*(4), 383–388. https://doi.org/10.1136/bmjspcare-2012-000359

Baines, D. (2011). *Doing anti-oppressive practice: Social Justice Social Work*. Fernwood.

Baines, D. (2021). Soft cops or social justice activists: Social Work's relationship to the state in the context of BLM and neoliberalism. *The British Journal of Social Work*, *52*(5), 2984–3002. https://doi.org/10.1093/bjsw/bcab200

Breen, L. J., Kawashima, D., Joy, K., Cadell, S., Roth, D., Chow, A., & Macdonald, M. E. (2022). Grief literacy: A call to action for compassionate communities. *Death Studies*, *46*(2), 425–433. https://doi.org/10.1080/07481187.2020.1739780

Carey, M. (2014). The fragmentation of social work and social care: Some ramifications and a critique. *British Journal of Social Work*, *45*(8), 2406–2422. https://doi.org/10.1093/bjsw/bcu088

De Backer, M. (2022). Co-constructing participatory ethics to address hierarchy and Inequality: Social Work Ethics in Research Practice. *Qualitative Research*, *22*(5), 712–728. https://doi.org/10.1177/14687941221098931

Freire, P. (1992). *Pedagogy of hope: Reliving pedagogy of the oppressed*. Bloomsbury Academic.

Gilmore, R. W. (2007). In the shadow of the shadow state. In INCITE! (Eds.), *The revolution will not be funded: Beyond the non-profit industrial complex* (pp. 41–52). Cambridge, MA: South End Press.

Guerin, B., & Guerin, P. (2012). Re-thinking mental health for Indigenous Australian communities: Communities as context for mental health. *Community Development Journal*, *47*(4), 555–570. https://doi.org/10.1093/cdj/bss030

Herman, J. L. (2015). Disconnection. In *Trauma and recovery* (pp. 51–73). essay, Basic Books.

hooks, b. (2003). *Teaching community a pedagogy of hope.* Routledge.

Horsfall, D., Noonan, K., & Leonard, R. (2012). Bringing our dying home: How caring for someone at end of life builds social capital and develops compassionate communities. *Health Sociology Review*, *21*(4), 373–382. https://doi.org/10.5172/hesr.2012.21.4.373

Johnstone, L., & Boyle, M. (2020). *The power threat meaning framework: Towards the identification of patterns in emotional distress, unusual experiences and troubled or*

troubling behaviour, as an alternative to functional psychiatric diagnosis. British Psychological Society.

Kam, P. K. (2012). Back to the 'social' of social work: Reviving the Social Work Profession's contribution to the promotion of Social Justice. *International Social Work*, *57*(6), 723–740. https://doi.org/10.1177/0020872812447118

Liddell, J. L., & Lass, K. (2019). Where's the community practice? gaps in community practice education in a clinical-community social work program. *Journal of Teaching in Social Work*, *39*(1), 42–59. https://doi.org/10.1080/08841233.2018.1548408

Lorde, A. (1979). *The master's tools will never dismantle the master's House*. Penguin Books.

Mehrotra, G. R., Kimball, E., & Wahab, S. (2016). The Braid that binds us. *Affilia: Journal of Women and Social Work*, 31(2), 153–163. https://doi.org/10.1177/0886109916643871

Purdie, N., Dudgeon, P., & Walker, R. (2010). Trauma, Transgenerational Transfer and Effects on Community Wellbeing. In *Working together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice* (pp. 135–144). essay, Australian Institute of Health and Welfare.

Phillips, R. (2018). Emancipatory social work with older people: challenging students to overcome the limitations of ageism and institutional oppression. *Critical Engagements in Aging and Care*, *1*(001). https://doi.org/https://openjournals.library.sydney.edu.au/index.php/SWPS/article/view/11733

Rawsthorne, M., Ellis, K., & de Pree, A. (2016). "Working with COW": Social work supporting older women living in the community. *Journal of Gerontological Social Work*, *60*(1), 32–47. https://doi.org/10.1080/01634372.2016.1267671

Reynolds, V. (2012). An ethical stance for justice-doing in community work and therapy. *Journal of Systemic Therapies*, *31*(4), 18–33. https://doi.org/10.1521/jsyt.2012.31.4.18

Reynolds, V. (2019). The Zone of Fabulousness: Resisting vicarious trauma with connection, collective care and justice-doing in ways that centre the people we work alongside. Context. August 2019, *Association for Family and Systemic Therapy*, UK, 36-39.

Szymanski, A. (2020). *Cinemas of therapeutic activism : depression and the politics of existence*. Amsterdam University Press. https://doi.org/10.1515/9789048550319

Terare, M., Rawsthorne, M. (2020). Country is yarning to me: Worldview, health and well-being amongst Australian First Nations People. *British Journal of Social Work*, 50(3), 944-960.

Tew, J. (2006). Understanding power and powerlessness. *Journal of Social Work*, *6*(1), 33–51. https://doi.org/10.1177/1468017306062222

Theobald, J., Watson, J., Murray, S., & Bullen, J. (2020). Women's Refuges and critical social work: Opportunities and challenges in advancing social justice. *The British Journal of Social Work*, 51(1), 3–20. https://doi.org/10.1093/bjsw/bcaa213

Thorpe, C. (2018). Foucault: social work, professional power. In *Social Theory for Social Work: Ideas and applications* (pp. 89–106). essay, Routledge.

Topor, A., Borg, M., Di Girolamo, S., & Davidson, L. (2009). Not just an individual journey: Social aspects of recovery. *International Journal of Social Psychiatry*, *57*(1), 90–99. https://doi.org/10.1177/0020764009345062

Yassine, L. (2019). *Governing through "neutrality": A Poststructural Analysis of Risk Assessment in the NSW Juvenile Justice System*. The University of Sydney.