SOCIAL WELFARE and SOCIAL WORK

Fourth Edition

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1

SOCIAL WELFARE, SOCIAL SERVICES AND SOCIAL WORK

"Social welfare," "social services," and "social work" are terms that continue to be used interchangeably. While these concepts are interrelated, each has its own particular meaning. It is essential that we distinguish one from the other for a common frame of reference.

SOCIAL WELFARE

In its broadest sense, "social welfare" covers practically everything that men do for the good of society. Gertrude Wilson characterizes social welfare as an organized concern of all people for all people.[1] Walter Friedlander defines it as "the organized system of social services and institutions, designed to aid individuals and groups to attain satisfying standards of life and health.[2] According to Elizabeth Wickenden, social welfare includes those laws, programs, benefits, and services which assure or strengthen provisions for meeting social needs recognized as basic to the well-being of the population and the better functioning of the social order. These provisions may be directed toward strengthening existing arrangements; mitigating the hardships or handicaps of particular individuals and groups; pioneering new services; stimulating a better adaptation of the social

structure including the creation of new programs as needed; or a combination of all these approaches to social needs.[3] The Pre-Conference Working Committee for the XVth International Conference on Social Welfare defines social welfare as all the organized social arrangements which have as their direct and primary objective the well-being of people in a social context. It includes the broad range of policies and services which are concerned with various aspects of people's lives – their income, security, health, housing, education, recreation, cultural traditions, among others.[4]

We find in the foregoing definitions essentially one idea – that social welfare encompasses the well-being of all the members of human society, including their physical, mental, emotional, social, economic, and spiritual well-being. Thus, social welfare history, from the prehistoric times of mutual aid to modern-day organized services, gives us accounts of what society has done, and continues to do, to respond to the various needs of its members.

Society responds to unmet needs or problems through the following ways:

1. *Individual and group efforts.* These refer to systematic and voluntary efforts undertaken by individuals and/or groups in response to the unmet needs of people in a community.
2. *Major societal institutions which have their designated roles and responsibilities for meeting human needs.* The family, the church, the government, cooperatives, and labor unions are major institutions. Social forces bring about changes which can affect the effectiveness of these institutions in

performing their social welfare functions. Institution building should therefore be a serious continuing effort because of its crucial implications for the welfare of human society.

3. *Social agency*. Whether under public or private auspices, a social agency is a major provision for helping people with their problems. It is an integral part of a community's institutionalized network of services for its members. The professional social worker in the Philippines is usually employed by a social agency.

There are two views or conceptions of social welfare: the *residual* and the *institutional*.[5] The residual formulation conceives of the social welfare structure as temporary, offered during emergency situations and withdrawn when the regular social system – the family and the economic system – is again working properly. Social welfare activities of this kind, because of their residual substitute characteristic, often carry the stigma of "doles," or "charity." The institutional formulation, in contrast, sees social welfare as a proper, legitimate function of modern society. That some individuals are not able to meet all their needs is considered a "normal" condition, and helping agencies are accepted as "regular" social institutions. Our own Philippine Constitution (1987) reflects the institutional view in the following words:

> *The State shall promote a just and dynamic social order that will ensure the prosperity and independence of the nation and free the people from poverty through policies that provide adequate social services, promote*

> *full employment, a rising standard of living, and an improved quality of life for all.*

In the Philippines today, many institutions and agencies under government as well as private auspices, combine the two views because of the nature of the people's needs and problems.

Social welfare involves the contribution of many people with different competencies. Representatives of different professions and occupations work in the field of social welfare – doctors, lawyers, teachers, engineers, nurses, social workers, priests, psychologists, sociologists, nutritionists, guidance counselors, para-professionals, etc., all having their own roles and functions to play. Social welfare would also cut across the concern of various agencies, institutions, and organizations with particular areas of interest and/or responsibility, such as those in health, nutrition, education, housing, labor and industry, community development, social insurance, family planning, and so on.

Social welfare programs usually fall under the following categories:[6]

1. *Social security*. This refers to the whole set of compulsory measures instituted to protect the individual and his family against the consequences of an unavoidable interruption or serious diminution of the earned income disposable for the maintenance of a reasonable standard of living. Examples are compulsory employer liability (with or without insurance), provident funds, and social insurance.
2. *Personal social services*. These refer to service functions which have major bearing upon

personal problems, individual situations of stress, interpersonal helping or helping people in need, and the provision of direct services in collaboration with workers from government and voluntary agencies. Examples are programs for counseling, therapy and rehabilitation; programs for providing access, information and advice; institutional services; child protective services; and programs for the treatment of deviants.

◊ 3. *Public Assistance.* This refers to material/concrete aids/supports provided, usually by government agencies, to people who have no income or means of support for themselves and their families for reasons such as loss of employment, natural disasters, etc. In many foreign countries, public assistance is simply called "Welfare."

SOCIAL SERVICES

The collective concern of society for the well-being of its members, in turn, is expressed in the provision of concrete social services. "Social services" refers to the programs, services and other activities provided under various auspices, to concretely answer the needs and problems of the members of society. These social services may take the form of services to individuals and families, services to groups, services to people with special problems (the handicapped, the mentally retarded, etc.) as well as community services. In the sense that "social welfare" would be a meaningless term unless there are concrete demonstrations of its "concern for the well-being

of human society" through actual social services, then the two terms are inseparable and, for this reason, often used interchangeably.

Why is there a need for social services? At all times everywhere, there are people who have needs and problems beyond their own capacity for solution. Social welfare (and, therefore, social services) has been accepted as a legitimate function of modern industrial society in helping people fulfill themselves. Many of the problems people face today, after all, are traceable to the rapid social change that has been taking place, including the adverse effects of urbanization and industrialization. This includes problems of people in the rural areas—a major concern of social welfare in the country today—for after all, rural underdevelopment is undoubtedly linked to urbanization and industrialization. Richard M. Titmus sees social problems as structural or basically located in the economy. "Since we cannot name and blame the culprits and oblige them to make redress, we must either provide social services or allow the social costs of the system to lie where they fell."[7] He considers social services as partial compensation for the "socially generated disservices" and "socially-caused diswelfare."

There are many motivations or reasons for providing social (welfare) services. However, among the many legitimate and vitally important goals of social welfare which often compete for scarce resources are the following:[8]

◊ 1. **Humanitarian and Social Justice Goals.** This goal of social welfare is rooted in the democratic ideal of social justice, and is based on the belief that man has the potential to realize himself, except that physical, social,

economic, psychological, and other factors sometimes hinder or prevent him from realizing his potentials. This concept submits that it is right and just for man to help man, hence, social services. This goal involves the identification of the most afflicted, the most dependent, the most neglected, and those least able to help themselves, and making them the priority target for the investment of scarce resources.

◊ (2.) **Social Control Goal.** This goal is based on the recognition that needy, deprived, or disadvantaged groups may strike out, individually and/or collectively, against what they consider to be an alienating or offending society. Society therefore has to secure itself against the threats to life, property, and political stability in the community which are usually presented by those who are deprived of resources and opportunities to achieve a satisfying life. Social services to dissidents, and to juvenile and adult offenders exemplify the social control goal of social welfare.

◊ (3.) **Economic Development Goal.** The economic development goal places priority on those programs designed to support increases in the production of goods and services, and other resources that will contribute to economic development. The immediate beneficiaries of such programs may be the able-bodied, relatively better-off members of the community. Examples of social services which pursue economic development goals are:

a. Certain types of social services which directly contribute to increased productivity among individuals, groups and communities, such as counseling services for the youth and for the

adjustment of workers to industrial settings; labor welfare services and facilities; services for the rehabilitation of handicapped workers; skills training for the unemployed and underemployed, integrated social services for farmers, etc.;

b. Certain social services which prevent or relieve the burden of dependence on adult workers of such dependents as the very young as well as the very old, the sick, the disabled, etc., which could hamper their productivity. Examples of these are day care centers, old age homes, health clinics, rehabilitation centers, etc.;

c. Certain social services which prevent or counteract the disruptive effects of urbanization and industrialization on family and community life, and help identify and develop local leadership in communities. Examples of these are family life education services, leadership training programs, and various types of community services which enhance or develop self-reliance and therefore promote people's own capacities for problem-solving.

Having defined social welfare and social services, what, then, is social work?

SOCIAL WORK

Social work is the profession which is concerned with man's adjustment to his environment; a person (or groups) in relation to that person's (or group's) social situation. This is referred to as a person's "social functioning," which results from the performance of his various social roles in society, *e.g.*, son, father, husband, employee, employer, patient, committee chairman, citizen. Some people have difficulties in the performance of any, or several, or even all of their social roles, and therefore have inadequate or ineffective social functioning. Why do people experience these difficulties? In general, social functioning problems are caused by any of the following:

a. personal inadequacies or sometimes pathologies which may make it difficult for man to cope with the demands of his environment;

b. situational inadequacies and other conditions which are beyond man's coping capacities; and

c. both personal and situational inadequacies.

Personal inadequacies may be due to physiological factors like poor physical constitution, wrong attitudes and values, poor or unrealistic perception of reality, ignorance, and lack of skills. Situational inadequacies, on the other hand, refer to the lack of resources and opportunities in society, the existence of resources or opportunities which, however, are beyond the reach or coping capacities of people (such as the availability of employment, but only for highly skilled or trained workers), and the existence of

an unjust or exploitative situation such as in the workplace, or in the community.

All social worker efforts are therefore focused on either helping a person adjust to or cope with his environment (if it is his inadequate coping capacities which prevent him from the effective performance of his social role), or modifying or changing his environment/ situation (if this is the source of his problem), or both. Social work is not a hit-or-miss or trial-and-error method of helping people, but a professional service which makes use of scientific knowledge and skills as bases for engaging people in problem solving, whether individually, in groups, or as communities. It makes use of both human and material resources in the solution of social functioning problems. The United States Council on Social Work Education has this definition of social work: "Social work seeks to enhance the social functioning of individuals, singly and in groups, by activities focused upon their social relationships which constitute the interaction between man and his environment. These activities can be grouped into three functions: restoration of impaired capacity, provision of individual and social resources, and prevention of social dysfunction."[9]

In July 2014, the International Association of Schools of Social Work (IASSW) and the International Federation of Social Workers (IFSW) jointly announced this new international definition of social work which, it is believed, is applicable to social work practitioners and educators in every region and country of the world:

> *Social work is a practice-based profession and an academic discipline that promotes social change and development, social*

cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledge, social work engages people and structures to address life challenges and enhance wellbeing. The above definition may be amplified at national and/or regional levels.

The IFSW is the worldwide body for professional social work with 140 professional associations representing more than three million social workers (The Philippine Association of Social Workers, Inc. is a member of the IFSW. The National Association for Social Work Education in the country is a member of the IASSW.).

The IASSW and the IFSW provide a commentary on this definition, stating that "Social work in its various forms addresses the multiple, complex transactions between people and their environments. Its mission is to enable all people to develop their full potential, enrich their lives, and prevent dysfunction. Professional social work is focused on problem solving and change. As such, social workers are change agents in society and in the lives of the individuals, families, and communities they serve. Social work is an interrelated system of values, theory, and practice."

Social work, introduced in the 1930's as a systematic method of helping people in the field of public welfare in the Philippines, came to be officially recognized as a profession with the passage of a law by Congress in 1965, elevating social work to a profession (see Appendix

1). There are 150 schools of social work in the country today and trained social workers find employment in a variety of fields and settings which are engaged in social welfare activities. These include traditional social work settings such as hospitals, public assistance agencies, and institutions for different needy groups, as well as the more recent social work fields like housing and resettlement, business and industry, social planning, and so on. These fields will be discussed more lengthily later on.

Certainly, the term "social work" is still mistakenly used in referring to acts of charity or philanthropy, and "social worker" is often used in our society to refer to charitable individuals who find time or provide material resources for the needy. This misinterpretation is unavoidable but, with professional social workers' active demonstration of their roles and functions in many fields today, there has been an increasing recognition of the important contribution of social work to social welfare.

In the next chapter, we shall present the historical evolution of modern-day organized social welfare services in the Philippines. A careful reading of this chapter is essential to an understanding and appreciation of social welfare, as well as social work, as they exist in the country today.

GUIDES FOR DISCUSSION/ACTIVITIES

1. Write a two to three-paragraph essay on each of the following topics. Present and discuss in class:
   a. There will always be people, at all times, everywhere, with needs and problems beyond their own capacity for solution.
   b. If people's basic needs are met, they will have no use for social services.
2. Differentiate the following: social welfare, social services, and social work. Provide illustrative examples of each.
3. Differentiate a "need" from a "problem."

   Think of the community where you live. What human needs exist; what human problems are there? How do people meet their needs? How do they and/or society respond to their problems?
4. Visit a social welfare agency. What social services does it provide? Who are the users of these social services?

   Is the agency a social work agency? Why or why not? Explain your answer.
5. Of the three goals of social welfare, which one is the focus of the agency you visited? Justify your answer.

EndNotes

[1] Gertrude Wilson and Gladys Ryland, *Social Group Work Practice.* Boston: Houghton (1949), 16.

[2] Walter A. Friedlander, *Introduction to Social Welfare.* New York: Prentice Hall, Inc. (1955), 4.

[3] Elizabeth Wickenden, "The Place of Social Welfare in the Process of Development," in *Social Welfare in a Changing World.* Washington, D.C.: U.S. Department of Health, Education and Welfare (1965), 29.

[4] Technical Working Group on Social Services Statistics, Inter-Agency Committee on Health and Social Welfare Statistics, *"Glossary of Terms in Social Services and Community Development."* National Economic and Development Authority (1979).

[5] Harold L. Wilensky and Charles N. Lebeaux, *Industrial Society and Social Welfare.* New York: Russel Sage Foundation (1958), 138-140.

[6] *See* John Dixon and Hyung Shik Kim, eds., *Social Welfare in Asia.* Australia: Croom Helm Ltd. (1985), Preface.

[7] Richard M. Titmus, *Commitment to Welfare.* London: Allen and Unwin (1968), 131-132.

[8] Leonard Schneiderman, *Background Papers,* Report of the First National Workshop on Social Work Education, Tagaytay City. Manila: Social Welfare Board, UNICEF-Assisted Social Services Project (1967), 25-27.

[9] Werner W. Boehm, *Objectives of the Social Work Curriculum of the Future.* Vol. I, New York: Council on Social Work Education (1959), 54.

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2

THE DEVELOPMENT OF SOCIAL WELFARE IN THE PHILIPPINES

This chapter presents the development of social welfare from the prehistoric period when Filipinos lived in barangays and practiced mutual aid, to the present when social welfare is already a established response to varied human needs and problems requiring a vast and organized system of services.

THE PREHISTORIC PERIOD

mutual aid aspects

From existing historical accounts, we can deduce that activities approximating the nature of social welfare existed during the pre-colonial period in Philippine history.

Available documents tell us that prehistoric Filipinos lived in small scattered communities usually located along mouths of rivers and coastal plains. These locations were preferred because rivers and bays provided water and food, and means of transportation. These communities were independent social units called "barangays" (from boats with such a name that were used to move people from place to place) composed of parents, children, relatives, and slaves. The "barangay" was often ruled by a headman, who was usually the oldest member

of the community, and known as the "dato." His responsibility was to oversee the welfare of the members of his barangay. He also functioned as arbiter of conflict and leader in times of danger.[1]

Social welfare work in those times centered around mutual protection and economic survival. This caused groups to band together and communities to link with each other through marriage among their members.

THE SPANISH PERIOD

religious aspects

Many changes took place in Philippine social and economic life with the coming of the Spaniards. Communities were grouped together to form pueblos, creating large concentrations of people in an area which resulted in health and sanitation problems, personal maladjustments, and economic dislocation. There was also the problem of destitution or indigency, resulting from the punitive methods of the Spanish conquerors towards the defiant "natives." Pious *encomenderos* provided them aid, together with other residents who responded to the sick and the poor. The motive was religious, that is, to do good to others for the salvation of their souls. This was the teaching of the church which the Spaniards brought with them and which for many years was the underlying philosophy behind all social welfare activities in the country.

HOSPITALS

The early Spanish missionaries not only taught religion to the Filipinos but also administered hospitals

and orphanages. The first hospital established in the Philippines was that founded by Don Miguel Lopez de Legaspi in Cebu in 1565, for the purpose of attending to the wounded resulting from the occupation campaigns, as well as to the victims of diseases due to the long voyage at sea or the peculiar conditions in the country.[2] It was transferred to Manila in 1571, and called the Hospitalito de Santa Ana in 1578, under the supervision of the Franciscans. When the Americans arrived, it was renamed Sternberg General Hospital (San Lazaro Hospital founded in 1578, and San Juan de Dios Hospital founded in 1596, are reported to have originated from this hospital).

Other hospitals were soon established: San Gabriel (1587); Hospital Real (1612); Nueva Caceres in Naga (1645); and the Hospital for Convalescents in Bagumbayan (1742).[3]

Of these hospitals, the San Lazaro Hospital stood out. Known to have been built to house Filipino beggars, it became a hospital for lepers in 1631, when 150 lepers arrived in the Philippines from Japan because the Emperor of Japan wanted to test the benevolence of Catholic missionaries. This started the concept of organized isolation of the sick, an idea credited to a Franciscan, Fr. Juan Clemente, who initiated medical services for the poor in Manila.[4]

Because of the large numbers of people requiring medical treatment, other hospitals were also founded, like the Hospicio de San Jose and the Hospital de Santiago in Manila, and in the provinces (Hospital de Aguas Santas in Los Baños in 1602; the Hospital of the Sangleys for the Chinese in 1630; the Hospital de Zamboanga in 1742; the Lepers Hospital in Cebu in 1850; the Sta. Cruz Infirmary in

Laguna for convalescent missionaries in 1870; and the Lepers Hospital in Naga, in 1873).[5]

ASYLUMS AND ORPHANAGES

With religious charity as their motivation, pious organizations also undertook the establishment of asylums and orphanages for the poor and the needy. Among these institutions were the following:[6] La Real Casa Misericordia (1594); Venerable Third Order of Sampaloc (1611); Archicofradia de Nuestro Padre Jesus Nazareno de Recoletos (1655); Real Y.V.O.T. de Santo Domingo (1699); the Founding Hospital of San Jose for the mentally ill; and the Venerable Congregacion de Sacerdotes de San Pedro Apostol (1868). In 1882, an orphanage for girls in Mandaluyong and for boys in Tambobong were founded by the Agustinian fathers. Much later that year, the Nuestra Señora de la Consolacion and the Santo Tomas de Villanueva asylums were organized to take care of the victims of a cholera epidemic that had broken out.

In 1885, the Asilo de San Vicente de Paul, an asylum for girls, was established, offering religious instruction, primary education, and training in housework to its inmates. This institution became well-known because of good management and the training and discipline given its wards. Another outstanding institution, the Hospicio de San Jose, was founded in 1882 originally to house the aged and orphans, the mentally defective, and young boys requiring reform, but later limiting admission to children who were discharged and later, to be adopted or employed.

SCHOOLS

To complete her colonization campaign, Spain embarked on the establishment of schools. The first school established was the Parochial School of Cebu in 1565, founded by the Agustinian friars. Christian religion, Spanish culture and language, music, writing, reading and arithmetic, and some vocational courses were taught.

Other schools were soon also established. For boys, the Spaniards established the following: the Colegio de San Ignacio (1589), San Ildefonso College (1595), the Colegio de San Jose (1601), the Colegio de San Felipe (1717), and the Artillery School (1754). In 1859, the Jesuits opened the Ateneo de Manila out of the original Charity School called the Obras Pias, established in 1817. For girls, the Santa Isabel (1694), Santa Rosa (1750), and Sta. Catalina (1696) schools were established.

After the 1850s, public schools started to be built in the country. In 1867, there were 593 primary schools with a total enrollment of 138,990.[7]

The hospitals, asylums, orphanages, and schools were maintained using subsidies and grants from the Spanish government. However, these funds were not sufficient and donations from philanthropic individuals were also solicited.

The outbreak of the revolution against the Spanish government in the country led to efforts directed mainly towards helping the sick and wounded Filipino soldiers who needed medical care. Religious orders like the *"Hermanos"* responded, and several women provided leadership in nursing the wounded in the battlefields, particularly after the execution of Dr. Jose Rizal on

December 30, 1896. The National Association of the Red Cross was organized in 1899 to provide medical supplies and food to the revolutionaries in the provinces of Luzon.

THE AMERICAN PERIOD

The Americans occupied the country in 1899, and introduced a new educational system, new health methods, and religious freedom.

In 1902, following an epidemic of bubonic plague, cholera, and smallpox, the Civil Government created an agency, the Insular Board, to coordinate and supervise private institutions engaged in welfare work. This agency was composed of government health officials and therefore effected important programs in the health field, such as the regulation of the practice of medicine and the establishment of provincial and health boards to oversee the health programs of the government. The Insular Board also provided subsidy to expand the services of certain hospitals and asylums which were under its supervision, such as the Women's Hospital of Manila, Hospicio de San Jose, St. Vincent de Paul, St. Paul's Hospital, and San Juan de Dios Hospital.

The Philippine General Hospital was established in 1908, followed by the University Hospital under the auspices of the Protestant Episcopal Services of America, and the Mary Johnston Hospital under the auspices of the Methodist Church.

On February 5, 1915, the American government created the Public Welfare Board with the passage of Legislative Act No. 2510, essentially to coordinate the

welfare activities of various existing charitable organizations.

In January 1917, a government orphanage was set up in Makati, Rizal, the first government entity to operate as a welfare agency, and an initial step in child welfare services. The orphanage had admission and discharge policies and employed systematic investigations to establish the merit of applications.[8]

Earlier, some developments in the field of special services had taken place. In 1900, some attempt was made to alleviate the condition of deaf children at the Philippine Normal School; and in 1910, a school for the deaf and blind was organized.

In 1917, the Associated Charities of Manila was founded by a group of civic-spirited Americans and Filipinos, having in mind the concept of a Community Chest, as it is now called. The initial idea was to centralize the receipt and distribution of donations to different charitable organizations, although later, it expanded its objectives to include the provision of material relief and employment to the deserving, based on a study of the conditions and needs of applicants. Between 1919 and 1921, the Associated Charities was fused with the American Red Cross (Philippine Chapter), but the arrangement caused administrative problems and had to be discontinued.

Meanwhile, a number of private civic organizations were established by the Americans, which soon gained prominence in the field of social welfare.

In 1905, the Philippine chapter of the American Red Cross (one of the first branches to be organized in American territories) was established to take charge of

disaster relief in the country and to administer American Red Cross funds from the United States. At the end of World War I, the organizers of the Philippine Chapter decided to maintain the organization and set up programs on a permanent peace-time basis. Between 1921 and 1923, the Chapter established health centers in provinces and dental clinics in schools. In the succeeding years, it came to be a soundly established social welfare agency.

In 1907, the La Gota de Leche was established to furnish child-caring institutions with fresh cow's milk from a dairy farm in Pasay, Manila, supervised by a veterinarian. This agency later opened a free consultation clinic for mothers.

In 1910, the Philippine Anti-Tuberculosis Society was organized, following the first meeting of the Far Eastern Association of Tropical Medicine in Manila. With its aim of encouraging research and data collection about tuberculosis and to combat the spread of the disease, the organization succeeded in securing government support in 1911, which eventually enabled the Society to open a tuberculosis sanitarium at Santol, Quezon City. The sanitarium is still the major hospital for tuberculosis in the country today.

In 1913, the Associacion de Damas Filipinas was organized by civic-spirited women to help destitute mothers and their children, using funds obtained from membership fees and, later, from funds granted by the Public Welfare Board. In 1926, the association founded a Settlement House on Rizal Avenue, Manila (transferring later to a new location at Paco, Manila), patterned after Jane Addams' Hull House in Chicago. Admission was limited to persons made destitute by accident, chronic

illness, or broken homes, or who were victims of natural disasters, or were otherwise deserving.

In 1921, the Office of the Public Welfare Commissioner was created under the supervision of the Department of the Interior. It absorbed the functions of the Public Welfare Board which, while charged with coordinating and intensifying the activities of child welfare organizations and agencies, was unable to cope with the mounting problems in the health field, which was manifested by the high infant mortality rate in the second decade of the century. This new office intensified educational campaigns particularly along maternal and child health, engaged in studies to find out the causes of high infant mortality, established puericulture centers and maternity houses, supervised private charitable organizations, and conducted conferences and institutions, not only to heighten the health consciousness of health personnel and the general community, but also to improve the knowledge and skills of the former, for their respective functions and tasks. Much impetus was given by this office to the puericulture center movement in the country at this time, and its activities were coordinated with the health activities of the Philippine Health Service, which may be considered the forerunner of the present government health system.

It should be of interest to cite the fact that in 1922, the Office of the Public Welfare Commissioner prepared solicitation forms which it required the public to demand of any person appealing for donations to charities. This was done to protect the public and organizations from unscrupulous persons collecting funds. This practice, however, was not legally sanctioned until 1933, when a law was passed requiring "any person, corporation,

organization, or association desiring to solicit or receive contributions for charitable or public welfare purposes . . . to secure a permit to do so from the director of Public Welfare."[9]

In 1924, the Associated Charities had become an independent agency under the supervision of the Public Welfare Commissioner, and was being partly financed by the government, and partly by private contributions.

In the same year (1924), the Philippine Legislature passed a law (Philippine Legislative Act No. 3203) relating to the care and custody of neglected and delinquent children and providing probation officers for them. The boys and girls' reformatories under the City of Manila became the Philippine Training School for Boys and the Philippine Training School for Girls, and were placed under the supervision of the Office of the Public Welfare Commissioner.

In 1926, some of the children in the government orphanage in Makati were transferred to Welfareville, a fifty-hectare compound at San Felipe Neri (now Mandaluyong), Rizal, supervised by the Division of Dependent Children in the Office of the Public Welfare Commissioner. The Division introduced the "congregate system" where wards were grouped in separate cottages — based on certain considerations, such as the children's needs and problems. The same division supervised child-caring institutions receiving material and technical assistance from the government.

The administration of social welfare in the Philippines was marked by significant developments when Frank Murphy became Governor-General in 1933. Scholarship grants for professional training in social work

in the United States were made available. The Legislature appropriated funds for the operations of government child and maternal health centers, which Governor Murphy asked to be established in each town with at least two thousand in population. Social health centers (institutions with combined health and social services) were established in selected communities where health and socio-economic conditions were highly unsatisfactory. He created the first Housing Committee which undertook a study of slums in Manila, resulting in an experimental housing project of thirty-one model houses in Tondo. He also encouraged the establishment of private colleges and technical schools, and had the National Economic Protectionism Association (NEPA) organized to promote home industries. Aside from a National Research Council, he also created an Unemployment Committee which in turn recommended the creation of a National Emergency Relief Board to coordinate all private and government efforts to reduce unemployment and relieve distress caused by unavoidable unemployment. Later, this Board extended its services to include relief to typhoon victims. He also supported the women suffrage campaign, signing a law enacted by the Philippine Legislature enfranchising women in 1933 (which, however, did not take effect until 1937).

The economic depression in the 1930s created serious economic problems. The Associated Charities was unable to cope with the number of applicants for relief and other social services, despite appropriations made by the Office of the Public Welfare Commissioner, under its director, Dr. Jose Fabella. However, the organization received a boost when Frank Murphy approved a large appropriation to the Associated Charities, designating it as the Insular Relief Agency to provide material assistance to

the needy, elementary education, and handicrafts training to those who would otherwise be out of school, and training in social work. The latter was done with the help of Josefa Jara Martinez, who had obtained a diploma in social work from the New York School of Social Work in 1921. She worked for the Public Welfare Board where she had started to introduce the scientific approach in social work, and then was detailed to the Associated Charities.

The Murphy administration's social welfare programs marked the first time the government assumed full responsibility for the relief of the distressed due to any cause.[10]

THE COMMONWEALTH PERIOD

Major changes in Philippine political and social life took place as a result of Filipinos taking over the reins of government during the Commonwealth period. Specifically, in the fields of health and welfare, programs were expanded and improved, and new services were organized, such as rural charity clinics (in places where no hospitals or private practicing physicians were available), a quarantine service, and a home for mentally defective children, as well as for the aged and the infirm in Welfareville.

President Manuel L. Quezon, working for social justice, prevailed upon the National Assembly to pass the anti-usury laws, the eight-hour labor law, laws fixing minimum wages (one peso in the province and one peso and twenty-five centavos in the cities), laws related to insurance, pensions, and women and child labor. Furthermore, he initiated housing projects, making it

possible for tenants to buy these houses on easy installment plans. He created relief boards and other bodies to undertake relief activities during periods of natural calamities, economic crisis, and unemployment.

In 1940, the Office of the Commissioner of Health and Public Welfare (the office which took charge of health and welfare services between 1930 and 1940) was abolished and replaced by a Department of Health and Public Welfare. In 1941, an Executive Order established under the Bureau of Public Welfare (of the new Department) a Public Assistance Service, which took over the activities that used to be performed by the Associated Charities which, by then, had ceased to exist.

(DHPW)

THE JAPANESE OCCUPATION

1942 - 1944 (3 years)

The Second World War which brought countless deaths and immeasurable suffering to the country's population was to last for three years, from 1942 to 1944.

Social welfare activities during the period consisted mainly of giving medical care and treatment, as well as food and clothing, to the wounded soldiers, prisoners, and civilians.

The Bureau of Public Welfare, which was closed when the war broke out, was reorganized by the Executive Commission and instructed to attend to the general welfare of the residents, and to give food and comfort to released prisoners from concentration camps. In 1943, when food shortage became acute in Manila, the Bureau had to cease operations.

Relief work during the Japanese Occupation was undertaken primarily by volunteer organizations.

Prominent among these were the Philippine Red Cross, the Young Women's Christian Association, and the National Federation of Women's Leagues. At the same time, despite difficulties, several hospitals such as the Philippine General Hospital, the St. Luke's Hospital, the Mary Johnston Hospital, and the North General Hospital continued to provide medical treatment, food, and shelter. In many instances, churches and convents were used as centers of operations with members of religious organizations doing their share of volunteer work.

(YMCA) (NFWL)

After the Liberation, relief work continued to play an important role. Workers of the Philippine War Relief, Inc., organized in the United States by a group of sympathetic Americans, accompanied the liberating army when it landed in Leyte in 1945. It assisted the United States army in the provision of medical services and material relief to prisoners of war and displaced persons.

Other relief agencies which were active in the distribution of goods to the needy war victims were the Emergency Relief Office, the Emergency Commission Administration, the Philippine Civil Affairs Unit and the Philippine Relief and Trade Rehabilitation Administration (PRATRA). Relief goods were also brought in by the United Nations Relief and Rehabilitation Administration (UNRRA).

THE POST-WAR YEARS

The Bureau of Public Welfare re-opened in 1946, but lack of funds greatly limited its operations. On October 4, 1947, recognizing the need for a more centralized and better integrated social welfare program, the Bureau

Bureau of Public Welfare to Social Welfare Commission

became the Social Welfare Commission, and was placed under the Office of the President. This signified the formal recognition of social welfare as a responsibility by the state.

The Social Welfare Commission offered three categories of services: (a) child welfare work including probation and parole services and institutional care for various groups; (b) public assistance in the form of relief and casework services to indigent war victims and the physically handicapped and infirm; and (c) coordination and supervision of all public welfare activities.

The War Relief Office was placed under the control of the Social Welfare Commission, providing it with additional sources of funds which enabled the Commission to increase the number of provincial branches which carried out not only outright relief but family and child welfare, and rehabilitation services.

Other activities of the new public welfare agency included the (a) establishment of the Welfare Home for Women and Girls as a result of an anti-venereal disease drive conducted by the Department of Health, the Social Welfare Commission, and the Bureau of Labor; and was set up to provide shelter, medical care, vocational training, and guidance to rehabilitate young wayward women, and (b) setting up of employment and related services under its Public Assistance department.

The late forties saw the upsurge of new socio-economic and political problems. The feudalistic tenancy system created a dissident movement which threatened the stability of the government under President Elpidio Quirino. Encounters between the armed forces and the dissidents created rural unrest and increasing poverty. The

Social Welfare Commission, instructed to do a socio-economic survey of the affected areas which were mostly in Central Luzon, came up with a report of the miserable situation and recommended a better coordination of government services in the field.

In August 1948, President Quirino created the President's Action Committee on Social Amelioration (PACSA) which was charged with the "duty of giving relief assistance to the hungry, the homeless and the sick . . . to victims of dissident depredation and violence." It included a comprehensive program of health, education, welfare, agriculture, public works, and financing.

An international agency also made its mark in the social welfare scene in the late forties. The United Nations International Children's Emergency Fund (UNICEF) created by the United Nations General Assembly in 1946 to further maternal and child health in economically underdeveloped countries, became active in the Philippines after 1948. Aside from establishing basic health services for mothers and children, consisting of feeding programs, medical care, and health education, it has also provided such supportive assistance as health equipment and supplies and opportunities for the training of medical and other health-related personnel. The UNICEF (now United Nations Children's Fund) has served millions of Filipino mothers and children. Today, it continues to engage in programs and innovative projects in social welfare – mainly for families and children – in the country.

THE SOCIAL WELFARE ADMINISTRATION

On January 3, 1951, the Social Welfare Commission and the President's Action Committee on Social Amelioration were fused into one agency called the Social Welfare Administration. Shortly after this, the new agency established a staff development service. It began accepting social work field practice students from the then newly opened social work schools in the Metropolitan (Greater) Manila Area, and started to conduct more surveys and field studies on income, housing needs, and the needs of special groups such as the handicapped.

Before the Second World War, the Associated Charities was the agency that took care of relief for the needy and indigent, which function was assumed later by the Bureau of Public Welfare and, much later after the war, by several relief agencies (the PRATRA, the War Relief Office, the PACSA). With the establishment of the Social Welfare Administration, the responsibility for relief was placed under the new agency's Division of Public Assistance, which became concerned with the need for a more professional administration of public tax-supported welfare programs and services to needy and disadvantaged members of the community. This office had two programs:

- (a) *Assistance.* This was given in the form of general assistance to dependent minors, the aged and the handicapped, and special assistance to clients with needs and problems of a temporary nature like the unemployed, victims of natural disasters, and victims of dissident operations. Assistance was given in the form of material aid like food, financial aid, transportation aid, medical aid, institutional care, and work relief.
- (b) *Service.* This was rendered in the form of rehabilitation service for employable disabled, the physically and mentally handicapped, as well as the occupationally maladjusted through diagnostic, guidance and placement services and skills training; service to squatters evicted from their homes through the provision of educational, health and medical facilities and assistance with income-producing projects; services to organizations of the handicapped; and administration and supervision of rehabilitation projects and workshops.

Another important arm of the Social Welfare Administration was its Child Welfare Division. Services under this unit included casework and guidance services for children who remained at home: case study of anti-social or delinquent children; child protection services; supervision of all child-caring institutions in the country; and other services such as those for dependent children and children in the SWA-operated children's institution.

The Division of Rural Welfare in the Social Welfare Administration was created by Administrative Order No. 7, on September 5, 1951, to deal with the mounting social problems in the rural areas. This Division was entrusted with the study of rural conditions as basis for determining services, of establishing and maintaining welfare services in the government's land settlement areas for victims of dissidence and disasters, and the establishment and maintenance of welfare services for non-Christian tribal groups. In 1954, the SWA was reorganized, and this

Division developed new community programs such as self-help centers, community kitchens, and cottage industries.

The social amelioration program of rural areas, which was a major concern of President Ramon Magsaysay, gave impetus to the new programs in the Division of Rural Welfare. The government's concern for social welfare was manifested in the distribution of land to the landless, the construction of feeder roads to improve communication, and the construction of artesian wells.

"Self-help" became the underlying philosophy for the rural community development projects facilitated or stimulated by the SWA's Rural Welfare Division. Among these projects were animal- and vegetable-raising, handicrafts, adult education, barrio roads, community centers, and cooperatives. The agency provided in-service training for rural welfare workers and set up regional and provincial branches. At the same time, many of its workers pursued formal education in social work. (Social work education will be discussed later.)

An important development in the mid-sixties was the passage in 1965 of Republic Act No. 4373, "An Act to Regulate the Practice of Social Work and the Operation of Social Work Agencies in the Philippines." The law requires the completion of a Bachelor of Science in Social Work degree, one thousand hours of supervised field practice, and the passing of a government board examination in social work for licensing or registration as a social worker. The law provided for the creation of a Board of Examiners (now called Professional Regulatory Board for Social Workers) that will administer its provisions. It also empowered the Social Welfare Administration (now

SOCIAL WELFARE ADMINISTRATION TO DSWD

Department of Social Welfare and Development) to license and accredit public and private organizations for social welfare work. The law had the desirable effect of making those already occupying social work positions undergo professional social work education.

Republic Act No. 4373 formally recognized social work as a profession in the Philippines (Appendix 1). As of August 2021, there were 33,862 licensed social workers in the country.

The fact that the Social Welfare Administration was placed directly under the Office of the President was a source of budgetary and other administrative problems which affected the systematic implementation of programs. In 1968, President Ferdinand E. Marcos signed Republic Act No. 5416, known as the Social Welfare Act, elevating the SWA into a Department. The government declared social welfare a matter of policy when the law stated that "it is the responsibility of the Government to promote a comprehensive program of social welfare services designed to ameliorate the living conditions of distressed Filipinos, particularly, those who are handicapped by reasons of poverty, youth, physical and mental disability, illness and old age, or those who are victims of natural calamities, including giving assistance to members of cultural minorities to facilitate their integration into the body politic."

The Department drew up a comprehensive social welfare program along the following concerns: (a) preventive and remedial programs and services for individuals, families and communities; (b) protective remedial and developmental welfare services for children; (c) vocational rehabilitation and related services for the

physically handicapped, ex-convicts, and individuals with special needs; and (d) training, research and special projects. These programs were to be implemented by the Bureau of Family Welfare, Bureau of Youth Welfare, Bureau of Vocational Rehabilitation, Bureau of Field Services, and the Bureau of Training, Research and Special Projects.

The Department continued most of the programs and services under the Social Welfare Administration, and improved and expanded many of them, while developing new services and activities to respond to the ever-increasing demands in social welfare.

THE SEVENTIES

President Ferdinand E. Marcos declared Martial Law and set up a crisis government on September 21, 1972. This was the period of the First (1960s) and Second (1970s) United Nations-declared "Developmental Decades." The U.N. called on member nations to focus on developmental efforts aimed at improving the quality of life of the majority of the population suffering from poverty and its accompanying problems of malnutrition, lack of skills, ill health, low economic productivity and low income, unemployment and underemployment, dependency, poor housing, and so on.

On September 8, 1976, the Department of Social Welfare became the Department of Social Services and Development shifting emphasis from the traditional, often institution-based social welfare to community-oriented programs and services which underscored people's own capacities for problem solving. The Department had

accepted the development thrust in social welfare. Otherwise, its organization, powers and functions remained.

The Department, while open to serving the needs of all citizens eligible for its services, had to set priorities. Thus, it decided to concentrate on serving the needs of the bottom 30% of the country's population, through a "package" of programs consisting of Self-Employment Assistance, Practical Skills Development and Job Placement, Day Care Centers and Supplemental Feeding, Emergency Assistance, Family Planning Information and Motivation, and Special Services for Orphaned, Abandoned, Neglected, Disabled, and other types of special needs. In 1977, these programs took on the acronym "SPDEFS."

Service delivery was facilitated through the "baranganic approach" which makes use of the existing political structure, the barangay, as the worker's point of entry and basis for problem identification and prioritizing.

On June 2, 1978, President Marcos issued Presidential Decree No. 1397, providing for the conversion of departments into ministries, to adapt to the requirements of the change from a presidential to a parliamentary form of government. The Department was renamed the Ministry of Social Services and Development (MSSD). The organizational structure, functions, and programs, however, remained the same.

Meanwhile, social welfare activities under private auspices continued after the Second World War, even as the government's responsibility in social welfare had already been established. New agencies and organizations were established to serve a variety of community needs

and problems, such as for the mentally and emotionally handicapped, the physically handicapped, orphans, unwed mothers, etc.

In 1949, the Council of Welfare Agencies of the Philippines and the Community Chest of Greater Manila were organized. (CWA)

The Council was established: (a) to study and define social welfare problems and human needs; (b) to develop a coordinated plan of action to meet these needs; (c) to help improve the standards of social services; and (d) to serve as the National Committee for the International Conference on Social Welfare. Concerned with the greatly increased number of private agencies which presented problems of overlapping of services and inadequate standards, the Council today continues to try to influence the quality of standards of private social welfare agencies.

The Community Chest was established primarily in response to the need and desirability of having one organization with the responsibility of raising funds and allocating them to member agencies on the basis of need. The motto "give once for all" appealed to the public and minimized competition for fund donors among private agencies. Community chests and councils have now been organized in major cities in the country.

In the early fifties, the Philippine Youth Welfare Coordinating Council was established. Initially composed of thirty-three youth-serving agencies, but adding more members later, PYWCC brought together representatives of these agencies to study and plan more effective programs for the youth.

The sixties and seventies saw the continuation of efforts of existing voluntary organizations and the

establishment of even more agencies. Heeding the government's call for cooperation from the private sector in its pursuit of development goals, many agencies adapted the new development orientation.

Community outreach programs have been and continue to be organized, and programs which integrate nutrition, family planning, skills training, self-employment and other income-producing projects have become very popular. Other organizations, like the Philippine Rural Reconstruction Movement and the Philippine Business for Social Progress, have decided to emphasize community self-reliance projects.

THE EIGHTIES

During the eighties, the Self-Employment Assistance (SEA), the Ministry's banner program, was upgraded to make it more responsive to its clients' needs. Clients, individually or in groups, were able to take out bigger loans to expand their income-generating projects. The "total family approach" that guided the program put emphasis on food production and nutrition, and provided training in business management skills.

The following are among the other significant achievements of the MSSD during this period:

(a) Launching of the Case Management System, which involves the use of MSSD's internal and external resources employing the Total Family Approach with a set of Social Welfare Indicators (SWI). The latter monitors the level of well-being of MSSD's service users, that is,

their progress from survival to subsistence and finally, self-sufficiency.

(b) Primary health care-related activities were integrated into the MSSD's services on the barangay level in support of the Ministry of Health's program.

(c) Greater cooperation and coordination among non-government organizations in response to MSSD's technical assistance; consultation, planning and monitoring workshops with these NGOs.

(d) Increased participation of local governments in social welfare activities.

(e) Coordination with the NGOs was intensified as a result of its partnership with 138 licensed/ accredited NGOs.

(f) Family planning motivation was integrated into the MSSD's skills/ employment-related programs; population and sex education and pre-marital counseling were provided to thousands of youth.

(g) Through a strong tie-up with NGOs, local government units and civic-minded individuals, 10,000 Day Care Centers, neighborhood feeding centers, and food-for-growth centers were established, mainly for disadvantaged children between 0-6 years old.

(h) Priority attention was given to the development of disadvantaged youth through the Integrated Human Resources Development Program (IHRDP).

MSSD to DSWD

On January 30, 1987, President Corazon C. Aquino signed Executive Order No. 123, reorganizing the MSSD and renaming it Department of Social Welfare and Development (DSWD). The Department was "evolving from mere welfare or relief agency to the greater task of development."[11]

The DSWD's mandate, objectives, and programs remained the same in the next several years. Its major social programs were family and community welfare, child and youth welfare, women's welfare (E.O. No. 123 provided for the creation of the Bureau of Women's Welfare "with specific attention to the prevention or eradication of exploitation of women in any form . . . as well as the promotion of skills for employment and self-actualization"), welfare of the disabled including the elderly, and emergency assistance for victims of natural and man-made disasters. The approach taken by the agency during this period is described as "preventive and developmental, participative and client-managed."[12]

THE NINETIES

During the early nineties, the DSWD continued the same five program areas of concern. However, it gave priority attention to Low Income Municipalities (LIMs) and other socially depressed barangays. It was also greatly involved in disaster management in many parts of the country that experienced typhoons, floods, and the eruption of Mt. Pinatubo and its aftermath which required massive relief work and the use of Crisis Incident Stress Debriefing (CISD), a form of crisis intervention used with victims of these disasters and other crisis situations. The agency's social workers (the DSWD had become the major

employer of licensed social workers) were given special training for this form of intervention.

On October 10, 1991 R.A. No. 7160, otherwise known as the Local Government Code, was passed. The DSWD, along with other national agencies, had to "shift gears," *i.e.*, it had to devolve its implementing functions together with its programs and services, direct service workers, budget corresponding to the salary and funds of the staff and programs, and assets and liabilities to the local government units starting in 1992. The devolution meant a realignment of the DSWD's structures in both its central as well as field offices, resulting in a much leaner, more functionally aligned organization responsive to its post-devolution mandate.[13]

To supplement its five (devolved) program areas of concern, the Department retained specialized social services consisting of four categories: (a) Center/institution-based services; (b) community-based programs and services; (c) locally funded and foreign-assisted projects; and (d) disaster relief and rehabilitation augmentation.

The decade of the nineties saw the DSWD move from its traditional image of service provider to one that leads in social welfare policy formulation and program development, standard-setting and regulation enforcement, provision of technical assistance, capability-building and augmentation support to local government units (LGUs), non-government organizations (NGOs), and people's organizations (POs). The Department has expressed its commitment to "continue its leadership role in social welfare and social development" in the New Millennium, given its vision of "poverty eradication and

empowerment of disadvantaged individuals, families and communities with capability to improve their quality of life through the provision of assistance to LGUs, NGOs, POs, other national government agencies (NGAs), and other members of civil society."[14]

The Past Two Decades

On January 24, 2017 the government's National Development Conference approved what now (2021) is the DSWD's Vision and Mission Statement, "anchored with Ambisyon Natin 2040 which is a long-term vision for the country."[15]

Vision: The Department of Social Welfare and Development envisions all Filipinos free from hunger and poverty, have equal access to opportunities, enabled by a fair, just, and peaceful society.

Mission: To lead in the formulation, implementation, and coordination of social welfare and development policies and programs for and with the poor, vulnerable, and disadvantaged.

As part of the "Social Sector" in the country's National Development Plan, Social Welfare is continuously being developed to address the needs of the disadvantaged and vulnerable in society. Some of the most important social welfare developments in the last two decades will now be presented.

Poverty

The Pantawid Pamilyang Pilipino Program

Poverty is one of the social realities that social workers have to deal with in the country, and the government, through the Department of Social Welfare and Development, is the main agency tasked with the implementation of different programs to address the problem. One of these programs is the Pantawid Pamilyang Pilipino Program or "4Ps," passed into law (R.A. No. 11310) on April 17, 2019. The Pantawid Pamilyang Pilipino Program is the national poverty reduction strategy and a human capital investment that provides grants to extremely poor households for a maximum period of seven (7) years to improve the health, nutrition, and education of children ages 0-18. Poor household beneficiaries of the 4Ps with pregnant women can also avail of necessary health services. Patterned after the successful conditional cash transfer (CCT) programs in Latin America and Africa, 4Ps, the country's flagship safety net program, has the dual objectives of (1) social assistance by providing cash assistance to the poor to alleviate their needs, and (2) social development to break the intergenerational poverty through investments in human capital (health, nutrition and education). The legislation ensures sustained funding for the program and better program implementation, monitoring, and evaluation. As of the first quarter of 2022, around 4.4 million families have been assisted under this government program.

Magna Carta of the Poor

A Magna Carta of the Poor (R.A. No. 1129) was enacted on April 12, 2019. Under this law, implementing government agencies and concerned departments must establish a system to meet the following rights:

1. Adequate food (Department of Social Welfare and Development (DSWD) and the Department of Agriculture)
2. Decent work (Department of Labor and Employment)
3. Relevant and quality education (Department of Education, the Commission on Higher Education and Technical Education and Skills Development Authority)
4. Adequate housing (Housing and Urban Development Council)
5. Highest attainable standard of health (Department of Health).

The DSWD, along with the National Economic Development Authority (NEDA) and the National Anti-Poverty Commission (NAPC), will identify the target beneficiaries. The funding for the poverty alleviation programs will be sourced from the existing poverty alleviation programs of the different department and agencies. The NAPC is tasked with overseeing the compliance by the departments concerned with the poverty alleviation measure.

Health

One milestone in the area of health and health reform in the country is the Universal Health Care Act (R.A. No. 11223) which was signed into law on February 20, 2019. It guarantees that all Filipinos will have equitable access to quality and affordable health care goods and services, and protected against financial risk. The landmark law allows access to health services by automatically enrolling all Filipinos in PhilHealth's National Health Insurance Program (NHIP). It seeks to ensure that all Filipino citizens have access to a comprehensive set of health services without financial hardship. The law also addresses the fragmented and overlapping roles and responsibilities of various health agencies.

Education

Education as a basic human right was addressed with the passage of R.A. No. 10931, known as the Universal Access to Quality Tertiary Education, on August 3, 2017. This law provides underprivileged Filipino students the opportunity to pursue college degrees through free tuition and exemption of other fees in state universities and colleges (SUCs). In locations where there are no available state or local universities and colleges, the law allows Tertiary Education Subsidy that sponsors the enrollment of disadvantaged students in private institutions. There are now also many non-government organizations as well as corporate foundations (*e.g.,* Metrobank and Aboitiz Foundation) which provide scholarships and other kinds of assistance to support the education needs of students.

In the informal and non-formal education sector, the passage of the Alternative Learning System (ALS) Act on December 23, 2020 (R.A. No. 11510) is considered as a major breakthrough as it institutionalizes the alternative learning system in basic education. Under the law, the ALS program is expanded and strengthened to provide increased opportunities for out-of-school children in special cases and adult learners, including indigenous peoples, to develop basic and functional literacy and life skills, and to pursue an equivalent pathway to complete basic education. The law makes possible the further realization of every individual's right to quality education and the vision of ("inclusive education") within reach as it guarantees equitable access to all learners, including those who reside in the unreached, underserved, conflict-affected communities, and communities in emergency situations to avail of systematic, flexible, and appropriate alternative basic education programs outside of the formal school system.

Women

Women remain one of the vulnerable sectors in Philippine society despite existing efforts and legislations that seek not only to promote their rights and welfare but also to empower them. Below are some of the laws that were passed during the period.

The "Magna Carta of Women" (R.A. No. 9710) was enacted on August 14, 2009 – a human rights law that seeks to eliminate discrimination against women by recognizing, protecting, fulfilling, and promoting the rights of Filipino women, especially those in the marginalized sector.

The Responsible Parenthood and Reproductive Health Act, known as The RH Law (R.A. No. 10354), passed on December 23, 2021, is a national policy that mandates the Philippine government to comprehensively address the needs of Filipino citizens as regards responsible parenthood and reproductive health. The Reproductive Health Law guarantees the following: (1) access to services on Reproductive Health (RH) and Family Planning (FP), with due regard to the informed choices of individuals and couples who will accept these services; (2) maternal health care services, including skilled birth attendance and facility-based deliveries; (3) reproductive health and sexuality education for the youth; and (4) regular funding for the law's full implementation.[6] The RH Law also recognizes the inviolable institution and foundation of the family and guarantees the promotion of gender equality, gender equity, women empowerment and dignity as a health and human rights concern and as a social responsibility. The Department of Health (DOH) serves as the lead agency for the implementation of the RH Law.

Another law that directly benefits women and their families is the Expanded Maternity Leave Law (R.A. No. 11210) which was passed on February 20, 2019. This law increases the maternity leave period to 105 days for female workers with an option to extend for an additional 30 days without pay, and granting an additional 15 days for solo mothers. This law allows women to enjoy continuous and uninterrupted maternity leave benefits regardless of the civil status of the female employee and the mode of delivery; and she can avail of maternity leave of not more than 45 days prior to her delivery date for pre-natal care purposes.

Children

Many non-governmental organizations in the country advocate for the rights of children and implement programs and services for their welfare. The Child Rights Network Philippines, the largest alliance of organizations and agencies pushing for children's rights, lobbied and celebrated the passage of the "Prohibition of Child Marriage Law" (R.A. No. 11596) on December 10, 2021, imposing penalties for facilitation, solemnizing of child marriage, as well as cohabitation of adults with children.

One of the alternative care services for abandoned and neglected children is adoption. Adoption can either be domestic or inter-country, with the latter being processed by the Inter-Country Adoption Board (ICAB). Domestic adoption usually takes 2-3 years and sometimes longer. It is also quite expensive because of the legal process involved. This prompted reality child rights' advocates to propose a law that will make the adoption process easier, quicker and less costly. A new law, the Domestic Administrative Adoption and Child Care Act (R.A. No. 11642) which was passed on January 6, 2022, provides for simpler and inexpensive domestic administrative adoption proceedings and shall streamline services for alternative child care. Under this law, domestic adoption need not go through courts, hence, it will be more affordable. Domestic adoption will be done administratively, through the National Authority for Child Care (NACC) which will be attached to the Department of Social Welfare and Development (DSWD). With the new law, the target duration for the adoption process will be less than one year and most likely six months to nine months.

The Elderly

The government has taken special measures and enacted the following laws to promote substantive equality for older persons and prohibit discrimination against them.

a. The Anti-Age Discrimination Act of 2016 (R.A. No. 10911, July 21, 2016) was passed to guarantee equality and prohibit age discrimination in employment for all older persons. Among others, it prohibits employers from forcibly laying off and imposing early retirement on employees because of old age.

b. The Centenarian Act of 2016 (R.A. No. 10868, June 23, 2016) honors Filipinos who reach 100 years old with a Letter of Felicitation from the Philippine President and a Centenarian Gift in the amount of P100,000.00. An Act giving Filipinos who reach 101 years old with a gift of one million pesos is pending passage in Congress.

c. An Act Providing for the Mandatory PhilHealth Coverage for all Senior Citizens (R.A. No. 10645), enacted on November 5, 2014, removed the provision that a senior citizen must be indigent to qualify for coverage. Upon the effectivity of Republic Act No. 10645, senior citizen members and their qualified dependents shall be entitled to benefit packages under the National Health Insurance Program. These include, but are not limited to: in-patient hospital care, day ambulatory services, special benefits for catastrophic cases, and TB-DOTS package, among others.

d. The Expanded Senior Citizens Act of 2010 (R.A. No. 9994, February 15, 2010) broadens the coverage of government assistance to senior citizens in the areas of employment, education, health, social services, access to public transport, and incentives to individuals and non-governmental organizations that own and manage institutions caring for senior citizens. Among the additional entitlements of senior citizens are the following: (a) a social pension for indigent citizens amounting to P500.00 monthly; (b) mandatory coverage by PhilHealth; and (c) social safety nets in the form of food, medicine, and financial assistance, to help cushion the adverse effects of economic crisis, disasters, and calamities.

Social Welfare in the Pandemic

The CoVid-19 pandemic, although primarily a health concern, brought with it a lot of challenges. It affected practically all aspects of people's lives. The public being made to observe protocols (*i.e.*, wearing masks, face shields, physical and social distancing), employees having to do "work from home," students and teachers resorting to online mode of learning, were challenges that also created many problems. The readiness of the country's health system to deal with such a health crisis was also in question. The pandemic caused many problems – death, unemployment, underemployment, and the like, necessitating social welfare programs to respond to these problems.

Social Amelioration Package (SAP)

The "Bayanihan to Recover as One Act" (R.A. No. 11494), passed on September 11, 2020, mandated different government agencies to implement nationwide amelioration programs to mitigate the impact of the CoVid-19 health crisis.

The DSWD was made the "lead agency for the implementation of social protection programs." One of these, the Social Amelioration Program (SAP), was planned to include support to 18 million Filipinos who are the most affected by CoVid-19. The target beneficiaries are the senior citizens, persons with disabilities, pregnant women, solo parents, overseas Filipino workers (distressed and repatriated), indigenous people, homeless, farmers, fisherfolks, self-employed, informal settlers, and those under "No Work-No Pay" arrangements (*e.g.*, drivers, house help, construction workers, etc.).

United Registered Social Workers

Most social work interventions in the country are undertaken through direct face-to-face contacts with clients. However, health protocols required by the government during the CoVid-19 pandemic in 2020-2021 did not allow this, resulting in social workers' organizing themselves online nationwide as United Registered Social Workers. It initiated a Psycho-Social Support (PSS) service through virtual platforms such as Facebook, Viber, and mobile phones. More than 400 members of the United Registered Social Workers volunteered to do nationwide social work counseling by telephone to support and assist Filipinos suffering from the anxiety and depression caused by the pandemic.[16]

Governance

In terms of governance, a significant development in the field of social welfare is the adoption of the Mandanas Ruling. The Mandanas Ruling of the Supreme Court in 2018 (confirmed with finality in 2019), resulted in the expected increase in the local government's share in the Internal Revenue Allotment (IRA) from the national government to at least 60 percent from the current 40 percent. The effect of this is the full devolution of functions, services, and facilities to the Local Government Units (LGUs) no later than 2024, instructing LGUs to prepare devolution transition plans and capacity development agenda. The eventual implementation of the Mandanas ruling is viewed not just as a transfer of resources but an opportunity to strengthen decentralization and improve social service delivery in the Philippines. The Department of Social Welfare and Development has also prepared a devolution transition plan which outlines the implementing mechanisms to facilitate the devolution of services. The DSWD will have the following functions relative to the full devolution: policy development, research development, standards setting and regulatory function, capacity building, technical assistance, resource augmentation, monitoring and evaluation and, program evaluation and audit.[17]

Magna Carta for Public Social Workers

In 2007, social workers in both the public and private sectors succeeded in their efforts to advocate for their rights and benefits as public servants. The passage of the "Act Providing For A Magna Carta for Public Social Workers" (R.A. No. 9433), passed on April 11, 2007,

declared the following: "The State shall promote and improve the social and economic well-being of public social workers, their living and working conditions, and terms of employment. It shall develop their skills and capabilities to make them more responsive to the needs and problems of their clients and better equipped in delivering social services and programs. The State shall likewise encourage those with proper qualifications and excellent abilities to apply and remain in social development work in the government service.[18] Among many others, this law provides for social workers being afforded more benefits in terms of salaries and allowances, leaves, and more importantly, protection from any form of interference, intimidation, harassment, in the performance of their duties and responsibilities. It also assured security of tenure, the exercise of their rights to join, organize, or assist organizations and unions for lawful purposes, and opportunities for continuing professional growth and development. Although this regulation only covers social workers in the public sector, this development is considered a milestone for social work practitioners in the country.

ASEAN Social Work Consortium

The phenomenon of globalization which has broken barriers among countries has also made a positive effect on the promotion of professional social work education and practice. The ASEAN Social Work Consortium (ASWC) was established in 2010 with the approval of its Terms of Reference during the 6th Senior Officials Meeting on Social Welfare and Development (SOMSWD). The organization of the ASWC addressed the

action line in the ASEAN Socio-Cultural Community (ASCC) blueprint that called for the establishment of an ASEAN Network of Social Workers by 2013, and the establishment of the ASEAN Consortium of Social Welfare Practitioners, Educators, and Schools of Social Work. ASWC aims to promote and develop social work as a profession in the region, the institutionalization of effective collaboration towards excellent and responsive social work education, and the promotion of greater support from policy makers for the role of social work in social development.

The ASWC vision by 2025 and beyond is for an ASEAN Community with strengthened solidarity among social work practitioners, educators, and schools of social work; enhanced recognition for social work as a profession that can make for social impact and contribute towards social development, social cohesion, and empowerment of peoples in ASEAN.[18]

In 2017, social work practitioners and educators in the country organized themselves and formed the Philippine Social Work Consortium PSWC or ASWC-Philippines with the following as its members: Philippine Association of Social Workers, Inc. (PASWI), National Association for Social Work Education, Inc. (NASWEI), Association of Local Social Welfare and Development Officers of the Philippines, Inc. (ALSWDOPI), Philippine Association of Court Social Workers, Inc. (PACSWI), Association of Medical Social Workers in the Philippines, Inc. (AMSWPI), Department of Health League of Medical Social Workers, Inc., National Council of Social Development (NCSD), Association of Child Caring Agencies of the Philippines (ACCAP) and Association of DSWD Social Workers, Inc. (ADSWI).

Non-Government Organizations (NGOs)

All over the country today, countless social agencies, organizations and institutions under private sponsorship are engaged in providing many different social services to meet a great variety of unmet human needs. With our scarce resources, NGOs supplement government efforts especially for the poor and disadvantaged sectors of our society. Thus, our 1987 Constitution provides that "the State shall encourage non-governmental, community-based, or sectoral organizations that promote the welfare of the nation."

The National Economic and Development Authority (NEDA) defines NGOs as private, non-profit, voluntary organizations that are committed to the task of Socio-economic development and established primarily for service. "NGO" is often used as an all-encompassing term to mean all non-profit groups, people's groups, people's organizations, foundations, and charitable organizations. There is a need to make a distinction.

NGOs respond to varied social welfare concerns – health, education and training, human rights, gender and development, youth, elderly, indigenous groups, environment, disaster management, livelihood projects, housing, urban dwellers, farmers, streetchildren, drug abuse and rehabilitation, legislative advocacy, etc. Many NGOs employ social workers to ensure standards in the provision of social services.

People's Organizations (POs) are also called, in other countries, community-based organizations. They are generally composed of disadvantaged individuals who work to advance their members' material or social well-being; these are grassroots organizations, with members who typically work on a voluntary basis.[19]

NGOs serve as intermediaries between the government and the POs; they advocate and work for disadvantaged individuals who are not necessarily their members. Many NGOs work to strengthen POs by providing financing, establishing linkages, and undertaking advocacies. They have advocated for a greater role in the delivery of social services, stressing their strong relationship in local, poor communities.[20]

There is an estimate that the number of civil society groups in the Philippines ranges up to 500,000, although only a fraction of this number is registered as non-stock, non-government institutions, *i.e.*, NGOs, 60,000; and People's Organizations (POs), 10,000.[21] The number of "development-oriented" NGOs is placed at somewhere between 3,000 and 5,000.[22]

In February 1999, the country's NGO networks launched the Philippine Council for NGO Certification (PCNC), envisioned as a self-regulatory body which, through a memorandum of agreement with the Department of Finance, will be authorized to certify NGOs applying for donee institution status based on specific standards. This arrangement will assure the government that only NGOs which have followed standards of professionalism, accountability, and transparency would receive tax-free donations to be used for the right projects.

R.A. No. 4373 (the Social Work Law, 1965) provides that "no social work agency shall operate and be accredited unless it shall first have registered with the Social Welfare Administration which shall issue the corresponding certificate of registration." In addition, R.A.

No. 5416 (1968) empowers the Department to (1) set standards and policies to insure effective implementation of public and private social welfare programs; (2) accredit public and private institutions and organizations engaged in social welfare activity including the licensing of child-caring and child placement institutions and provide consultative services to them; (3) coordinate government and voluntary efforts in social welfare work to avoid duplication, friction, and overlapping of responsibility in social services.

Cooperation and collaboration between GOs and NGOs have been institutionalized and the two entities, with the leadership of the DSWD, hold continuing consultations and dialogues. Furthermore, NGOs participate in policy formulation and plan implementation for sectoral programs in which they are active, like child and youth welfare, welfare of the disabled and the elderly, women welfare, family and community welfare, disaster management, and livelihood projects.

In Chapter One, we stated that social welfare is for all people; and includes those laws, policies, programs, and services concerned with the various aspects of people's lives and, therefore, essential to their well-being. Government social welfare efforts generally emanate from a constitutional mandate, which find expression in various laws. In turn, these laws become the source of authority for the establishment of agencies and their corresponding programs and services. A listing of these laws is in Appendix 2.

In the private social welfare sector, the mobilization of efforts to respond to particular needs and problems of certain population groups often leads to the

institutionalization of these efforts through the founding of private agencies which set up their own policymaking boards. These boards define agency policies and goals which become the bases for the development of programs and services.

The Development Of The Social Work Profession In The Philippines

Associated Charities (1917) = family welfare agency "MOTHER"

The Associated Charities which was founded in 1917 as a family welfare agency is generally considered as the "mother" of the social work profession in the Philippines. This agency was the first to use casework as a method of helping people; the first to use social workers as full-time, paid employees; and the first to hire a trained social worker as its executive secretary (Josefa Jara Martinez, a government *pensionada* who had obtained a social work diploma from the New York School of Social Work in 1921). Many of the pioneers in social work (Virginia Abellera-Peña, Juana Santos Silverio, Flora Palomar Ruiz, and Felisa Garina) had their start in the Associated Charities. Later, Asuncion A. Perez, who had also taken some social work courses in the United States, took over Mrs. Martinez's job at the Associated Charities when, in the 1920's, the latter returned to her job at the Division of Dependent Children in the Office of the Public Welfare Commissioner. For her part, in the government sector, Mrs. Martinez introduced new concepts in child welfare work.

By the late 1930's, the Associated Charities was already employing college graduates as home visitors, who were provided some kind of in-service training. Non-degree social work courses were then being offered at the

University of the Philippines; and shortly before the outbreak of World War II, a civil service examination was given to social workers.

In the private sector, in the 1930's, several voluntary organizations such as the Catholic Women's League and the National Federation of Women's Clubs, were employing trained social workers as executive secretaries. The idea of social work as a professional career must have taken root at about this period, for it was in the 1930's that several more Filipino women went to the United States to pursue academic training in social work.

During World War II, social welfare volunteers as well as paid workers devoted their efforts in responding to the needs of the wounded soldiers and civilians, providing emergency medical and material assistance, and other war-related activities. The establishment of the War Relief Office (WRO) in 1946 to provide relief and rehabilitation services to war victims resulted in the employment of more social workers, with full or little college education. When the WRO was set up, none of the sixty people occupying social work positions have had any formal training in social work. Later, as the need for more direct service workers increased, the WRO started to hire what were called "relief grantees," employing people who had by then obtained formal education in social work. The practice of using "relief grantees" was followed by succeeding agencies (PRATRA, PACSA and SWA), and this practice was officially stopped in 1959 when the reorganization of the Social Welfare Administration (SWA) provided for additional social work positions.

The sudden increase in the number of untrained people engaged in social work functions caused PRATRA

to seek assistance from the United Nations, and this came by way of two UN experts who arrived in the country to conduct a series of social casework institutes, mainly for the workers of PRATRA, the War Relief Office, and the Social Welfare Commission. In addition, fellowships abroad were provided for key personnel of social welfare agencies under the UN Technical Assistance Programme.

In 1948, President Elpidio Quirino established the President's Action Committee on Social Amelioration (PACSA), a community development agency to help with the problem of social unrest in the countryside. Since the PACSA was supposed to provide social services, some of its workers were drawn from the Social Welfare Commission and the defunct Social Services of PRATRA.

Meanwhile, in 1947, the seven or eight social workers who had gone to the United States before the war to pursue formal social work education formed the Philippine Association of Social Workers, for the main purpose of nurturing the development of the social work profession. However, formal education for social work was not to be available in the country until several years later.

In June 1950, the Philippine School of Social Work was established, offering a one-year degree program called Master of Arts in Social Administration. The school's first director was Josefa Jara Martinez, who was able to convince the officials of the Philippine Women's University to open a school of social work. The first graduates of the PSSW were mostly executives and supervisors of social welfare agencies in the country. The following year, the school's graduate program was expanded to two years and the degree changed to Master

of Social Work. Shortly after the PSSW was opened, the University of the Philippines and the Centro Escolar University also started offering social work courses at the graduate level.

As the number of people going into social work in the government services increased, it became necessary to give qualifying examinations for these workers. Hence, in 1956, the Civil Service Commission, responding to the request of the Social Welfare Administration and the Philippine Association of Social Workers, gave an examination for social workers. Of the several hundred examinees, only a handful had formal social work training. Field experience and/or service in a social welfare agency were accepted as qualifications for taking the examinations. Obviously, and unfortunately up to this time, there was no recognition of social work as a profession, and little appreciation of the need for formal education in social work practice.

The schools offering social work programs, however, were attracting an increasing number of students, though mostly women. By the early fifties, the Philippine School of Social Work, the Centro Escolar University, the University of the Philippines, and then, the University of Santo Tomas, were already offering a Bachelor's degree in social work. The undergraduate curricula was considered pre-professional, however, as professional education was supposed to be given only at the master's level, and were available at the first three schools mentioned.

Perhaps because there were not enough jobs or jobs that offered incentives as would attract all the social work graduates, many turned to other occupations. The health

field was among the few that provided jobs to trained social workers with the passage of a law in the late fifties providing for the employment of social workers in public hospitals. Their main task, however, was to do eligibility screening for patients seeking free hospital treatment and other forms of assistance, reinforcing the image of social workers as dispensers of relief. The recognition of medical social workers as members of the medical team was not to come until the 1960's, facilitated by doctors whose training abroad had given them sufficient exposure to trained social workers. Still, in the early sixties, a few social workers found employment in the field of mental health, that is, in mental health clinics, or in the psychiatric wards of some hospitals.

A big boost to the professionalization of social work was the launching of the UNICEF-Assisted Social Services Project of the Social Welfare Administration in July 1961. The aim of the Project was to improve child welfare services by upgrading the competence of family and child welfare workers. A three-pronged program consisting of seminars for child welfare agency executives, supervisors and direct service workers; study grants for graduate training in social work; and demonstration and pilot projects were undertaken over a six-year period, with the Project being eventually integrated into the SWA in 1967.

The Project gave impetus to other developments. Salaries of SWA personnel were upgraded. New programs, particularly in child welfare, were initiated: foster home care, adoptions, child reception and study centers, and community centers, among others. The new programs required social workers to have at least Bachelor's degrees. This project also had a positive effect

on private child-caring institutions whose staff were included in the SWA's training programs, these agencies being under the supervision of the national government's social welfare agency. An interest in professional social work education was aroused among many private agency staff.

The project also encouraged social welfare research and the production of social work literature by making financial grants available.

THE NATIONAL ASSOCIATION FOR SOCIAL WORK EDUCATION, INC. (NASWEI)

In 1965, when the Social Work Law (R.A. No. 4373) was passed, a re-assessment of the content of both undergraduate and graduate social work curricula became necessary since the law established the former as the educational preparation required for social work practice. For this reason, three national workshops on social work education were held in 1967, 1968, and 1969 to allow schools a transition period to effect the necessary changes in their curricula.

The first workshop in March 1967, resulted in the formation of an Ad Hoc Committee "to hold continuing dialogues to further specify what needs to be included in the course content for both undergraduate and graduate programs" and to "provide continuity between the first and succeeding workshops."[23] The Committee was composed of representatives of schools as regular members, and representatives of Mindanao State University, Community Development Center, University

of the Philippines in Los Baños, Philippine Rural Reconstruction Movement, and Presidential Assistance for Community Development, SWA-UNICEF-Assisted Social Services Project, PASW, Board of Examiners, and the National Economic Council as ex officio members.

The Committee was given six months to decide whether or not it would have a formal organizational structure, to define its relationship with the PASW Social Work Education Committee, and to have a plan of action.

At the end of six months, the Ad Hoc Committee recommended a formal organization of the schools to promote the cause of social work education in the country. However, it was not until the end of the third workshop in 1969 that the formal organization took place, with the PASW turning over the functions of its own Social Work Education Committee to the newly formed group which decided on the name Schools of Social Work Association of the Philippines (SSWAP).

The holding of three international conferences in Manila in 1970 (the 15th International Conference of Social Welfare, the 15th International Congress of Schools of Social Work, and the Second Symposium of the International Federation of Social Workers) hastened the organization of the SSWAP since it became the logical entity to help carry out the work of the Secretariat for the International Congress of Schools of Social Work. The SSWAP also volunteered to prepare the proceedings of the Congress, the first time this was done by a national group.

Other activities of the SSWAP in the seventies show its involvement in international, regional, and local concerns in social work: the preparation and submission to the Department of Education of an updated social work

undergraduate curriculum in 1971; the holding of three more national workshops on social work education in 1972, 1976, and 1979; participation in the First South East Asia Regional Seminar for Social Work Educators in Bombay, India, in 1971; and participation in an IASSW-initiated project for the integration of Population Education and Family Planning in the social work curricula from 1972 to 1977.

The SSWAP has maintained continuous dialogues with the Board of Examiners (now Regulatory Board for Social Workers) on matters affecting the board examination, and licensing in general. In 1977, the Professional Regulation Commission, upon the endorsement of the Social Work Board, approved the SSWAP's recommendation that the board examination cover the following areas, with their corresponding weightage: Human Behavior and Social Environment – 20%; Social Welfare Policy and Program – 20%; Social Work Practice/Methods (Theory) – 20%; and Field Practice – 40%. SSWAP also succeeded in working for the change of examination period from March to June to enable new graduates to take the examinations if they wanted to.

The production of indigenous teaching materials became an important concern of the SSWAP. Besides publishing the proceedings of seminars and conferences for the use of schools of social work, it also undertook the publication of several books, among them the *Fundamentals of Social Work* (1983), *Administration and Supervision* (1985), *Dictionary of Social Work* (1988), and the Philippine Encyclopedia of Social Work (2000).

In December 1990, the SSWAP was registered and incorporated with the Securities and Exchange

SSWAP to NASWEI

Commission, and assumed a new name, the National Association for Social Work Education (NASWEI). This decade saw the NASWEI (a) holding more dialogues with the Professional Regulation Commission Board for Social Workers, the government body that administers the annual licensing examination for social work graduates and looks into the conditions affecting the practice of social work, and (b) establishing stronger linkages with international social work organizations like the Asian-Pacific Association for Social Work Education (APASWE) and the International Association of Schools of Social Work of which many social educators are members, serving as officers or board members of these associations.

In line with the desire to engage in concerted efforts to promote and maintain professional standards in social work education and practice in keeping with R.A. No. 4373, the PASWI and the NASWEI supported the Professional Regulation Commission's (PRC) Regulatory Board for Social Work on an issue that had to be confronted; because its misinterpretation could have adverse effects on the profession—the Expanded Tertiary Education Equivalency and Accreditation Program (ETEEAP or E.O. No. 330).

The ETEEAP was promulgated on May 10, 1996 by (then) President Fidel Ramos to benefit deserving individuals; to give them "access to opportunities that will prepare them for higher value jobs"; authorizing the Commission for Higher Education (CHED), to . . . "certify, after thorough evaluation, the pertinent work experiences and knowledge, or expertise acquired by individuals from higher level non-formal and informal training, . . . and to "determine the deficiencies of an applicant that would need. . . academic supplementation through formal course

work in order to satisfy pertinent requirements of a degree applied for." The ETEEAP was adopted in the context of the government's desire to "take appropriate steps to make education accessible to all."

To guard against a misuse or abuse of the ETEEAP (which happened in 2000 and 2001 at the PRC), the PRC passed a Resolution (#8, 2003) providing guidelines for the implementation of R.A. No. 4373 in relation to the ETEEAP. Among the important guidelines given are the following:

- Applications for the licensure examination in social work shall be evaluated on the basis solely of the provisions of R.A. No. 4373.
- The Certificate of Experience based on "1,000 case hours of practical training in an established social work agency under the direct supervision of a fully trained and qualified social worker" (R.A. No. 4373), which is issued for purposes of the licensure examination, should be given only to applicants who have satisfactorily completed theory courses in social work.
- Practical training or practicum for a particular profession presumes a prior acquisition of expected knowledge, attitudes, and skills to be applied in practice under supervision. Consequently, experiences as an agency volunteer or paid staff, in direct helping activities, regardless of the number of years of such activities, should not be considered as the equivalent of 1,000 case hours unless such activities were undertaken under supervision and preceded by formal/official enrollment in social

work courses in an accredited school of social work as shown in the applicant's Certificate of Experience done under oath, and in his/her official Transcript of Records.

- Schools concerned should thoroughly evaluate the applicant's background and the documents presented. Professional social work education, a four-year undergraduate program, is the accepted preparation for beginning competence in social work practice. In view of the importance of the four-year curriculum, the last two years of which are the "major" courses that are crucial to the professional socialization of the prospective social worker, such curriculum cannot be substituted by previous experience or informal training, even if such training were undertaken in a social welfare agency.

The Resolution, signed by the three PRC commissioners and the members of the PRC's Board for Social Workers, took effect after its publication in the Republic of the Philippine's Official Gazette on September 11, 2003.

THE NASWEI IN THE LAST TWO DECADES

The objectives of the NASWEI at the present time are the following:

1. Ensure that standards of social work education in the Philippines are at par with national and international academic standards;

2. Initiate and advocate for the adoption of policies, standards, and guidelines on social work education in partnership with relevant government, private and/or international agencies;
3. Promote continuing education among social work educators and practitioners;
4. Undertake researches singly or jointly that will contribute to the advancement of social work education;
5. Publish researches, articles and teaching materials for social work education;
6. Engage in public information campaigns aimed at educating the public on the nature of the social work profession and making social work attractive as a career;
7. Support organizing activities among social work students towards their governance;
8. Assist social protection initiatives of member-schools to set up mechanisms that address rights and welfare of both faculty and students;
9. Support initiatives by public, private, and civil society actors to advance social justice, human rights, and inclusive and sustainable development;
10. Forge partnerships with social work and social development organizations, both national and international.

The Professional Regulation Commission has on record 150 schools offering the Bachelor of Science (BSSW) degree in social work. Of this number, 80 are regular

member schools of the NASWEI, spread in four regional clusters—Luzon, National Capital Region (NCR), Visayas, and Mindanao. Thirty-two (32) are currently complying with the NASWEI's membership requirements. Twenty-one (21) schools are offering the Master's degree in social work (MSW or MSSW). There is no Ph.D. in social work program in the country. The Commission for Higher Education (CHED) is responsible for approving the offering of both undergraduate and graduate social work academic degree programs.

The NASWEI was engaged in the following activities in the last two decades:

2000 – 2010

- NASWEI worked closely with (1) the Philippine Regulatory Board for Social Workers (PRB) of the Philippine Regulation Commission (PRC), to find ways to improve the performance of social work graduates in the annual licensure examinations; and (2) the Commission for Higher Education (CHED) Technical Panel for Social Work, to standardize social work education in the Philippines. NASWEI member schools attended a series of CHED-conducted consultations, resulting in the 2010 agreement that the Bachelor's degree in social work will require the teaching of new subjects – Social Work Statistics, Social Work Research, Social Work Counseling, Social Work and the Social Environment, and Project Development and Management; and that prime importance would be given to Field Instruction

which, in R.A. No. 4373, requires 1,000 hours of supervised Field Practice.

2010 – 2020

- NASWEI member schools were engaged in a series of training programs to prepare them for the effective teaching of the new subjects defined in CHED's 2010 "Policies, Standards and Guidelines" and in another BSSW curriculum review in 2015 to 2017, to ensure that schools comply with the "outcome-based education" (part of the preparation for the Philippine Education System's transition from K-12), defined as "an approach that focuses and organizes the educational system around what is essential for all learners to know, value, and be able to do to achieve a desired level of competence at the time of graduation.[25] Selected NASWEI member schools were identified to revisit the previously agreed-on syllabi for the BSSW course and integrate content on Gender Responsive Case Management.
- NASWEI maintained its partnership with government and non-government organizations, through its involvement in projects of the following organizations:
  a) UNICEF
  b) ASEAN Social Work Consortium
  c) Unitarian Universalist Service Committee (UUSC)
  d) United Nations' Population Fund (UNFPA)

e) Department of Social Welfare and Development (DSWD).

The NASWEI has conducted trainings to enhance the capability and skills of social work educators and practitioners in the country, while at the same time providing them opportunities to earn continuing professional development (CPD) credits required by the Professional Regulation Commission for the renewal of their professional license.

Along with the DSWD, the PRC-PRB, and with the PASWI as convenor, the NASWEI participated in the revision of the Code of Ethics. To be titled "Philippine Social Work Code of Ethics and Ethical Standards," it is, as of this writing, in its "final review" phase.

The NASWEI participated in the June 19, 2019 launching of the "Philippine Social Workers' Day," an initiative of the professional social work organizations in the country to promote the social work profession, and established by presidential Executive Order. June 19 was the date chosen because it is on the same day the "Social Work Law" (R.A. No. 4373) was passed in 1965.

2020-2022: The CoVid-19 Pandemic and the "New Normal"

The CoVid-19 pandemic which hit the country in 2020, and still ongoing as of the first quarter of 2022, with a recent variant called "Omicron," necessitated a shift from face-to-face to online and/or flexible/blended learning. This was a big challenge to social work faculty and students who have to cope with the new teaching and learning modalities. The NASWEI had dialogues and consultations

with the CHED's Technical Panel for Social Work and the PRC-Professional Regulatory Board for Social Work. A review and modification of course syllabi had to be done, and "Remote Field Instruction" guidelines were developed, to adjust to the "new normal" in social work education.

The NASWEI, with some social work practitioners, organized the "United Registered Social Workers" (URSW), an association of registered social workers who volunteered to provide Free Online Psychological First Aid/Psychosocial Support Services to support frontline social workers and medical social workers. The URSW now has around 500 volunteers located at 17 regions of the country. It is now also an active partner of the DSWD in the work with returning Overseas Filipino Workers (OFWs). It also serves as a Field Instruction placement for social work students.

The NASWEI considers the following as the current challenges/problems in social work education in the country.

1. lack of qualified faculty to teach the courses in both undergraduate and graduate programs;
2. lack of social workers with a master's degree in social work and five (5) years administrative experience to head the social work program in schools;
3. lack of social work books (the CHED requires at least five (5) updated references per subject);
4. lack of social welfare agencies needed for the placement of students who have to meet the requirements of Field Instruction;

5. some schools of social work have limited support from their school administration in terms of faculty welfare and the hiring of additional faculty; and
6. some schools have fast faculty turnover because of inadequate compensation and benefits.

THE PHILIPPINE ASSOCIATION OF SOCIAL WORKERS (PASWI)

PASW to PASWI

The Philippine Association of Social Workers is the national organization for professional social workers in the country. Founded on November 12, 1947, it was incorporated on April 18, 1948, and re-incorporated with the Securities and Exchange Commission on October 18, 1988, changing its name to Philippine Association of Social Workers, Incorporated (PASWI).

A major breakthrough for the professionalization of social work in the Philippines was achieved by PASWI through its work for the passage of Republic Act No. 4373 on June 19, 1965. This law marks the recognition of social work as a profession. The PASWI is the Accredited Professional Organization (APO) recognized by the Professional Regulation Commission (PRC). The Association's objectives are the following:

1. Promote and maintain a professional standard of social work practice;
2. Strengthen the competence of members through the provision of opportunities for their continuing professional growth and development;
3. Work for better understanding, acceptance, and recognition of social work as a profession;

4. Initiate and work for social legislation in social welfare and development through effective action; and
5. Expand professional activities of the association through the organization of local chapters and development of linkages with international organizations devoted to human service.

These objectives are accomplished through committee work and the active participation of its members. It is administered by a Board consisting of eleven (11) directors – three representatives from Mindanao, two from the Visayas, three from Luzon, and three from the National Capital Region (NCR).

The PASWI is a charter member of the Philippine Social Science Council (PSSC) and a member of the International Federation of Social Workers (IFSW). There are three million professional social workers in practice globally and 128 professional social work associations of which the IFSW is the biggest. It has 102 chapters all over the country, with 18,004 members, of which 832 are lifetime members and 17,172 are regular members. As of August 2021, the Professional Regulation Commission (PRC) has a listing of 33,862 registered/licensed social workers in the country.

The Association publishes an annual Social Work Journal, a Social Work magazine; holds regular activities like seminars and workshops and an annual convention, which in the last two years was done virtually because of the pandemic.

The Association is financed through membership fees, donations, sale of publications, and fund campaigns.

Related to its being recognized by the Professional Regulation Commission as the Accredited Professional Organization (APO) in the country, the PASWI enjoys the following benefits and privileges:

1. To represent the profession for which this organization has been established and accredited;
2. To submit nominees for vacant positions in the Regulatory Board;
3. To bid for the yearly award to the outstanding professional organization;
4. To nominate for the annual PRC outstanding professional of the social work profession;
5. To designate a representative to sit as the 1st member of the Continuing Professional Development (CPD) Council;
6. To be a part of the oath taking ceremony of new professionals;
7. To represent the profession in the Monitoring Committee for the ASEAN Mutual Recognition Arrangements (MRAs) , if applicable; and
8. To exercise analogous rights and privileges under the law. (Rule No. 5, Reso No. 2019-1089 Revised Rule on Accreditation of APO and AIPO).

Among other activities, the PASWI has undertaken and continues to undertake the following to achieve its objectives:

PASWI OBJECTIVES ...

1. Adopted the Philippine Social Work Code of Ethics on November 24, 1964, and revisited it in November 1998 (this Code is currently being revised);
2. Nominated to the President members of the Association who qualify to be members of the Board for Social Workers, the government's regulatory board for social work (since 1965);
3. Worked for the passage of the "Social Work Law" R.A. No. 4373 in 1965, as well as amendments to this law with the passage of R.A. No. 5175 in 1967;
4. Supported the passage of the Social Welfare Act elevating the Social Welfare Administration to Department of Social Welfare in 1968; SWA SWA to DSW
5. Served as Core of the Philippine Organizing Committee for the international social work symposia held in the Philippines in 1970, *i.e.*, the Congress of the International Federation of Social Workers and the International Congress of Schools of Social Work;
6. Took a stand on social issues like family planning, the integration of cultural minorities into Philippine society, the release of activist social workers who were detained for charges of rebellion during the Martial Law Period;
7. Submitted proposals to the 1971 Constitutional Convention;
8. Campaigned for opposition to the government-initiated proposal to merge the DSWD and the Department of Health in the 1980s;

9. Supported the passage of the Magna Carta for Public Social Workers (R.A. No. 9433, April 11, 2007);
10. Worked for the passage of R.A. No. 10847 in 2016 which includes lowering the age of Board examinees from 21 to 18, requiring 45 Continuing Professional Development (CPD) units before renewal of PRC license, attaining the status as an Accredited Integrated Professional Organization (AIPO);
11. Sponsored the Asia-Pacific IFSW Conference 2016 at the Manila Hotel and the 2019 Euro Asia Conference at Puerto Princesa, Palawan. The latter was attended by 29 social work leaders from Russia, 9 from South Korea, 4 from Vietnam, two from Hongkong and from Japan, and one from the United Kingdom;
12. Lobbied against the lowering of the age of criminal liability;
13. Lobbied for benefits of public social workers as frontliners during the pandemic;
14. Holds seminars and workshops for members, an annual PASWI Convention, an annual Council of Presidents' Assembly, and regular consultations with its Council of Elders;
15. Gives "Outstanding Social Workers of the Philippines" (OSWP) awards annually and endorses three (3) Nominees for the Outstanding Professional of the Year (OPY) award given annually by the Professional Regulation Commission (PRC).

GUIDES FOR DISCUSSION/ACTIVITIES

1. Describe briefly the nature of social welfare during the different periods in Philippine history: Prehistoric, Spanish, American, Commonwealth, Japanese Occupation, Post-War Years until the 1950s.

2. Name five significant events/developments that have taken place in social welfare since the period of the 1960s.

3. Comment on the developments in social welfare in the last two decades in the country. Discuss their significance.

4. Read the latest Philippine National Development Plan. Based on what you now understand by the term "social welfare," do the following:
   a. List/name the specific topics in the Plan that comprises "social welfare."
   b. Describe the country's situation and concern(s) relating to at least two of these topics.
   c. Give your comments/reactions.

5. Choose one established social welfare agency whose work interests you. Visit this agency and interview its director/head/ social worker. Focus your interview on how the agency was started, what it has done in the past, what it is doing now, and why. Share your learnings in class.

6. Review the laws listed in Appendix 2. Choose one of these, study the provisions of this law, comment, and present in class.

7. Study the content of R.A. No. 4373 and E.O. No. 330 (ETEEAP). Have group discussions on whether:
   a. 1,000 hours of supervised direct practice of social work (R.A. No. 4373) is essential to the professional preparation of future social workers, and why;
   b. experience as a volunteer or administrator/manager of a social welfare agency is the equivalent of 1,000 hours of supervised direct social work practice which, together with a college degree that one has already earned in any field/profession, would qualify him/her for a BSSW degree.

EndNotes

1 F. Landa Jocano, ed. *The Philippines at the Spanish Contact.* Manila: MCS Enterprises, Inc. (1975); and Gregorio Zaide, *History of the Filipino People.*

2 Jose P. Bantug, *A Short History of Medicine in the Philippines, 1865-1898.* Manila: Colegio Medico Pharmaceutico de Filipinas (1953), 41-42.

3 Anastacio Giron-Tupas, *History of Nursing in the Philippines.* Manila (1952).

4 Dr. Juan Salcedo, Jr., "Science in Public Health," Sunday Times Magazine. (November 29, 1953), 6.

5 F. Landa Jocano, *Social Work in the Philippines: A Historical Overview.* Quezon City: Newday Publishers (1980), 20.

6 *Ibid.*

7 *Ibid.* p. 21.

8 Honorio Poblador, *Government Orphanage, Dependent Children, Series No. 1.* Manila: Bureau of Printing, 14.

9 Legislative Act No. 4075.

10 Teofilo Sison, "What Our Government Has Done for the Common Man." Philippine Herald (May 20, 1935).

11 See *Beyond Welfare: Development and Empowerment.* Department of Social Welfare and Development (1997), 42.

12 *Ibid.* 43.

13 *Ibid.* 63.

14 1999 Annual Report, Department of Social Welfare and Development.

15 See *https://www.dswd.gov.ph.* Vision, Mission Statements and Organizational Outcomes.

16 United Registered Social Workers. Facebook Page.

17 Dewane, Jocelyn, *DSWD Transition Plan.* Learning Session on Mandanas Ruling. 2021

18 ASEAN Social Work Consortium. See *http:asean.org/asean-socialwork-consortium-kicks-off/.*

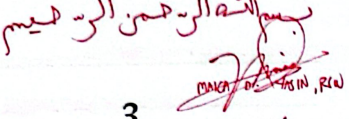
19 ADB. 1999. *A Study of NGOs*: Philippines. Manila. See *www.adb.org/NGOs/docs/NGOPhilippines.pdf.*

20 *Ibid.*

21 Mayan Quebral, "Venture for Fundraising." See *www.allavida.org/alliance/Mar04b.html.*

22 Antonio Quizon, Coordinator, Asian NGO Coalition for Agrarian Reform (ANGOC).

23 Leonard Schneiderman, *Background Papers,* Report of the First National Workshop on Social Work Education, Tagaytay City, 1967. Manila: Social Welfare Board–UNICEF–Assisted Social Services Project (1967), 13.



3

THE SOCIAL WORK PROFESSION

The uninformed in our society associate social work with dole-outs or acts of altruism – the giving of material aid to those in need, out of a sense of kindness. In this light, many charity-givers or philanthropists continue to be called "social workers." Indeed, while the social work profession traces its roots to the humanitarian acts of people who were moved by the material deprivations of their fellow human beings, it has evolved into a discipline that requires specific competencies in order to be of real help to people and, ultimately, to be able to contribute to nation building.

Social work is a profession that is practiced independently or as part of a team in many different fields—health (medical social worker, psychiatric social worker), education (school social worker), business and industry (industrial social worker), corrections (court social worker, probation worker), and community development (community organizer), among others.

Social workers intervene in countless problematic situations people find themselves in today: poverty-stricken heads of families who can hardly provide for their families' basic needs; women and children who are victims of sexual abuse and other forms of violence; drug abusers desperately needing rehabilitation; slum dwellers seeking assistance to be able to adjust in settlement areas; rural

residents who are suffering from lack of certain basic amenities like water supply; victims of natural disasters who need to rebuild their lives; victims of armed conflict and other refugees with no resources to start anew; former dissidents; released prisoners; discharged mental patients who all need to be reintegrated to the community; and countless others who need help in order to function well socially. All of these concern the social worker.

What then, does the social worker do?

SOCIAL FUNCTIONING: SOCIAL WORK'S FOCUS OF CONCERN

William Schwartz states that "Every profession has a particular function to perform in society: it receives a certain job assignment for which it is held accountable."[1] Thus, we know that a person who suffers from a physical ailment seeks help from a doctor, a person accused of having committed a crime consults a lawyer; and a person who needs spiritual guidance sees a religious leader such as a priest or minister. But what about social workers? What is their particular "job assignment" in society? With so many individuals, groups, and organizations engaged in helping others with all kinds of problems, we need to delineate the responsibility of social workers. Do social workers have competencies which other individuals and groups do not have?

In reality, there is still a lack of clarity about the professional "job assignment" of social workers, not only on the part of the public, but also on the part of social workers themselves. Because of the image of "helpfulness" of social workers, an image which evolved from the Judeo-Christian roots of the social work profession, many social

workers get exploited by others. Their exploitation is often traced to some social workers' own lack of understanding of what ought to be the focus of their concern. Let us review different writings about social work's focus of concern:

Wernes Boehm (1958)[2]

Social Work seeks to enhance the social functioning of individuals, singularly and in groups, by activities focused upon their social relationships which constitute interaction between individuals and their environments. These activities can be grouped into three functions: restoration of impaired capacity, provision of individual and social resources, and prevention of social dysfunction.

William Schwartz (1961)[3]

The general assignment for the social work profession is to mediate the process through which the individual and society reach out to each other through a mutual need for self-fulfillment. This presupposes a relationship between people and their nurturing group which we would describe as "symbiotic" — each needing the other for its own life and growth, and each reaching out to the other with all the strength it can command at a given moment. The social worker's field of intervention lies at the point where two forces meet: the individual's impetus toward health, growth and belonging,

mediating

and the organized efforts of society to integrate its parts into a productive and dynamic whole.

William Gordon (1969)[4]

The central focus of social work traditionally seems to have been on the person-in-his-life-situation complex — a simultaneous dual focus on man and his environment. This focus has been concentrated at some times on the side of the organism as interpreted by psychological theory and at other times on the side of environment as interpreted by sociological and economic theory. The mainstream of social work, however, has become neither applied psychology nor applied sociology.

Emphasis has been on individualizing the person-situation complex in order to achieve the best match between each person and his environment, in which either person-behavior or environmental situation may deviate widely from the typical or normative. We conclude, therefore, that the central target of technical social work practice is matching the person with the situation — that is, intervening by whatever methods and means necessary to help people be in situations where their capabilities are sufficiently matched with the demands of the situation enabling them to make a go of it.

Social Functioning

matching

Harriet Bartlett (1970)[5]

Social functioning is the relation between the coping activity of people and the demand from the environment. This dual focus ties them together. Thus, person and situation, people and environment, are encompassed in a single concept, which requires that they be constantly reviewed together.

Shifting a balance between people's coping ability and challenges/environmental demands...

Louise C. Johnson (1989)[6]

Social workers become involved when individuals are having difficulty in relationship with other people; in growing so as to maximize their potential; and in meeting the demands of the environment. Harriet Bartlett has described this situation as "people coping" and "environmental demands." The bringing together of these two aspects of living in society can be termed social functioning. The core of the social work endeavor is to find the worker and the client interacting in relation to problems in social functioning which problems are the reasons for the worker-client interaction. Thus, the ultimate goal of all social work practice is the enhancement of the social functioning of individuals.

The preceding descriptions are consistent with the view that the focus of social work which is *social functioning* means the interaction between the individual and his situation or environment. Social functioning is the key concept in social work so its meaning should be very clear. The different authors' use of "person and situation"

and "person and environment" makes the use of one or the other acceptable. In any case, there is need to clarify the difference between "situation" and "environment."

The *social environment* is a network of overlapping social systems and social situations, including ecological systems, cultures, and institutions; whereas a *social situation* is an impinging segment of the social environment.[7] A social situation is a smaller, more immediate environment that "has meaning for the individual and that is uniquely perceived and interpreted by him, in which he has one or more status — roles and identities, is a group member and a role performer."[8] An example is the "family situation," where one functions as a wife, mother, and breadwinner. An aggregate or complex of social situations (in each of which the individual functions as a group member and has a role, identity and role set) constitutes the individual's total situation, or milieu.[9]

Social work therefore has a dual focus — how people cope with their life tasks and the demands made by situations or environments on people. We know that a person's coping capacity is influenced by his/her physical condition, attitudes, values, knowledge, skills, and perceptions of reality. The worker must understand this because this may provide an explanation for social functioning problems. On the other hand, it may be the social situation that is not functional. A social situation is considered functional when it is experienced as livable and favorable, supportive and facilitative of well-functioning human beings and of their environing social and ecological systems.[10]

Social workers must engage in situational assessments when working with their clients and should have a framework for analyzing social situations. When, therefore, is a social situation dysfunctional? A social situation is considered dysfunctional "when it is structurally and culturally inadequate or disorganized; is aimless, unfocused, ambiguous, contradictory; is threatening or harmful; lacks needed resources and opportunities; presents insurmountable barriers; stimulates unacceptable stress or impulses; generates severe interpersonal role and value conflicts; requires performance, knowledge and skills that are beyond an individual's capacity or ability; and does not validate identity."[ii]

social situation is dysfunctional!

Social functioning is what results from the interaction between the two forces — the individual's coping capacities and the demands of his situation/environment. The social worker's "job assignment" involves "mediating" (Schwartz), or "matching" (Gordon), or striking a balance between people's coping ability and situational/environmental demands (Bartlett).

Simply put, social work intervention is appropriate when a person or group of persons, out of an overwhelming or stressful situation of need, or of great anxiety and discomfort seeks help from or accepts help offered by a social worker/social agency because he is not able to cope effectively with his problems or to make a personally and/or socially satisfactory adjustment. This inability to cope could be due to factors in the person's "can't help" attitude or disposition (values, attitudes, ignorance) and/or in his situation (lack of opportunities, oppressive social structure, situational demands beyond his coping capacities). The social worker's job is to mediate

between these two forces — the person's coping skills and situational demands — to enable the individual, to "make a go of it."

A key concept in our understanding of person-situation interaction is the concept of *social role* (defined as the socially recognized pattern of behaviors and activities expected from an individual occupying a certain position in society). All human interactions involve the performance of certain social roles (*e.g.*, child, parent, employee, patient, etc.), so that it would be correct to say that social functioning is the result of the individual's performance of his social roles.

Social Functioning Problems: Causes and Responses

Social functioning (or social role performance) problems may be caused by factors inherent in the person (*e.g.*, physical condition, attitudes, values, perceptions of reality, etc. which affect one's "coping"); factors in the situation or environment (*e.g.*, lack of resources or opportunities, expectations that are beyond the individual's coping capacities); or factors in both the person and the situation or environment. In view of these, social workers' efforts are aimed at changing the nature of the person-situation interaction. Specifically, social work intervention is always directed toward enhancing or improving the individual's social functioning through any of the following ways:

1) change strategies directed toward the individual if personal inadequacies or sometimes pathologies make it difficult for the individual to cope with the demands of his

situation or environment;

2) change strategies directed toward the environment if it is the latter that is beset with inadequacies, or if the situation is such as to be beyond the coping capacities of the individual; and

3) change strategies directed toward both the individual and the environment.

Many decades ago, a big issue arose about which should be given priority attention by social work—changing the individual or changing the environment. The issue of the "social vs. the psychological," (*i.e.*, responsible for social reform on one hand and giving individual help to persons in trouble, on the other) is an old one which social workers hardly bother with anymore because of the recognition that personal problems emanate from relationships with the larger society. It is this person-situation relationship that most social workers, especially in this country, prefer to address. Indeed, to focus one's effort on merely changing the individual or the environment is to disregard social work's dual focus on both person and situation.

THE FUNCTIONS OF SOCIAL WORK

In 1958 the Commission on Practice of the U.S. National Association of Social Workers came up with a statement of what has since been accepted as the three purposes or functions of social work.[12]

1. To assist individuals and groups to identify and resolve or minimize problems arising out

of a disequilibrium between themselves and the environment. This is referred to as the *restorative/curative/ remedial* as well as *rehabilitative* function of social work. The curative aspect of social work seeks to remove factors which have caused the breakdown in the person's social functioning. The rehabilitative aspect tries to put back the person to a normal or healthy state of social functioning. One example of the curative aspect is helping a girl who engages in prostitution for a living to change her ways through a counseling relationship and effecting necessary changes in her home or environmental conditions. The rehabilitative aspect could involve helping her avail herself of opportunities for schooling, skills training, and legitimate employment. The curative and rehabilitative aspects of social work, as reflected in this example, are interrelated.

2. To identify potential areas of disequilibrium between individuals or groups and the environment in order to prevent the occurrence of disequilibrium. This is referred to as the *preventive function* of social work which involves the early discovery, control, and elimination of those conditions or situations which may have a harmful effect on social functioning. Examples of this function would include counseling on pre-marital and other family problems; sex education of the youth to prevent early marriage, sexual abuse, etc.; and working for the enactment of laws

and policies that would help prevent abuse of women and children.

3. To seek out, identify, and strengthen the maximum potential in individuals, groups, and communities. This is referred to as the *developmental function* of social work. The aim is to help the individual make maximum use of his own potentials and capacities as well as to further the effectiveness of available social or community resources. This social work function usually has an educational aspect. Examples of the developmental function would include helping unemployed or underemployed breadwinners to avail themselves of opportunities for skills training while at the same time providing necessary supportive services. Examples of the latter are day care and/or supplemental feeding for their children; full or partial financial assistance during the period of their training; and helping an entire community confronted by a serious malnutrition problem by linking the community to available resources; or, in the absence of such resources, mobilizing the residents to take action on the problem.

These three social work functions are interrelated. In actual practice, many social workers in the Philippines, regardless of the field or setting that employs them, usually perform all these functions. The following illustration shows that different factors can block or impede a social work client's self-realization. In social work, these factors are dealt with through the exercise of the profession's three functions.

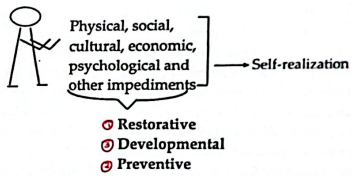


Figure 1. Functions of Social Work

IS SOCIAL WORK A PROFESSION?

Republic Act No. 4373, promulgated in 1965, (Appendix 1) gave social work formal recognition as a profession. However, it takes more than the passage of a law to establish a profession. What, then, constitutes a "profession?"

Based on a careful canvass of the sociological literature on occupations, Ernest Greenwood was able to distill the following five elements as constituting the distinguishing attributes of a profession:[13]

1. *Systematic Body of Theory.* "The skills that characterize a profession flow from and are supported by a fund of knowledge that has been organized into an internally consistent system called a body of theory. Theory serves as a base in terms of which the professional rationalizes his operations in concrete situations. Acquisition of professional skill requires a prior or simultaneous mastery of the theory underlying that skill. Because understanding of theory is so important to

professional skill, preparation for a profession must be an intellectual as well as a practical experience." The reliance on a systematic body of theory or knowledge is a very crucial characteristic of a profession, which is why preparation for a profession, unlike preparation for non-professional occupations, requires formal education in an academic setting. The practice of a profession involves the application of scientific knowledge learned during the course of professional education; it is not a hit-or-miss, trial-and-error kind of activity. In the Philippines, where many people for so long have associated social work with charity or philantrophy requiring not much more than a kind heart and common sense, there is need to underscore the importance of strengthening the teaching of the theory base of social work, to consciously apply this in practice so that we can increasingly demonstrate that social work is truly a scientific activity. There is also, however, a need to have a critical, rather than a reverential attitude toward the theoretical system of social work, as this would pave the way for the testing and building of theory which will provide us with a solid base for our professional helping methods and techniques.

Social work, like all other professions, derives knowledge from many different sources, and in addition, builds its own body of knowledge from practice. There are three types of knowledge which social work uses: 1) tested knowledge, 2) hypothetical knowledge, and 3) assumptive knowledge.[14] Tested knowledge is knowledge that has been established through scientific study (research). In social work, tested knowledge comes in the form of borrowed knowledge from different professions and disciplines, as well as from that which has been developed through social work research. Thus, in practice, social

workers apply learnings from economics, public administration, psychology, sociology, anthropology, political science, law, medicine, etc., which are generally obtained in the course of their formal education. As for social work practice theory, social workers in the country still greatly depend on the research studies and practice literature from other countries, particularly the United States.

Many researches have been undertaken, but these have been along the descriptive, analytic, and evaluative type of studies. We hardly find any demonstration, developmental, combined or interdisciplinary research. The factors which are contributory to the lag in this important endeavor still persist — it is a tedious and time-consuming task; there is paucity of manpower that can devote full attention to research; it is expensive; top agency people who can provide support are indifferent or lack an appreciation of its utility; and there is no agency to coordinate all the efforts and findings in social research.

Hypothetical knowledge still has to undergo transformation into tested knowledge, even if tentatively such knowledge may be accepted to explain certain facts (*e.g.*, the hypothesis that the nature and extent of people's participation is crucial to effective community problem solving; or that ignorance more than religion is the reason for the low acceptance of family planning among Filipino couples). We do use a great deal of such "unproved theory" in the field of social work, and many analytic and evaluative studies which have been undertaken require further investigation as to come close to being established theory.

Assumptive knowledge, or "practice wisdom," of course, abound in social work. We can perhaps say that the more experience one has had in practice, the more assumptions or suppositions he tends to make related to his work (*e.g.*, "Clients value service more when it is not given entirely free," or "a slightly authoritarian social worker is a more effective helping person in the context of Philippine culture," or "the Western concept of professionalism where a social worker is expected to be business-like and impersonal cannot work in our setting"). No doubt, such "practice wisdom" is useful, but there is great danger in relying heavily on this type of knowledge. There is no substitute for the use of tested knowledge to support one's professional practice.

On the whole, it can be said that in terms of social work practice theory-building based on the local situation (to add to the existing and growing systematic body of knowledge), social work in the Philippines is just starting. Compared to other professions, it still has a long way to go with regard to this attribute. This is a very important challenge to social workers.

2. *Professional Authority*. Extensive education in the systematic theory of her discipline provides the professional with a type of knowledge which the layman does not have. In a helping relationship, the professional's judgment and authority are respected and accepted by her "client," unlike in a transaction with a non-professional where the rule is "the customer is always right." This authority ascribed to the professional by reason of her educational background gives the client a sense of security that the professional has the capacity to help him with his problem. The exercise of professional authority is not without limits, however. The professional social worker,

like any other professional, should guide or assist her client only along her area of competence or she would violate the authority of another professional group. She should not exploit her client for her own end, especially since her "superior" position gives her a psychological advantage over her client.

Many social work students get confused over the meaning of professional authority in relation to the client's right to make his own decisions, so we will make a brief statement on this.

In a professional helping relationship, the assumption is that the client engages the helping person or agrees to the relationship on the belief that the professional person is competent to help him and has the "know-how" to assist the client with his need or problem. In social work, the professional person provides her client with information, guidance, direction, clarification; shows him alternatives, makes him realize the implications or consequences of whatever decisions or actions he might take; shows him what he and/or the professional can and cannot do, etc. In these processes, the client is a participating person, but the social worker consciously applies herself, *i.e.*, uses her professional knowledge and skills to enable the client to see or decide what in the professional's judgment is the proper thing to do. The social worker brings to bear on the client's situation other things—community resources and other services, again using her judgment as to what is appropriate and, always, with the client's involvement. It goes without saying that the professional will never impose her will on the client (that is why even the physician who sees the necessity of surgery for a particular patient will still ask for consent to operate from either the patient or a relative); for the right

to decide is always the client's prerogative. In a meaningful client-worker helping relationship, the expectation is that with the two parties working closely in an atmosphere of understanding as well as respect for what each one can contribute to problem-solving (with the client accepting the authority of his professional worker), it is hard to imagine a worker taking a passive role, allowing the client to do as he pleases; or with a client completely doing the opposite of what he and his worker have agreed on.

A reflection of the community's acceptance of the social worker's professional authority is the respect she is accorded by other disciplines. For example, in some of our hospitals, physicians are known to always wait for the social worker's data on a patient before making any plans for the latter's treatment or discharge. In our family courts, a judge's action on an offender's case depends greatly on the social worker's report and recommendation.

3. *Community Sanction.* Recognition of professional authority is expressed not only in the client-professional relationship but also in the professional-community relationship. The community sanctions a profession's authority by giving it certain powers and privileges. Among these powers and privileges are the profession's control over its (a) training centers, (b) admission into the profession, and (c) standards for professional performance.

A profession's control over its training centers is usually achieved through an accrediting process exercised by one of the associations within the profession. The power to grant or withhold accreditation to schools on the basis of their number, location, curriculum content, and

quality of instruction, allows the profession to regulate its training centers. In our country, the NASWEI, while engaged in certain activities aimed at improving the quality of social work education (*e.g.*, common projects for curriculum improvement, sharing teaching materials, etc.), does not have the authority to accredit schools. This authority is presently being exercised by the government's Commission for Higher Education.

Control over admission into the profession has been achieved with the passage in 1965 of a law (R.A. No. 4373) requiring the completion of a Bachelor of Science in Social Work (BSSW) degree, the passing of a government board examination, and then registration/licensing in order to qualify for social work practice.

A profession is usually given the privilege of controlling practice standards on the assumption that the lay community is not in a position to render judgment over the performance of the members in a profession since this would involve technical matters. One's professional peers are generally considered the best judge of whether one has engaged in malpractice or unethical behavior. The Regulatory Board for Social Work of the Professional Regulation Commission is the proper body to whom complaints about malpractice can be reported. In addition, the Philippine Association of Social Workers has a Committee on Standards for Professional Practice that was created for the same purpose. There are, of course, other entities which are authorized to impose sanctions on social workers. The Civil Service Commission and the Supreme Court have, through the years, found several government social workers guilty of the offenses brought to their attention and have given them corresponding punishment ranging from suspension to dismissal.

4. *Regulative Code of Ethics.* Every profession has a built-in regulative code, partly formal and partly informal, which compels ethical behavior on the part of its members. This code serves to check possible abuses which can arise out of a profession's exercise of authority, and its accompanying powers and privileges.

The professional usually swears to a formal written ethical code upon being admitted to practice. In the Philippines, the social worker also swears to an oath administered by a government official after passing the social worker's examination and just before registration. On the same occasion, she gets inducted into the professional association and swears to adhere to its code of ethics.

The informal code is unwritten, but carries the weight of the written prescriptions. In the Philippine professional social work association's Code of Ethics, for example, there are no statements to the effect that professional social workers should be honest, or that she should not be guided by ulterior motives when helping people. The social worker's observance of these are a given, "understood" as we would say, on the basis of one's sense of what is right.

How does a profession enforce the observance of its ethical code? Greenwood states that self-discipline, which is achieved informally and formally, is the answer. Informal discipline comes in the form of subtle and the not-so-subtle pressures that co-professionals exert upon one another, such as in the use of consultation and referral. Consultation is the practice of inviting a colleague to participate in some aspect of the work being done in relation to a client's need, whereas referral is facilitating a

client's access to a colleague who can provide help other than what the worker can or is already providing. These practices "involve professional colleagues in a system of reciprocity which fosters mutual interdependence," which, in turn, facilitates social control. Formal discipline is exercised by the professional associations, which usually have some system of censuring unprofessional behavior. In the legal profession, for example, extreme cases of unprofessional behavior can result in a member's disbarment, which will stop him from practicing law. So far, there has been no case of a professional social worker who was formally censured by the Philippine Association of Social Workers; although one or two complaints presumably undocumented or inadequately documented, are known to have been brought to its attention. The Professional Regulation Commission (PRC), upon the recommendation of the Regulatory Board for Social Workers, has caused the suspension or the holding of the registration of social workers for varied forms of malpractice.

5. *Professional Culture.* Formal and informal groupings characterize all occupations, including the professions. For social work, the network of formal and informal groups within which it operates includes the organizations that benefit from a profession's services (schools, courts, social agency, hospitals, etc.); the educational institutions which produce and replenish professional manpower; and the professional association which promotes professional interests and aims. The "interactions of social rules required by the formal and informal groups generate a social configuration unique to the profession, *viz.*, a professional culture." The culture of a profession consists of its values, norms, and symbols.

This attribute particularly differentiates a profession from a non-professional occupation. Some aspects of "culture" are also found in the different occupations, but they are not as clearly established and do not exert the same control on the members of other occupations.

Social values refer to the basic and fundamental beliefs of a professional group, practically the reason for its existence. In social work, we believe that the individual is the primary concern of society, and that society has a responsibility to help the individual realize his potentials by removing the obstacles which prevent his self-fulfillment, among other things.

Professional norms are the accepted standards of behavior of doing things, which guide the professional in various situations such as: how to gain entry into formal and informal groups; how to handle consultations; how to relate to superiors, colleagues, and subordinates; how to treat clients; how to challenge an outmoded theory; how to present a new idea, and so on.

The symbols of a profession are its "meaning-laden items," including emblems, insignias, dress, history, its idioms and vocabulary and its stereotypes of the professional, the client, and the layman. There are many such symbols in social work. An American social work educator who was in the country recently shared her observations from her trip which took her to many African and Asian countries. Among other things, she said that in every place she visited where she met with social work educators and practitioners, she was pleased that she could communicate with everybody. This can be explained by social workers' sharing a common "professional

culture," *i.e.*, they share a common language that allows them to understand each other.

The five attributes we have described are not a monopoly of the professions. A scrutiny of non-professional occupations will show that they also possess these characteristics, but to a lesser degree. Perhaps we can view the different occupations in our society as being distributed along a continuum, with the well-established and recognized professions (*e.g.*, physician, lawyer, scientist) at one end, and the least skilled occupations (for which the attributes are virtually non-existent) at the other end. The remaining occupations can be placed along the continuum, depending on the extent to which they possess the five attributes described. If this is done, then we will be able to better understand the existence of a professional hierarchy in our society, a factor which affects that society's attitude towards the professions and occupations which, in turn, affects such matters as program and funding priorities. We hasten to mention, however, that this "hierarchy" is based mainly on a Western-established set of criteria for judging occupations. The criteria do not include the matter of usefulness, which is very important in our setting. Thus, the *herbolario* or "herb doctor" in many of our remote rural areas may not pass each of the five criteria with flying colors, but in the reality of rural life, he may be making a more important contribution than many established professions, including medicine. Therefore, our society is called upon to give the *herbolario* and other indigenous workers all the necessary encouragement and support that will improve the community's image of them which will, in turn, enhance their self-esteem and self-confidence; all of which will ultimately work to the advantage of the community.

We have done this exercise with students many times, ranking the professions/occupations on the basis of the five attributes; and the results were always interesting. Medicine always came first in the ranking. Social work was perceived as having the attributes to a moderate degree, with everyone agreeing that members of the profession should consciously work towards improving the profession's rating on each of the five attributes, so that it could achieve full recognition as a profession (Fig. 2).

- Systematic Body of Theory
- Professional Authority
- Community Sanction
- Code of Ethics
- Professional Culture

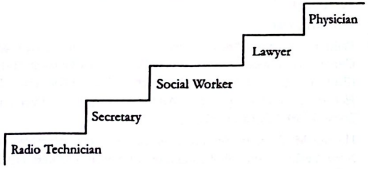


Figure 2. Basis for Hierarchy of the Professions

In discussing the attributes of a profession, Greenwood concludes that "social work is already a profession; it has too many points of congruence with the model to be classifiable otherwise."[15] We agree, having in mind both the international and local situation. However, while mentioning the need for social workers to consciously help improve social work's standing on each attribute,

which consequently will give the profession added prestige and authority, there is also a need to watch against too much preoccupation with getting recognized as a profession. This statement is made in the context of the Philippine situation where a good portion of society still does not appreciate the meaning of professional social work, and continues to equate it with charity or philanthropy. If social workers work hard at doing their work competently and with dedication, this recognition will come in due time, without being sought. "The proof of the pudding is in the eating."

GUIDES FOR DISCUSSION/ACTIVITIES

1. In your own words, explain the meaning of
   a. social work;
   b. social functioning.
2. Give examples of social functioning problems caused by
   a. factors in the person/family/group/community;
   b. factors in the situation of the person/family/group/community;
   c. factors in both person/family/group/community and the situation.
3. Explain the three functions of social work. Provide an example for each.
4. What are the attributes of a profession? List seven professions (include social work) and rate/grade each one on the basis of each of these attributes. Get the weighted average for each profession, then rank them, *i.e.*, from highest to lowest. Analyze the result of this exercise. What did you learn from it? (Repeat this exercise at the end of the course/semester and see if your ratings changed!)
5. Read carefully R.A. No. 4373 (the Social Work Law) in Appendix 1. Give your reactions, *e.g.*, Why is this law necessary? What can/will happen if there is no such law?
6. Interview an officer of any of the following: Board for Social Workers of the Professional Regulation Commission, Philippine Association of Social

Workers, Inc. and the National Association for Social Work Education, Inc. Prepare questions about the organization's goals/aims, projects/activities, accomplishments, concerns/problems, etc. Share your learnings in class.

EndNotes

1 William Schwartz, "Social Worker in the Group" in National Conference on Social Welfare (Ed.), *Social Welfare Forum.* New York: Columbia University Press, 150-151.

2 Werner W. Boehm, "The Nature of Social Work." *Social Work,* 3(2) (1958), 18.

3 Schwartz, *ibid.*

4 William Gordon, "Basic Concepts for an Integrative and Generative Conception of Social Work." In Gordon Heam (Ed.), *The General Systems Approach: Contribution Toward a Holistic Conception of Social Work.* New York: Council on Social Work Education (1969), 6.

5 Harriet M. Bartlett, *The Common Base of Social Work Practice.* New York: National Association of Social Workers (1970), 116.

6 Louise C. Johnson, *Social Work Practice.* Massachussetts: Allyn and Bacon, Inc. (1989).

7 Max Siporin, "Situational Assessment and Intervention," in Robert W. Klenk and Robert M. Ryna, eds. *The Practice of Social Work.* California: Wadsworth Publishing Co. (1974), 135.

8 *Ibid.*

9 *Ibid.*

10 *Ibid.* 143.

[11] *Ibid.* 144.

[12] Commission on Social Work Practice, National Association of Social Workers (1958, April), "Working Definition of Social Work Practice," *Social Work*, 3 (4), 5-8.

[13] Ernest Greenwood, "Attributes of a Profession," in *Social Welfare Institutions: A Sociological Reader*, ed. by Zald Meyer. New York: Wiley. (1965), 509-522.

[14] Werner W. Boehm, op. cit. 41.

[15] Greenwood, op. cit. 522.



4

THE PHILOSOPHICAL AND VALUES FOUNDATION OF SOCIAL WORK

In the previous chapter, we discussed the attributes of a profession and pointed out that non-professional occupations also possess these attributes, although to a lesser degree. What, then, differentiates professions from occupations?

Based on a study of the literature on professions, Boehm concluded that there are five main criteria which distinguish a profession from an occupation:[1]

1. A profession is expected to be responsible to the public interest; and to contribute through its service to the advancement of social well-being; and to be accountable to the public for the manner and standards with which it conducts its activities.

2. A profession should possess a relatively coherent, systematic, and transmissible body of knowledge rooted in scientific theories which enables the practitioner of the profession to utilize concepts and principles and to apply them to specific situations rather than to use as a rule of thumb. In other words, the professional practitioner must "know why" as well as "know how."

3. The professional practitioner must adhere to an identifiable body of values, and display attitudes which stem from these values and which determine the relationship of the professional person with his colleagues, the recipients of his service, and the community. These attitudes must be professional, *i.e.*, different from lay attitudes and characteristic of a professional sub-culture.

4. A profession must have a body of skills, which is the result of the fusion of attitudes and knowledge. Skills reflect the application of general concepts and which are characteristic of the methods of the profession. The practice of a method meets the criteria of systematic procedure and seeks to add to the body of theory on which professional practice rests by distilling, from professional practice and related disciplines, concepts which add to professional knowledge by furthering evaluation of the effectiveness of professional practice.

5. The members of the profession must be organized and consider themselves as members of a group whose knowledge, skills, attitudes and norms of conduct they share and to whose advancement they are dedicated.

From the foregoing criteria, we can cull three essential components: values, knowledge, and skill. These components are present in all professions.

"Value" is defined as that worth which man attaches to certain things, systems, or persons within the realm of usefulness, truth, goodness or beauty.[2] They are

formulations of preferred behavior held by individuals or groups, . . . their preference for certain means, ends, and conditions of life, which are often accompanied by strong feeling.[3] William Gordon states that to "value" something is to "prefer" it; and a measure of the extent of a preference is what price, effort, or sacrifice one will make to obtain what is preferred, whether article, behavior, or state of affairs.[4] He then adds, that to identify a value held by an individual or a society, there must be a description of what is preferred and some measures of the extent of that preference, meaning, the price in effort, money or sacrifice the individual will pay to achieve his preference, or the provision a society will make, or the positive or negative sanctions it will impose to enforce the preference. In our society, we see how people who value the material things in life will sacrifice health or leisure time just to be able to earn more and afford the thing they want to acquire; how a person would refuse a chance for a high-paying job in order to maintain his independence; or how, in some cases in our setting, a person would kill to defend one's honor. On another level, a society that values human dignity will make provisions, even with scarce resources, to see to it that man's basic needs, at least, are met. Our values actually are the source of our attitudes and determine our relationships with others.

While values refer to what we prefer, knowledge refers to what is thought to be, as confirmed by reality. Knowledge denotes the picture man has built up of the world and himself as it is, not as he might wish or fantasize or prefer it to be. It is a picture derived from the most rigorous interpretation he is capable of giving to the most objective data he is able to obtain. An assertion of how things are that is found to hold when confronted with

objective data rigorously interpreted, is central to the idea of knowledge. Thus, knowledge refers to what, in fact, seems to be, established by the highest standards of objectivity and rationality of which man is capable.[5] It is then concerned with facts and information.

The third component - skill - is crucial to any profession. The dictionary simply defines "skill" as ability, expertness, or proficiency gained from practice and knowledge. Obviously, from this definition, we understand that skill is concerned with application, with doing, but not just doing any which way, but ably, expertly, proficiently. Since every profession has a value and a knowledge base, then we can define skill as the fusion of these two components. Professional skill, therefore, refers to one's ability to apply the knowledge and values of one's profession in her work with people. Skill is developed, not just by the understanding of theory, but by practice. Preparation for a profession is both an intellectual and a practical experience, which is the reason why the curricula of the different professions include periods of "internship," "fieldwork," "field instruction," or some other forms of supervised practice.

A word that is often used in place of skill is "art." Social work practice has been referred to as "an art with scientific and value foundation." A social worker will therefore employ her skill (art) in using the relationship between the client and herself to achieve certain objectives, just as an artist would use his brush and oil to create a piece of work.

Having presented the essential components of a profession, let us now discuss how these apply to the social work profession.

The first part of our discussion will take up social work values. However, we shall discuss this along with the philosophy, principles, and ethics of the profession, under the heading "philosophical and values foundation of social work." We use the term "philosophical foundation" here as an encompassing term referring to the body of principles on which are rooted the professional's attitudes and which guides professional conduct or behavior.

THE PHILOSOPHY OF SOCIAL WORK

The philosophy of social work is derived from the society of which it is a part. Social work is based on the belief that *man has worth and dignity*. This belief is generally associated with democratic theory, which views man as having worth because he is capable of reason, of rational analysis, and choice. Howard Mumford Jones, an outstanding humanist, writes – "Humanism implies an assumption about man. It implies that every human being by the mere fact of his existence has dignity, that this dignity begins at birth, that the possession of this dignity, even if dimly realized by the possessor, is, or ought to be, the continuum of his life, and that to strip him of this dignity, is to degrade him in so outrageous a way that we call the degradation inhumane..."

In our society, being predominantly Christian, many would further explain human worth and dignity in terms of man's having been created in the image of God (and having a soul, some would add). At any rate, whether we accept only the first explanation for man's worth and dignity, or both, this basic philosophy gives us the explanation for the values held by social work.

THE VALUES OF SOCIAL WORK

The Curriculum Study sponsored by the Council on Social Work Education described the following values shared in common by the whole profession:[6]

1. Each person has the right to self-fulfillment, deriving his inherent capacity and thrust toward that goal.
2. Each person has the obligation, as a member of society, to seek ways of self-fulfillment that contribute to the common good.
3. Society has the obligation to facilitate the self-fulfillment of the individual and the right to enrichment through the contribution of its individual members.
4. Each person requires for the harmonious development of his powers socially provided and socially safeguarded opportunities for satisfying his basic needs in the physical, psychological, economic, cultural, aesthetic, and spiritual realms.
5. As society becomes more complex and interdependent, increasingly specialized social organization is required to facilitate the individual's effort at self-realization. Although conflicts between individuals and society can never be entirely absent, social organization should be such as to reduce them to a minimum. A conception of the individual and society as interdependent leads to the view that just as it is the responsibility of society to provide appropriate social resources, it is the

right of the individual to promote change in social resources which do not serve his need-meeting efforts. Concomitantly, it is the individual's obligation to satisfy his individual needs as much as possible in ways that contribute to the enrichment of society.

6. To permit both self-realization and contribution to society by the individual, social organization must make available socially provided devices for needs-satisfaction as wide in range, variety, and quality as the general welfare allows.

According to the Curriculum Study, these values cited constitute a minimum commitment for the social worker. Implied in these values are the following concepts:

1. The concept of human potentials and capacities. That man can fulfill himself is premised on the belief that he is inherently endowed with potentials and capacities.

2. The concept of social responsibility. That the individual has the obligation to contribute to the common good, and society, on its part, has the responsibility to facilitate the development of its members, gives a dual meaning to this concept. Corollary to this is the concept of rights and responsibilities which means that every right carries a corresponding duty or responsibility. To illustrate this, our Constitution provides that "no person shall be deprived of life, liberty, or property, without due process of law, nor shall any person be denied the equal protection of the laws"; that

"the privacy of communication and correspondence shall be inviolable . . . ," and that "no law shall be made respecting an establishment of religion, or prohibiting the free exercise thereof." On the other hand, it states that "it shall be the duty of the citizen to be loyal to the Republic and to honor the Philippine flag, to defend the state and contribute to its development and welfare, to uphold the Constitution and obey the laws, and to cooperate with the duly constituted authorities in the attainment and preservation of a just and orderly society"; "that the rights of the individual impose upon him the correlative duty to exercise them responsibly and with due regard for the rights of others," and "it shall be the duty of every citizen to engage in gainful work to assure himself and his family a life worthy of human dignity.[7]

3. The concept of equal opportunities. This concept is premised on the ideal of social justice, two elements of which are fairness and equality. In addition, the concept of "access" is critical, for even if opportunities do not discriminate against any individual or group, lack of access, for one reason or another, detracts from the meaning of this concept.

4. The concept of social provision. This concept is based on the premise that there will always be people everywhere, at all times, with unmet needs or problems which are beyond their own capacity to solve. Thus, social provision refers to the desirability of

providing social resources for the satisfaction of human needs to achieve the goal of human welfare.

In addition to the foregoing, William Gordon, reporting on the work of the National Association of Social Workers' Commission on Social Work Practice, said that there has been agreement that "the ultimate value of social work rests upon a conviction that it is good and desirable for man to fulfill his potential, to realize himself and to balance this with equal effort to help others do the same."[8]

Why do social workers believe that man should fulfill his potential? For that matter, why should they concern themselves with the enhancement of social functioning? Why do they engage in restorative, developmental, and preventive activities in relation to man's needs and problems? Why care; why bother?

Like all other helping professions, the belief in the worth and dignity of the human being is the fundamental basis for social work's ultimate value, its goal, and its functions.

The statement about the ultimate value of social work implies that there is a difference between what man may actually be at any point in time and what, ideally, he could be, if allowed "to realize himself" and "to fulfill his potential." Furthermore, it implies that social work has certain assumptions about man if it is to be guided by this ultimate value. Clarity about these assumptions is crucial if social work is to commit itself to helping man fulfill himself.

What is man? What ideally is man? Is he inherently good or evil? How do we account for the difference? These

questions, according to Leonard Schneiderman, are important for social work because all social work activity is directed towards some change in the human condition. "It is impossible to influence that condition, to influence man and his situation, without some guiding notion not only of what man is, but of what he could be." He describes different views about man which may help provide answers to these questions.[9]

1. *Natural vs. Transcendental View.* In the naturalistic view, man is part of nature. He can be studied and understood scientifically as we do the rest of nature, so that if we know all that science could teach us we could fully account for man and his behavior. In this view, man is seen as highly complex, requiring understanding of multiple and complex social, organic, psychological, and cultural variables. Present limitations on our knowledge, however, make us unable to fully account for man. The transcendental view, on the other hand, holds that science can never fully explain man, partly due to our ignorance, and partly because man has a potential to transcend the natural order of things, to choose, to create, and to be rational.

2. *Man as Social, Asocial, or Anti-social.* Being social, men aspire to live on good terms with others, to be part of and to contribute to group life, making personal goals subservient to group goals. As asocial beings, they are discreet individuals who come together to form groups for their mutual protection and safety. As anti-social beings, men are viewed as inherently self-seeking, egotistical, out to extend personal gain at the expense of others.

3. *Democracy's View of Man.* Man is viewed as capable of reason, of rational analysis and choice. It

believes that social, biological, cultural, and psychological influences are powerful in determining behavior, but that man can overcome these influences and exercise choice.

Social work adheres to this democratic view of man. While the two other views about man are also recognized (and it can be said that the three views are not mutually exclusive), it is the third view that forms the main basis for the values of social work. Social work believes that man does act irrationally because of the social, psychological, biological, and cultural variables which influence his behavior but that man can act rationally, and can use his resources to work for his own welfare and that of society. Also, "one vital charge to a viable social welfare institution in a democracy is to aid in creating conditions under which man's rationality can be maximized and his irrationality minimized."[10]

The democratic theory and its assumptions about man form the basis for the ultimate value of social work that "it is good and desirable for man to fulfill his potential, to realize himself, and to balance this with equal effort to help others do the same." That some men do not or are unable to fulfill their potential is the reason for social work's being. The different functions of social work are all addressed to removing or at least minimizing the factors which prevent man from realizing himself.

The need to have some views about man is indeed essential for social workers. Schneiderman stresses that "methodological sophistication and treatment techniques can never replace or precede in importance ideological clarity, clarity about what we are professionally and what we are about, clarity about our basic value commitments and their underlying assumptions."

Besides adhering to the values of the profession which have been presented, the social worker should have an awareness and understanding of the different value systems which exist in our society. She should understand the dominant values of Filipinos, her own personal values, the values of certain religious groups, of the poor, the rich, the politicians. In addition, she has to learn and understand the values of the people she happens to be working with, *e.g.*, ethnic groups. Values are important to people as they often dictate their behavior and their actions. Let us look at some of our cultural values and discuss their significance to social work practice.

The following are some of the dominant values of the Filipino around which other specific values cluster:[11]

1. *Social Acceptance*. Defined as being taken by one's fellows for what one is, or believes he is, and being treated in accordance with his status, this value is facilitated by the following intermediate values:

   a. Smooth Interpersonal Relations (SIR) which is a facility at getting along with others in such a way as to avoid outward signs of conflict. It is believed to be acquired and preserved principally by three means: (1) *pakikisama*" which means "giving in," "concession," or following the lead or suggestion of another; (2) euphemism, which is the stating of an unpleasant truth, opinion, or request as pleasantly as possible; and (3) the use of a "go-between" (*tulay*), which means a third party who will carry a message, assuage a bruise, or prevent an injury.

   The social worker is often faced with situations where these values operate. A youthful

offender, while wanting to reform, continues to meet with his delinquency-prone gang in the name of "*pakikisama*." The breadwinner of a poor family joins a group resignation from a factory without a clear understanding of the issue, but does so just to maintain smooth relations with his co-workers. A woman whom a worker invites to join a mother's group will say "*titingnan ko*" (I will see), or "*baka sakali*" (maybe I can). A request for help from a politician may elicit a "*pipilitin ko*" (will do my best). In most of these cases, the other party really means to give a negative answer, but is too polite to say so, or does not want to strain or destroy his relations with the requesting person. Of course, a social worker would do well to observe facial expressions and other forms of non-verbal communication to make sure she makes correct interpretations of these euphemisms.

The use of a "go-between" ("*tulay*" which, literally, means bridge) is very common. A wife who is estranged from her husband will, not infrequently, ask the social worker to convey to her husband her conditions for reconciliation. Groups which are at odds with each other in a community will use a third party to express ill feelings for each other, or to pave the way for settling differences. Even a social worker will often use a third party to express a complaint against a co-worker.

b. "*Amor Propio*" is a term used to refer to the sensitivity to personal affront and functions to protect the individual against loss of social acceptance. Closely related to this value is the value of "*hiya*" (literally translated, it means sense of

shame) which is not merely the actual emotion felt when one has violated social norms, but also the sensitivity to rebuke and the fear of exposure of one's insecure self. It is a painful emotion arising from a relationship with an authority figure or with society, inhibiting self-assertion in a situation perceived as dangerous to one's ego.

The following illustrate the meaning of "*amor propio*." A social worker doing counseling with a separated couple often comes across a wife who, while accepting of her faults and is amenable to returning to her husband, will insist that her husband make all the conciliatory moves (so that she can "save face" with her family and friends). A town priest may actually be receptive to a family planning program but will manifest resistance or lack of cooperation because he was not approached or consulted by those in charge of the program.

2. *Emotional Closeness and Security in a Family.* This value is believed to be facilitated through the following: sacrificing individual interest for the good of the family; parental striving to give their children an education even at great cost to themselves; older children sacrificing for the younger siblings; and mothers, especially, making sacrifices for the family.

These values are at work where a social worker finds a wife who will not separate from her husband even when he is extremely cruel to her; or when a son refuses a better paying job in a distant place; or when an older child who is helping younger siblings with their schooling puts aside a marriage; or when a widower changes his mind about a second marriage because of opposition from his

children. All the sacrifices these people have to make are done "for the family."

3. *The Authority Value.* The belief is that families will remain close if someone exerts firm authority, and that such person must be respected and obeyed. Closely related to the authority value is the respect for traditions and rituals no matter how impractical they have become. "*Panalangin*" (literally, prayer) which refers to blessing or grace one obtains for good behavior, and "*bahala na*" (fatalism) are part of this adherence to traditions and beliefs.

This value exerts great influence on the lives of Filipinos. Social work clients will likely consult parents or other elders instead of making independent decisions. Major family decisions almost always involve consulting authority figures, even if they are not part of the household. God is considered the ultimate source of authority, and many Catholic clients are known to often adopt an attitude of resignation about their problems and "just leave it to God because He knows what is best."

4. *Personalism.* This value attaches major importance to the personal factor which guarantees intimacy, warmth, and security of kinship and friends in getting things done. Some specific values related to personalism are "*tiwala*" (trust), "*kilala*" (personal reference), and "*walang pakialam*" (non-interference).

Our highly personalistic culture manifests itself in countless ways in our daily lives. Social workers, in referring clients, will often write a personal note to someone they know in that agency and, generally, this client will get some extra attention from the recipient of the letter. In choosing officers for organizations, many will

vote, not for the most qualified, but for those whom they know personally. In our rural areas, many insist on going to a *hilot* (quack doctor), whom everybody in the community trusts, even if they have access to a physician. Agency employees frequently will ask their superiors to stand as sponsors for weddings or baptisms, a practice found even among social workers.

5. *Utang na Loob.* This value literally means debt of gratitude. It is granted when a transfer of goods or services takes place between individuals belonging to two different groups. It compels the recipient to show his gratitude properly by returning a favor "with interest" to be sure that he does not remain in the other's debt.

"*Utang na Loob*" is considered a cultural value, which, like many others, has both positive as well as negative aspects. In parent-child relationships, for example, a child usually feels obliged to look after his parents especially in their old age. This sense of gratitude of a child, however, can also be exploited by parents, who may insist on it even at a great sacrifice to their child, such as financially or in terms of family relationships (*e.g.*, a wife may not like having her husband's parents in the same house). In their professional relationships, a social worker may go out of her way to "repay" a favor done to her by a colleague; and, in working with clients, the latter would often offer gifts to express their gratitude for help extended.

6. *Patience, Suffering and Endurance.* This is a cultural belief that a person must suffer before he can gain happiness. Relatedly, it is what many still believe, that women, particularly, must suffer in silence.

The value is akin to fatalism, and has religious underpinnings. Many Filipinos, for example, will suffer poverty, or exploitation, because they think it is a "test," or "*pagsubok*," and if they pass the test, they will be rewarded. This belief makes Filipinos very patient with their situations. Social workers, of course, find that this value is used to advantage by others, for their own selfish ends.

While many Filipinos are captives of these values, there are those who are not. Thus, the social worker should be sensitive to this and not automatically presume that all her clients adhere to these. An awareness of these values will be of great help in understanding and dealing with the behavior of the people one works with. Many of these values are good and no one will argue against the value of preserving them. However, some of them have negative aspects or are given distorted interpretations, thereby creating problems. Many of these values run counter to the ultimate value of social work which is that man should be allowed to fulfill his potential. Social workers, therefore, have to be skillful in handling these values (both their own, as well as their clients') and in making them compatible with professional values. This is not always an easy thing to do. Since we cannot escape from the reality that each one of us has a different set of values – personal, religious, ethnic, professional, etc., it is, at least, worth the exercise (also for our clients) to go over our individual values, and find out where our different sets of values harmonize and where they are inconsistent. The next step is probably to consider our inconsistent values. How can they be reconciled? Can some values be sacrificed in favor of other values? Can one reach a satisfactory compromise? What could be the implications or consequences of such an action? Are we prepared to take the consequences? Going through this

exercise will help us understand our personal conduct in different situations and help us understand the actions of other people.

Take "professional commitment," a subject of continuing interest in the country. One study revealed that social work practitioners are "willing to take personal sacrifices for their job" (64% of 245 respondents); are "willing to take personal risks" (of 296 respondents, 49% agree, 25% neutral, 26% disagree); and are willing to work despite poor work incentives (of 295 respondents, 46% agree, 24% neutral, and 29% disagree).[12] This personal sacrifice and risk-taking is explained by one social worker interviewed for another study. She said: "what I don't like is having to travel alone – like two hours by *banca* to cross the sea and sometimes there are giant waves, really very risky. But I have to go because I have an appointment."[13] The findings from the same study of social work field practitioners showed ambivalent feelings about professional commitment: "In general, it can be said that the respondents like, even love and enjoy their work in spite of the meager financial remuneration. They feel challenged and fulfilled by it. . . Nevertheless, some respondents have begun to question if they can live on commitment alone. Just like anybody else, they have to contend with the rising cost of living."[14]

Can instances of "lack of professional commitment" be due to ignorance of the profession's values, or a dominance of personal, cultural or some other values? When a worker refuses to join certain causes, could it be because she is afraid to lose her job, or risk her life? When a female social worker resists an out-of-town assignment, is it because she thinks her presence at home is crucial to her marriage or to her family?

While sharing her other problems as a field practitioner, one social worker stated, "My husband until now cannot accept my work, especially the traveling, the late hours, the irregular schedules. I have to do supervisory work in other towns and attend seminars, and these take me away from my family. I am neglecting my children; the maid is the one attending to them."[15] What other reasons could there be? In the same interview, one practitioner told us, "My problem is personal-financial. I am the eldest in my family. I received my salary for the last six months only recently. I have been afraid to go on field without an appointment. It is too risky, like crossing the sea without an appointment."[16]

An understanding of our values and the many conflicts and dilemmas they stem from will help us find ways of coping with them.

In addition to cultural values, there are innumerable beliefs, customs and traditions held by people in our society. The current interest in "culture learning" in many parts of the world is very helpful, and should stimulate and encourage us to make maximum use of what our own culture has to offer that can facilitate or enrich social work practice. Untapped resources, for example, are Filipino proverbs or maxims. These proverbs tell us about the nature of Filipino life and culture, provide us with insights into the psychology of our people, and reflect our values and ethics. These proverbs continue to have the force of dogmas, especially among older Filipinos. As late as the 1950s, it could be observed that:

> *Among Filipinos as among other Orientals, the use of proverbs has the dignity of authorized finality. Proverbs may settle a feud, a long drawn litigation, even a dispute of long standing that may involve bloodshed . . . . They are intended for all ages and children are taught early the implications and significance of proverbs.*[17]
>
> *Every occasion in life is an occasion for proverb telling, and there are proverbs for almost every occasion. These proverbs may be grouped under the following headings: (a) proverbs expressing a general attitude towards life and the laws that govern life; (b) ethical proverbs recommending certain virtues and condemning certain vices; (c) proverbs expressing a system of values; (d) proverbs expressing general truths and observations about life and human nature; (e) humorous proverbs; and (f) miscellaneous proverbs.*[18]

There is almost no limit in the way a social worker can use these proverbs in her practice. Our presentation illustrates this point.

Figure 3. Proverbs in Social Work Practice

Objective	Filipino Proverbs	English Translation
To stress the point that one must work hard to reach his goal	1) Walang pagwawaging di may pakikibaka. (Tagalog)	There is no victory without a struggle.
	2) Pag may sakit, egua nin langit. (Bicol)	If there is hardship, there is heaven.
	3) No cayat ti cumaradcad, anusan ti garadgad. (Ilocano)	If you want to climb, you must endure the scratches.

	4) Pag may itinanim, may aanihin. (Tagalog)	He who plants will reap something.
To call attention to the need to consult with others	1) Taong nunuhang hatol, mahirap mabalatong. (Tagalog)	He who seeks advice, seldom errs.
	2) Ipagtanong ang dadaanan nang di-maligaw. (Tagalog)	He who asks his way will never go astray.
To stress the need for unity or cooperation	1) Matib-ong naton an mabug-at nga dalal-hon kon kita nagaoyon. (Ilongo)	We can push a heavy load if we all cooperate.
	2) Ang pagkakaisa'y lakas, ang pagkakasira'y bagsak. (Tagalog)	In union there is strength, in discord, destruction.
To support or encourage certain attitudes or traits	1) Walang matimtimang birhen sa matiyagang manalangin. (Tagalog)	There is no steadfast virgin to someone persevering.
- perseverance	2) Sa isang pintong masarhan ay sampu ang nabubuksan. (Tagalog)	For every door that shuts, ten will open.
- respect for others	1) Ang paggalang ay di dapat ipamimili ng balat. (Tagalog)	Respect should be rendered to all irrespective of skin color.
	2) Lumabis man ang galang, hindi pagkakaanhan. (Tagalog)	Excessive courtesy harms no one.

	3) Di man pakaibigin huwag lang pakahiyain. (Tagalog)	You may not like him but do not humiliate him.
- patience	1) Walang di mararating pag nilakad nang taimtim. (Tagalog)	No distance is too far for one persevering.
	2) Aganusca tapno maca-gunodca. (Ilocano)	Be patient so that you will succeed.
- industry	1) An tawong mahigos, harayo sa pagtios. (Bicol)	The industrious will not suffer want.
	2) Ang kasipaga'y kapatid ng kayamanan; ang katamara'y kapatid ng kagutuman. (Tagalog)	Industry promotes prosperity; laziness brings about starvation.
- sense of gratitude	1) Ang di lumingon sa pinanggalingan, di makararating sa paroroonan. (Tagalog)	He who does not look back to his origins will not attain his goal.
- endurance	1) Kun an tela makunit di basta mapaknit (Bicol)	Durable cloth is not easily torn.
To counteract exploitation	1) Kung walang busabos, walang mang-aalipin. (Tagalog)	There are no masters where are there are no slaves.
To explain that things or events are interrelated (Systems theory)	1) Ang sakit ng kalingkingan damdam ng buong katawan. (Tagalog)	Pain in the little finger is felt by the whole body.
To point to the need to adjust to people's customs	1) Ang hindi maki-ugali walang hitsurang uuwi. (Tagalog)	Adjust to current custom in order to get along.

To explain the meaning of individualization	1) Wala ang tudlo pag-alangay, may labao, may magamay. (Ilongo)	The fingers are not uniform in length, some are long, some are short.
	2) Dai nin dua katawo na nagkakapareho. (Bicol)	No two persons are alike.
To emphasize the disadvantage of spoiling children	1) Ang laki sa layaw, karaniwa'y hubad Sa bait at muni't sa hatol ay salat. (Tagalog)	He who is spoiled usually lacks good sense and judgment.
To respond to a proverb with another proverb, thereby counteracting or neutralizing the effect or force of the former	1) Pagsabol kahagiantaan ni Tuhan. (Moro)	Be content with what God has given you.
	vs.	
	Nasa Diyos ang awa, nasa tao ang gawa. (Tagalog)	God helps those who help themselves.
	2) Ang kapalaran ko'y di ko man hanapin, Dudulog, lalapit, kung talagang akin. (Tagalog)	The good fortune intended for me will come without my seeking it.
	Palad may mabuti't di pangatawanan marahil ay hindi tamuhin at kamtan. (Tagalog)	Though I have good fortune, if I don't exert effort to pursue it, I won't attain it.
	3) Kung hindi ukol, hindi bubukol. (Tagalog)	If it was not destined for you, you won't benefit from it.

	vs.	
	Kapag may isinuksok, may titingalain. (Tagalog)	Save, and you will have something in time of need.

The foregoing shows that proverbs can be used in social work practice, not only with people who continue to live by our traditional beliefs, like in rural areas, but even in places that have been influenced by modernism, for as long as the wisdom that these proverbs carry is relevant. Our presentation shows that proverbs can be used to support our professional values, and prove that cultural beliefs do not, in fact, always contradict them. These proverbs can even be used to supplement or strengthen actual application of practice principles and ethics, especially when one wants to sound persuasive or convincing, such as in relation to the principle of individualization. They can also help in interpreting meanings of what workers sometimes try to communicate to their clients but which they may not fully understand, *e.g.*, the concept of "systems." As was demonstrated, some proverbs, especially those which dwell on traditional values like fatalism, can be counteracted by other proverbs, indicating the advisability of our workers' being familiar with our many maxims to enable them to draw from their "pool of wisdom" whenever necessary. Then, of course, there is nothing like being able to communicate with our own people in our own language, to bring about the development of a positive relationship and a sense of trust and confidence, on their part.

SOCIAL WORK GUIDING PRINCIPLES

Endowed with a fundamental philosophy and professional values, the practice of social work is guided by certain basic principles or rules of action for the practitioner (emanating from such values, as differentiated from "principles" of action built on tested knowledge or general truths). Let us discuss some of these principles which social workers use in their work with people, whether she works with them as individuals, as groups, or as communities.[19]

1. *Acceptance of people as they are.* The social worker brings into the relationship with the client her professional education and experience, and the agency's support of her helping role in keeping with its societal prescribed goals. These form the basis for respecting the client (individual, group or community) under any circumstances, an approach which is "an expression of a compound of attitudes that are based on scientific assumptions about human behavior."[20] This leads the worker not only to an understanding of the meaning and causes of the client's behavior, but also to a mode of meeting and interacting with the client, *i.e.*, non-judgmentally. She manifests a genuinely warm interest and concern for the client and his situation, in the cause(s) of the difficulty or problem, and in what can be done about it. In a family agency, for example, a social worker finds an adolescent boy who is full of hostility and resentment towards his mother. She allows the boy to ventilate his feelings, expressing understanding, without agreeing or disagreeing, about the correctness of the boy's

perceptions. She shows a positive and undivided interest in what the boy does and says about himself and others in his situation. In short, the social worker accepts the boy where he is — a person who is in a stressful situation.

The principle of acceptance does not mean approval of deviant attitudes or behavior. "The object of acceptance is not the good but the real,"[21] which means dealing with the client as he is in reality. Thus, a community social worker who hears a resident telling him why he threw stones at a recent community gathering will show acceptance of the person and the reasons for his conduct, without accepting the conduct itself.

Acceptance also means that we recognize that people have strengths and weaknesses, and capacities and limitations. As an American historian James Truslow Adams[22] once wrote, "there is so much good in the worst of us, and so much bad in the best of us, that it ill behooves any of us, to find fault with the rest of us." Part of acceptance is also the personal discipline with which the worker is able to accept people's eccentricities, their biases and prejudices. Being human, he may find certain behavior hard to take, but she consciously tries to avoid showing displeasure or shock, and instead, tries to find some explanation for it.

In the initial interaction between client and worker, the former sometimes approaches the worker with certain attitudes. For example, a client who is forced or coerced by an authority figure to seek help from a particular agency might come in feeling suspicious or angry; or a client in a "hopeless" situation may initially be very depressed or withdrawn. The worker observes and accepts these

attitudes as cues that can help in the understanding of the client. She does not feel threatened by these attitudes or behavior, for she finds an explanation for them — they are a result of past or recent situations. Her accepting response to the client "disarms" him. The client then comes to realize that his attitudes or behavior are inappropriate and unnecessary. The client's response then is counter-acceptance. When mutual acceptance is present, then "rapport" or a positive client-worker relationship already exists.

2. *Participation of the client in problem solving.* One can almost say that the principle of participation is already a given, for indeed, how can there be a "helping relationship" without the client's participation? Just the same, there is need to stress the point that the worker does not take over in a helping relationship. The client is there, and has a part in the entire problem-solving process. From the time that the worker begins to gather information, the client is asked to provide pertinent facts, to present his own perceptions of the situation, and is involved in defining the nature of the problem; and if there are many problems, he is involved in prioritizing these problems. He participates in planning ways of resolving the problem, in thinking of possible alternatives. He is asked to look into his own resources and which of these can be applied to problem solving. Then he himself must act in relation to the problem, and not rely on the worker to take all the necessary actions that would solve his problem. This would only develop/reinforce client passivity and dependence upon others.

The worker builds upon the client's strengths and utilizes them. A wise move would be to have the client understand from the beginning that his participation is expected. The worker then encourages this throughout

their professional relationship. A corollary principle is the principle of self-determination which we will now discuss.

3. *Self-determination as a right of the client.* The main idea in this principle is that the individual (or group or community) who is in economic, personal, or social need, has the right to determine what his needs are and how they should be met. The worker does not do everything for the client; for she knows that the client is capable of self-help. She will not manipulate his affairs, but will guide him so that he is able to look at his problem objectively, understand what choices or alternatives are open to him, their implications and consequences, and then make his own decisions. A client develops or regains self-respect and self-confidence when he realizes that he is able to solve his own problems.

A very clear illustration of the principle of self-determination is seen in family planning work. In motivating a client to practice a family planning method, the worker explains to her the different methods of contraception. She does not manipulate the client to decide in a particular way by withholding certain information or by exaggerating the advantages or disadvantages of one method. She is factual and objective. She helps the client look at her situation, clarifies her questions and her doubts but, ultimately, leaves it to the client to decide which method to use.

Being a generic principle in social work, self-determination is also applied in work with groups and communities. The social worker respects the right of groups to determine their own goals, means and objectives, guiding them, however, so that they are not in conflict with the goals of the agency. In the same way, in working with a community, the worker respects the right

of the community, its institutions, organizations, and groups, to decide what actions to undertake to meet the welfare needs of the community. In the course of working with the group or community, the worker who is accepted by her client will find many occasions to contribute her insights, knowledge, and experience. That the social worker has an "enabling" role is particularly meaningful to the principle of self-determination.

A question often raised is, "What is the limit to self-determination?" Let us respond to this question by using illustrations.

A social agency serving the residents of a government tenement housing project received a request from the informal leaders of the youth that the agency do something about the presence of a big number of young people in the area who are school dropouts and unemployed. An agency social worker was therefore assigned to organize a group program that would provide selected out-of-school youth with opportunities to engage in economically productive activities and other activities that will prepare them to become responsible and contributing members of their community. This objective was explained during the process of selecting the prospective group members. At the first group meeting, however, when the worker asked for ideas about activities the group could undertake, members suggested holding excursions, camping, Christmas caroling, and the like. The worker, understanding that many of the members had been members of youth clubs that engaged mainly in social and recreational activities, did not tell the group that they should not hold socials. Instead, she suggested that the group might find it helpful to review the needs and problems they had previously expressed to the agency and

the agency's objectives, with which they agreed, for setting up the group program in their community. This process made the group realize why the group existed, and what kind of activities would be relevant. There was no shortage of ideas for undertakings, and the members themselves, with some guidance from the worker, decided on their preferences and priorities.

A community sometimes also goes through the same process. For example, one social worker found that the majority of those present in a community meeting had been influenced by one of their leaders in thinking that the reason why community projects "died a natural death" was because of lack of funds, and that what was needed was to find donors or engage in a fund-raising activity. The worker, however, having gone around the community making observations and getting information from various sources, saw the same problem as that perceived by a small minority during the meeting — the attitude of the people of being totally dependent on funds allotted from time to time by the government for particular community projects. Without saying that the majority's perception of the community situation was wrong, the worker asked the residents to go over past projects which had "died along the way," and discuss which of these required government funding and which did not. She also suggested that they consider how projects that did not really require government funding could be finished. This process had the effect of making the community think and analyze the situation, and realize that it had other resources. The community considered its options, and then made its own decisions.

In both illustrations, we find that the social worker does not automatically agree to what the client wants, for

this would be a distorted interpretation of the principle of self-determination. On the other hand, it is not also exercised by the client "automatically," regardless of the circumstances, for then there would be no need for a helping person. Client self-determination presupposes the worker's role in helping her client reach a decision, a process which requires skill from the social worker. The worker's role cannot conceivably be entirely passive. Self-determination is a relative and not an absolute matter. In the great range of client decisions, a pre-determined "amount" of worker involvement in developing alternatives is impossible to establish. At some point the worker invariably becomes more than a listener and stimulator. Depending on the client's own capacity for decision making, the worker must actively participate in the process.[23]

There are also other limitations on client self-determination. Age (*i.e.*, being too young or too old) can be one. Incapacitating conditions, mental illness and mental retardation, are also among these limitations. Social workers, however, do not assume that just because one is mentally disturbed, or because one is but a child, then it follows that the person is not capable of expressing choices or making decisions. Caution has to be exercised in such cases. The worker tries to get the client involved in some way, if possible; and if this is not possible, then there is the guardian or the next-of-kin who should be consulted.

4. *Individualization of clients.* The principle of individualization involves "the recognition and understanding of each client's unique qualities and the differential use of principles and methods in assisting each toward a better adjustment, . . . based upon the right of human beings to be individuals and to be treated not just

as a human being but as this human being with his personal differences."[24]

This principle means that the worker recognizes that while human beings have many things in common, there are also important individual differences which must be accepted. Kluckhohn, Murray and Schneider point out that: "Every man is in certain respects (a) like all other men, (b) like some other men, (c) like no other men."[25] He is like all other men to the extent that he has the same human anatomy or the same biological needs; and he is like some other men if he belongs to the same culture, or religious, or ethnic group, or occupation, or social role; he is different because no one else has gone through exactly the same sequence of experiences. Every person is unique, because "there is uniqueness in each inheritance and uniqueness in each environment, but, more particularly, uniqueness in the number, kinds, and temporal order of critically determining situations encountered in the same course of life."[26]

This principle tells us to appreciate the fact that no two persons (not even identical twins) are exactly alike. Thus, social workers should relate to each client as an individual in a situation, which involves the interaction of different factors — physical, social, psychological, etc. The impact of the interplay of these factors on one individual and his consequent reactions would not be the same in the case of another individual.

There is also a need to know the specifics in every client's situation. Individuals may present the same problems to a worker, but the circumstances of the problem, the client's individual perceptions and responses, will be different.

In social work practice in the Philippines, especially when one works mostly with poverty-stricken families, one can easily end up with generalizations about the nature of their needs and problems, unless she is conscious of this principle. For example, one social worker was asked by her agency to help prepare all the families of a particular squatter colony for relocation in a government site. She went to the place assigned to her, thinking that the residents' common need for a decent place of abode will surely be met by the new relocation center which also offers certain opportunities that can ease their difficult economic situations. Upon meeting the residents in their homes, however, she discovered that one family, also very poor and also needing decent shelter, was different from the rest of the families in that community — there were two physically handicapped children in the household attending a special training school nearby. The worker handled the situation differently for this particular family. She sought the assistance of a religious order, which had a big compound near the squatter area, in finding suitable housing for the family so that the latter would not have to transfer to the relocation site, thereby allowing the handicapped children to continue their schooling.

Individualization is also very important when working with groups and communities. First of all, when working with groups, the worker bears in mind that groups are composed of individuals, each of whom is unique in his own way. She sees to it that one group member is not lost in the whole, even as he becomes part of that whole. Then, of course, no two groups are the same, even if they are both pursuing the same goals, have similar activities, and have members who have the same characteristics. Groups are different, if only for the difference in the quality of

interaction that takes place among the members of each group. This is also true for communities. No two communities are ever the same, not even if they are adjoining communities, and are subject to the same environmental conditions. As one barangay head once said to another, "I know we have the same problems, but your plan will never work in our place."

A very important implication of the principle of individualization is the need to give every client one's interest and attention, making sure that the uniqueness of his situation is taken into consideration, from the time the worker studies and gathers data about the problem, up to the time of preparing for the termination of the helping relationship.

5. *Confidentiality*. The idea behind the principle of confidentiality is to provide the client protection, within the limits of the law, from harm that might result from his divulging information to the worker. Trust is an important element in a client-worker relationship. If a client is to participate fully in the process of solving his problem, if he is to freely express his feelings about himself and about others in his situation, and if he is to put down his "defenses" and just be himself with the worker, then there must be some assurance that what he tells the worker will be kept in confidence. This means that what the client tells the worker is not discussed with others, except when this is done within the context of professional relationships, for the purpose of helping the client, *e.g.*, a case conference on the client involving other professionals. Letters requesting information about the client from another professional or agency are not prepared without the client first giving his permission. For that matter, what a wife tells the worker is not shared with her husband without her permission.

In our society, there remain unresolved questions about the extent to which this principle can be upheld in a social worker-client relationship. For example, if a client tells his worker that he has committed a serious crime, should the worker report this to the police? Or if a client gets involved in a legal case and the court summons the worker to be witness, what does the worker do? In the case of the client who has committed a crime, the worker can persuade him to report it to the authorities himself. But what if he does not? Sometimes a client will not immediately divulge information of a highly delicate nature like a crime, and will first exact a promise from the worker that she will keep the information confidential. In such a case, a worker can say that she cannot give such a guarantee, and let the client decide whether or not to share the information. But this kind of situation happens rarely.

A prerequisite of confidentiality is privacy, but privacy is an element that is not easy to observe, especially in our setting. Some of the reasons for this are lack of physical facilities, and certain cultural characteristics. Let us illustrate. Many of our social agencies have very limited physical space and cannot provide individual offices to their workers. Workers usually share a room, their tables usually too close together, making it difficult to keep interviews from being heard by others. Workers who insist on upholding the privacy of their interviews should find some available vacant room or work out an agreement with her co-workers so that whoever among them is interviewing would be left alone with the client. The situation concerning privacy is no different in our rural areas. When a social worker conducts a home visit, she will usually find relatives of the client (extended families being characteristic of the culture) milling around, all

eager to listen and participate in the interview. In order to observe privacy, a worker may sometimes have to suggest to the client that they talk under the mango tree in the yard. However, it is not unusual to find a client who would say that privacy is not necessary since the members of the household do not keep secrets from each other. In a case like this, the worker uses her judgment. She may have to go along with what the client wants, but she will have to exercise some care with respect to what can be discussed in the presence of the rest of the family. The client, after all, cannot anticipate all the turns that the interview may take and if he does not ask for privacy, it is perhaps because of lack of previous experience in a client-worker relationship.

6. *Worker Self-awareness.* In its broad sense, this principle means that the social worker is always conscious that her role is to make use of her professional relationship with her client in a way that will enhance primarily the client's development rather than her own.

Being a human being herself, the worker has complex personal motivations. She is influenced by her own cultural beliefs and values. She also has certain biases, prejudices, and negative attitudes about certain things. All these may enter in her relationships with the individual, group, or community she works with. She should therefore sufficiently understand and face herself, and be conscious of her own responses to her client. She must always examine her feelings, whether they are positive and negative, and whether her responses and feelings are professionally motivated, *i.e.*, for the purpose of helping the client; or personally motivated, to fulfill certain needs or aims on her part.

No one is completely free of biases. What is important is to be aware of these and be able to control them so that they do not interfere with professional practice. For example, one may have special feelings for those belonging to a particular ethnic group, or for people in certain situations — total orphans, children with congenital defects, abandoned husbands, battered wives, or people who risk their lives fighting for a cause they believe in. A social worker may over-identify with a mother whose child is a drug addict, or with a client who has problems with a mother-in-law, or with a community leader who dislikes politicians. Negative feelings or responses may be evoked by mendicants, homosexuals, unwed mothers, illegitimate children, common-law wives, "spoiled" children, authority figures, slum dwellers, members of street gangs, clients with certain forms of handicap, and alcoholics. There is almost no limit to the kinds of things that elicit certain positive or negative reactions from people, including social workers. Situations or conditions that evoke positive feelings in one worker, may, on the other hand, cause negative reactions in another worker.

The inability to control personal responses, even if they are positive responses, can work to the disadvantage of a client. For example, a worker's act of changing a "favorite" client's personal data so that he can qualify for help from the agency may, upon discovery of the deceit, result in the client's total disqualification for service. On the other hand, negative feelings prevent a social worker from following the primary social work principle of acceptance.

Self-discipline is crucial to the principle of worker self-awareness. Her very position provides her countless

opportunities to manipulate people and their affairs, and to use her relationships with them to meet personal needs. This is especially true in the Philippine setting where majority of social work clients are poor, have little education, and are often beholden to anyone who can give them any kind of help.

The conscious use of one's self is also part of this principle. When conducting an interview or counseling session, for example, just when to pose a question, when to make an interpretative remark, or when to use silence, are acts that reflect on the worker's discipline and conscious use of herself. Furthermore, conscious use of self includes the capacity to set limits when necessary. Thus, being overly permissive or the opposite, or being too harsh and rigid, may produce harmful results, such as with young people, and one has to learn to strike a balance between the two modes of dealing with client behavior. The worker's goal is for her client to ultimately learn to "internalize" limits, so that they themselves develop self-discipline.

Finally, there is another aspect which relates to worker self-awareness — the need for the worker to be conscious of how she responds or reacts to manipulation by others. By being conscious of this, then she can learn the skill of properly handling certain acts that undermine her professional role. This matter is particularly important because of certain realities in our setting. Social workers deal with people who are much older than they are, and who sometimes use their age/authority to manipulate others. A worker who was raised in an authoritarian home atmosphere has to be conscious of how she reacts to people like these. In like manner, she has to be aware of how to respond to powerful people in the community. For

example, does a young worker get intimidated because she feels insecure and lacks self-confidence, or does she stand her ground, dealing with a powerful person to the best of her professional ability, no matter how limited this might be at that time.

All these situations underscore the importance of worker self-awareness which every professional practitioner learns to develop and refine through practice.

7. *Client-worker relationship.* The relationship between worker and client (whether the client is a person, a group, or a community), is the means for carrying out the social worker's function. The phrase that "social work problem-solving takes place within a meaningful worker-client relationship" puts the emphasis on "relationship."

Every relationship is characterized by a dynamic interaction between human beings, but a professional relationship is different from ordinary relationships in that it should have the element of being controlled and purposive. A professional relationship does not just happen, or move in any direction. Rather, it comes to be formed on the basis of expectations from the parties who comprise the relationship, such as between doctor and patient, lawyer and client, counselor and counselee, and moves in the direction of certain goals or objectives which have been identified by mutual agreement. Social worker-client relationship is no different. Many of the forces that enter into this professional relationship have already been discussed, like individual values and beliefs. The principles which have just been presented constitute the main elements that make for a meaningful and, therefore, effective worker-client relationship. Another way of putting this is that all the preceding principles can be subsumed by

the principle of worker-client relationship. We have listed them separately, however, to be able to emphasize the most important features of each principle. Thus, we are separating "worker-client relationship" to be able to focus on the importance of purpose and direction in a helping relationship.

Purpose denotes the object for which something exists. The purpose of worker-client relationship is to help the client in some area of his social functioning in which at the present time he is experiencing some difficulty, and where, the worker, usually representing a social agency, is in some position to offer help. Direction refers to where the relationship between worker and client should move in order to achieve its purpose. Hence, the two are inseparable. The client, who comes to a social worker's attention, whether he went to the agency independently or was referred by somebody else, usually has initial feelings about having to seek someone for help in relation to his problem. These feelings may include anxiety, fears, and a sense of helplessness and confusion. Sometimes feelings of guilt and shame are present on their first meeting. The worker accepts these feelings, and tries to establish herself as someone who is genuinely interested in the client, whom he can trust, and who is there to help him. This elicits in the client a sense of trust and confidence in the worker, and the positive interaction that takes place becomes the basis for the development of rapport that is essential to an effective professional relationship. How the helping is to proceed will have to be threshed out next. The worker explains and clarifies her agency's policies and procedures, and discusses her role and function in relation to the client's expressed need or problem. Expectations have to be clarified; for example, that the worker will do

her best to help the client with his problem, but the latter will have to actively participate, such as by doing things the client can do himself, which will be defined in the course of the helping relationship; or that they have to be open and honest with each other, and to keep appointments, etc. All the ensuing activities of the worker (or the direction the relationship takes) are then related to the help that is expected to be provided. This is true regardless of the nature of the help being sought, whether it is material assistance for an unemployed head of a family, a leadership and skills program for a youth group, or resolving of a community-felt problem like pollution or juvenile delinquency. Purpose guides the content of every interview, every group session, and every community meeting. It helps set limits in terms of the kind of facts and information the worker will gather, the client and community resources that will have to be mobilized, the interventions and strategies that may have to be employed, among others.

A purposive worker-client relationship allows for some degree of subjective feelings which cannot be entirely removed in any relationship. As has been said before, however, to be conscious of these feelings, whether positive and negative, and to be able to control them are very important. The social work literature uses the phrase "controlled emotional involvement," perhaps because admittedly, the social worker's humanity prevents her from remaining emotionally uninvolved in her close relationships with others, but credits her with the capacity to control the degree of her involvement.

The literature describes two concepts – ambivalence and transference – which most social workers have experienced, at one time or another, in their work

with individuals. We think that in work with groups and communities, to the extent that one still deals with individuals, one also finds these concepts operating.

Ambivalence, introduced into psychiatry by the noted psychiatrist, Bleuler, is based on the proposition that the human mind functions in a dualistic way, that conflict between its opposing tendencies (ambivalence), often results.[27] This conflict between two opposing tendencies within one's self are manifested in the day-to-day experiences of social workers. Conflicting feelings are experienced about accepting a particular assignment, about leaving an agency, preparing a report, terminating a worker-client relationship, etc. Clients experience these ambivalent feelings, such as about home and the members of one's family (loving and hating), accepting material assistance, giving up a child for adoption, filing for legal separation, suing an employer, and so on. Recognition of these feelings is very important, on the part of both the worker and the client. Ambivalence on the part of the client should not be an occasion for the worker to manipulate the client's decision or impose her own solutions. Instead, the worker should objectively present the different angles of the client's situation, make necessary clarifications, discuss with the client the alternatives open to him and their implications and consequences. There is no one way by which an ambivalent feeling is resolved. Sometimes one factor that comes into the discussion between worker and client is enough to tip the scale to one side. Take this example: A rural resident sought the social worker of an agency for help, having just lost his "casual" job in a rural government agency, all because he stopped paying a "commission" to the supervisor in charge of all the casual

employees. The client said he could not decide what to do — he was being pressured by his former co-employees to make an official report of the matter to the authorities, but his family was asking him not to, "to avoid getting into more trouble." After exploring his other alternatives for employment — and there was hardly any in this small town and considering the "trouble" his family was concerned about, the worker asked him whether others before him had also lost their jobs for the same reason. The client glared at the worker on this question and in an angry tone said so many in the community had been "victims," but no one had ever had the courage to complain. He then declared that he would do it, not just for himself, but for the others.

Sometimes, an ambivalent feeling may take longer to resolve, but where this is relevant to the problem solving in which worker and client are engaged, it devolves upon the worker to help the client resolve his conflict. Neutrality on the worker also has its limits. A very ambivalent client can prolong his decision making to unreasonable limits; in which case, working within our culture, that is, using her authority, the social worker may have to ask him to make up his mind. Or the social worker, if she is convinced that the client is "completely lost," may offer a partial or temporary solution until he can decide on what he really wants to do. To illustrate this, a social worker whose client cannot make up his mind whether to leave home or not may ask the client whether taking a few days off from home and staying with a relative might help him arrive at a decision.

Transference is a concept from Freudian psychotherapy. It is believed to take place when the client unconsciously transfers to the social worker attributes or

characteristics of some important or powerful persons in his early life. This may result in positive or negative attitudes toward the worker, but being aware of the transference, the latter knows these attitudes are not directed toward her personally. A worker can usually tell that some transference is beginning to take place with remarks like "You talk just like my mother," or "You remind me of a daughter I lost." A skilled worker will not encourage a prolonged transference, even it if is positive, as this can encourage emotional dependency on the part of the client. When clients touch on the emotional or personal, the worker's response should be general, rather than specific. Hence, a response to the above remarks from clients could be "Many people have similarities," and then hold the discussion closely to the external reality factors of whatever problems the client has presented, *e.g.*, "You were saying that you and your mother can't seem to agree on anything . . ."

Being human, the worker also has personal reactions to a client. Some clients she will like more than others, some she will dislike, others she will find irritating, some she will find stimulating. These feelings are not to be denied, but they are to be controlled. What one should watch out for, because it is difficult to recognize and control, is "counter-transference," which is the worker's unconscious response to the client's unconscious transference. "Counter-transference," which generally affects the worker's picture of a situation can consequently twist her diagnosis of the client's problem. The presence of transference and counter-transference will be like the blind leading the blind into a morass of emotion with no clear picture of the present reality and no practical plan to help the present situation."[28] Psycho-analysis is generally considered the best way by which one gets to avoid the dangers of transference and

counter-transference, since it brings out into the open early emotions which the conscious mind has forgotten. In our setting, however, this is neither practical nor advisable. Most of our social workers do not hold intensive therapy with clients, and for those who want to undergo psychoanalysis, the cost is prohibitive. In place of psychoanalysis, a social worker can exert effort to really know herself so that she will be aware of her own prejudices and characteristic reactions that stem from forgotten early experiences. One way of achieving self-understanding is by watching out for certain patterns of reaction. For example, when confronted with cases of marital conflict, does she always tend to side with the wife? Or, in cases of conflict between one who is an authority figure and one who is not, does she tend to always take up the cudgels for the latter? Self-awareness can be developed with a deliberate and serious effort at scrutinizing one's behavior and reactions, from which the ability to consciously control one's self can follow.

Worker-client relationships are not meant to last forever. The premise at the start is that two parties — one in a helping role, the other, to be helped — came together to work out some solution to an unmet need or problem of the client. The expectation is that the "helping" will take place within a reasonable period of time (barring unavoidable events), after which the professional worker-client relationship should already be terminated. This, too, is part of that purposiveness and direction of such worker-client relationship — assisting the client so that he, sooner or later, hopefully, sooner than later, can free himself and be completely on his own, no matter how pleasant and satisfying the helping relationship may have been for both of them.

As we know, social work education and practice in the Philippines have been greatly influenced by the American model. The irrelevance of "foreign content" has been widely questioned and the need to indigenize or use what is uniquely Filipino in the teaching and practice of social work is justified. Along with this, questions have also been raised about what are generally regarded as "universal" social work principles. Are these principles we have discussed irrelevant to the Philippine situation? A study provides us with an interesting comparison of the views of social work educators and practitioners.[29] Of 38 respondents (educators), 97% think that "there is no need to re-examine the social work principles," meaning that they consider them relevant, and 59% think these principles "are applicable in relation to national development." On the other hand, 90% of 294 social workers in direct service think that "these principles need to be re-examined." On whether these principles are relevant to national development – of 297 respondents, 15% consider them "very applicable," 34% "applicable," 41% "somewhat applicable," and 10% "no longer applicable." The difference in the responses may be explained by several factors. First, there may have been differences in the interpretations of the social work principles. Take for example the principle of client self-determination. In Western societies, self-determination may take its "pure" form, *i.e.*, the individual arrives at a decision or takes action based on a decision made all by himself, assuming full responsibility for that decision. If this is the interpretation given, then indeed, the principle is probably very seldom exercised, and there is "need to re-examine" the principle of self-determination in relation to the Philippine situation. However, one can also give the

principle a different dimension. In the Philippines, as in many "less developed" societies, the values of respect for authority, family solidarity, family honor, etc., usually expect that consultations with elders or members of the family occupying positions of authority be made before one decides or acts. The same can be said of the principle of confidentiality. In Western societies, confidentiality is a given, together with the person's right to privacy. In the Philippines, however, privacy is often a matter of choice, and the personalistic culture makes sharing of confidence, as well as sharing of the responsibility for certain actions and decisions, a common practice. In these examples where the family becomes almost part of the client, cannot the meaning of self-determination and confidentiality be extended, in the context of the Filipino culture, to include the client's family? In most cases also, the Filipino client has the choice to consult or to involve his family in actions or decisions he has to make. Is not the exercise of that choice ("my decision was arrived at after discussing it with my father"), to consult or not to consult, in itself, an experience in self-determination?

Another possible explanation for the difference in the responses of educators and practitioners could be that the former believe the principles to be applicable, whereas the latter consider constraints which make their application difficult. Also, since the study did not list down the social work principles to serve as a common frame of reference for all the respondents, some principles may have stood out in the minds of the respondents. In other words, the practitioners may have been thinking mainly of such principles as confidentiality, self-determination and participation, the application of which, in our setting, is generally conceded to involve some constraints. Other

principles, like acceptance, worker self-awareness, individualization, and relationship may have been taken for granted, and therefore temporarily forgotten by some of the respondents at the time of the survey.

Since these social work principles are not mere amenities observed in social work, but have their root in the profession's basic philosophy of upholding human worth and dignity, there is need to study their various nuances and shades of meanings. These are universal principles and can be applied by social workers wherever they are, but we have to look into their actual "fit" in each society, including our own. We also have to be clear as to the extent to which these principles can be observed, regardless of changing goals or directions of that society.

PROFESSIONAL ETHICS

Ethics is the science that treats of morals and right conduct. Professional ethics is the system of ethical principles and rules of conduct generally accepted by the members of a professional group, based on the philosophy, values, and guiding principles of that profession. It has two aspects: the profession's Code of Ethics which is the written expression of some of these principles and rules of conduct for the guidance of the professional group (drawn and adopted by its own members), and the unwritten principles and rules of conduct which usually have the same force as the Code. Together, they serve as a compass which helps guide the practitioner in her professional relationships — with her client, with her colleagues and her profession, with her agency, and with the public.

The following is the Philippine Association of Social Worker's Code of Ethics as revised in 1998, the original/first code was adopted in 1964, then revised in 1972 (As of this writing, this Code of Ethics is under revision).

1964 - 1972 - 1998

CODE OF ETHICS

ICS

ppine Association of Social Workers, Inc. believing:

- in the inherent worth and dignity of all persons emanating from a Supreme Being who directs our actions of love for one another;
- that every human being has natural and social rights, capacities and responsibilities to develop his full potentials as a human being;
- in the human being's capacity to change and recognize the value of unity in diversity, individual differences and pluralism in society;
- in free men and women living in a free society where poverty, in all its forms, is neither a fate nor a punishment but is a condition that can and must be changed;
- in the family as the basic unit of society and its vital role in the growth and development of the individual, the family system, and the community;
- that the government, the private sector and the public have a joint responsibility to promote social justice and to ensure the political, economic and social well-being of all people;

- in the role of social workers as agents and advocates of change and in the promotion of professionalism, responsibility and accountability; and,
- that our professional practice is deeply rooted in our cultural values,

DO HEREBY DECLARE that we will abide by these standards of ethical conduct:

A. Relative to Self and the Profession

1. To conduct myself in a manner consistent with the philosophy, principles, values and beliefs of the social work profession;
2. To act at all times with honesty, openness, and transparency in all my professional transactions;
3. To constantly work towards my own professional advancement so as to contribute to the promotion of social work practice;
4. To contribute time and professional expertise to activities that promote respect for the integrity and competence of social workers;
5. To share research knowledge and practice wisdom of colleagues and other professionals;
6. To be vigilant and act to prevent the unauthorized and unqualified practice of social work;
7. To support the professional association duly organized and constituted for the professional welfare of all social workers;

8. To respond and volunteer my professional services in times of emergency;

9. To uphold and protect the dignity and integrity of the profession; and

10. To promote cultural values that will enhance the practice of the social work profession.

B. *Relative to Clients*

1. To uphold the basic human rights of clients and serve them without discrimination;

2. To accept primary responsibility and accountability to clients, respecting their right to self-determination, and observe confidentiality in all my dealings with them;

3. To seek out the marginalized and ensure equal access to the resources, services and opportunities required to meet basic needs; and

4. To expand choice and opportunity for all persons, with special regard for disadvantaged or oppressed groups or persons.

C. *Relative to Colleagues*

1. To acknowledge and respect the professional expertise of other disciplines, extending all necessary cooperation that will enhance effective services;

2. To bring any violation of professional ethics and standards to the attention of the appropriate bodies inside and outside the profession and ensure that relevant clients are properly involved; and

3. To advocate with legislative and policy bodies for the welfare of all colleagues.

Besides the above Code of Ethics,* which is binding to all professional social workers once they become registered/licensed, the new social worker swears to the following professional oath before a representative of the Professional Regulation Commission, following her passing of the social work board examination. The oath is in the national language.

> Ako, si _____ ng _____ ay taimtim na nanunumpang itataguyod ko at ipagtatanggol ang Saligang Batas ng Pilipinas; na ako'y tunay na mananalig at tatalima rito; na susundin ko ang mga utos na legal, at mga batas na ipinahahayag ng mga sadyang itinakdang may kapangyarihan ng Republika ng Pilipinas; at kusa kong babalikatin ang pananagutang ito, nang walang anumang pasubali o hangaring umiwas.
>
> Taimtim pa rin akong nanunumpa na sa lahat ng panahon at pook na kinaroroonan ay mahigpit kong panghahawakan ang mga etikal at tuntuning propesyonal ng mga Manggagawang Panlipunan at matapat kong gagampanan nang buong husay sa

*See also Appendix 3: Global Social Work Statement of Ethical Principles of the International Federation of Social Workers (IFSW) and the International Association of Schools of Social Work (IASSW).

abot ng aking makakaya ang mga tungkulin at pananagutang iniatang sa isang itinakdang Manggagawang Panlipunan.

Kasihan nawa ako ng Dios.

In addition to the foregoing Code and Oath there are unwritten duties and obligations that are expected of a professional social worker. The following are some of these:

1. *Duties toward clients*
   - A professional deals with clients openly and frankly
   - A professional is patient, tolerant, and considerate of the client's point of view
   - A professional never uses threat or deceit
   - A professional is punctual in keeping appointments, and makes no compromises she cannot keep
   - A professional is careful and thorough in dealing with client problems
   - A professional never discriminates against any client, giving so-called "hopeless" cases as much attention as promising ones
   - A professional will act in relation to a client's problem only on the basis of adequate knowledge of client's situation
2. *Duties toward colleagues and the profession*
   - A professional is courteous and fair in dealing with co-workers

   - A professional cooperates with co-workers in the pursuit of common goals
   - A professional should maintain high standards of honor, integrity and morality
   - A professional makes only constructive criticisms of co-workers and of the profession
   - A professional does not exploit her professional membership, and distinguishes between activities she does as a private citizen and as a member of the profession
3. *Duties toward the agency/organization*
   - A professional is loyal to her agency
   - A professional cooperates in the achievement of her agency's goals
   - A professional seeks opportunities to participate in the formulation of policies, thereby contributing to the improvement of agency services
   - A professional does not just oppose agency policies without first discussing the matter with the appropriate persons
   - A professional observes established agency rules, channels, and procedures, and advocates for their change or modification if these are not satisfactory
4. *Duties toward the community/public*
   - A professional responds promptly to requests for assistance

- A professional makes use of appropriate opportunities to interpret her work to the community
- A professional helps bring about a sound and constructive public opinion in matters of social concern.

The preceding obligations are a given, or understood as being practiced by professionals and therefore do not have to be stated explicitly in the Code.

Why is there a need for a system of professional ethics, particularly a formal, written Code? The following are among the purposes served by a profession's Code of Ethics:

1. It helps check abuses which can result from the powers and privileges accompanying the monopoly enjoyed by a profession (for example, social workers enjoy a monopoly in the preparation of client case histories in agencies dealing with child adoption, as well as in family courts which decide action on youthful offenders);
2. It provides the community some protection against abuses by members of the profession (*e.g.*, the community is made aware of professional standards in light of which the conduct of members may be evaluated and, if need be, censured);
3. It sets forth basic principles which serve as guidelines to members of the profession, and which are helpful in the socialization of future professionals;

4. It sets guidelines for relationships, if not specific duties of members to each other, to their clients, and to other groups;
5. It is a useful resource for the enrichment or improvement of the professional curriculum.

The observance of a profession's system of ethics is not free of problems. At the present time, for example, social workers face many ethical dilemmas, a few of which are in the following areas:

1. *Manipulation.* In our setting, manipulation comes in many forms, such as in the matter of influencing clients to act in the way a worker wants them to act in response to a given situation, or in manipulating agency reports to justify budgetary requests. Are there occasions when a professional may engage in manipulation? Under what circumstances this would be justified, if at all? Perhaps we need to develop some guidelines so that we will know what action is in the client's interest, and what an unwarranted manipulation is.

2. *Advocacy.* We realize the need for social workers to engage in advocacy that will bring about social reforms which will benefit large segments of our population. However, we must deal with the ethical problems that often go with advocacy. For example, in the cause of advocacy, some promote unnecessary conflict situations, resorting to various machinations, including the use of insult, embarrassment, distortion of the truth, disruption, and violence. Rational processes are set aside, "for the end justifies the means." How can such acts however, be reconciled with ethical principles that exhort the professional to treat everyone with respect and dignity, and

to be open and fair in dealing not only with clients, but with his agency and co-workers?

3. *Conflicting loyalties.* We listed loyalty to one's agency as among the professional's duties to her agency or organization. Wilensky and Lebeaux, on the other hand, mention loyalty to one's colleague (or professional group) as one of two areas around which norms governing colleague relations cluster. They refer to this as "unity toward outgroups," which means that professionals unite against outsiders who threaten the privileges and rewards of the group.[30] Thus, an accepted norm in a profession like medicine is "do nothing and admit to nothing which will discredit the profession in the eyes of outsiders." Should this hold true in social work? Is loyalty to one's professional organization or group to be observed at all times or are there limits to this norm? When what is called "whistle-blowing" against a co-worker or a social agency justified? Would loyalty to a client's cause, such as where human dignity or survival is involved, be a justifiable reason for not upholding loyalty to one's organization or colleague group?

4. *Cultural and other realities.* Our culture presents certain ethical dilemmas to the social worker. For example, the social worker is expected to follow the established rules and procedures of an agency. However, our workers know that our personalistic culture often calls for the use of personal "connections" to facilitate action on a client's request. The use of one's connections, however, quite often means that one has to disregard accepted agency rules or channels, with the resultant effect that one's success in using "connections" can be to the disadvantage of another worker's client. Another reality in our setting is political influence. The unwritten code expects the social worker to cooperate with her co-workers, and to make only

constructive criticisms about them. But, what does a worker do when a co-worker (whether trained or untrained), who remains on the job only because of political influence engages in activities the former cannot accept? In addition, what does she do if her co-worker's patron is an important source of agency funds? Indeed, there is need to know the limits of the support and cooperation one should give co-workers.

We cannot predict all the ethical problems that might confront social work practitioners in the field. We also cannot set up specific guidelines for handling each of these problems. However, a worker can still do what is ethical and what is right, to the extent that what is right may be ascertained by reason.

Problems in relation to the adherence to ethical principles are not unique to social workers in the Philippines. Pumphrey, who approaches the problem positively, citing examples of ethical standards met by social workers, states that "surely there was more ethical than unethical, more value-based than value-defying social work."[31] That the problem is also found in other professions is reflected, for example, in the words of Justice Ramon San Jose when he presented the successful examinees in the 1963 bar examinations:

> The legal profession, next to priesthood, is the most exalted and dignified; it is an apostleship of justice. In its influence on man, it is the extension of all lay professions, but in its misuse, it is the most destructive. Thus, the lawyer may rise to the infinite heights of glory and eminence as champion of freedom, as defender of

human life and liberty, as guardian of individual rights, fortunes and reputation, but as transgressor of trust and confidence, as instigator of outrageous mischiefs, as advocate of irresponsible mobs, he may sink to the bottomless depths of wickedness and ignominy.

Indeed, in the final reckoning, the observance of the written and unwritten rules of conduct of one's profession is left to the individual's sense of morality and obligation, for generally these principles are not like laws which are enforced under threat of punishment. Ross expounds on this idea eloquently:[32]

". . . . Obligation and freedom are polar opposites: freedom is an absence of constraint, and obligation is constraining. What is obligatory is somehow binding, but it is not binding as force is binding, nor is it binding even as law is, when law is backed by force and its violation brings punishment . . . . Obligation can indeed be violated, and its violation may bring no punishment at all, not even a sleepless night. So, although obligation may be opposed to freedom, as all bonds are, it is not so starkly opposed as law or force. "You ought not" is not so strong a statement as "You may not," and "You ought" is different from "You shall."

To act under obligation is to act freely. Response to obligation is the measure of a man, and requires self-restraint and self-discipline, in some cases

anguish . . . The conditions of obligation are not just the absence of external restraint and perhaps the presence of external discipline, but also the absence of internal necessity.

. . . . All social life seems to me based on genuine morality, whose core is obligation, and whose condition for existence is choice, and so freedom to choose."

GUIDES FOR DISCUSSION/ACTIVITIES

1. Explain clearly:
   a. the philosophy of social work
   b. the ultimate value of social work
   c. the different value systems that influence the social worker
   d. what "value dilemmas" confront social workers; provide examples.
2. Explain in your own words the "essence" of each of the principles that guide social work practice. What difficulties or problems might a social worker experience in the observance of these principles? Give examples.
3. Define "professional ethics." What areas of the social worker's relationships are covered by professional ethics? Explain.
4. Give examples of specific situations that could pose a challenge to the social worker's adherence to professional ethics. Discuss how you think a social worker should handle these situations.
5. Interview an officer of any professional association or board (including social work) under the Professional Regulation Commission or the Bar Confidant of the Supreme Court. Find out (a) their existing policies/rules/practices relating to professional ethics; (b) actual complaints brought to their attention and how these were handled by their Board/association (you may want to invite your interviewee to be a resource person in class).

6. Read carefully the Code of Ethics of the Philippine Association of Social Workers (this chapter) and of the International Federation of Social Workers (Appendix 3). Discuss/comment on these materials.

EndNotes

1 Werner W. Boehm, *Objectives of the Social Work Curriculum of the Future.* Vol. I, New York: Council on Social Work Education (1959), 56-57.

2 Edward A. Fitzpatrick, *Philosophy of Education.* Milwaukee: The Bruce Publishing Company (1953).

3 Muriel W. Pumphrey, *The Teaching of Values and Ethics in Social Work Education,* Vol. XIII. New York: Council on Social Work Education (1959), 23.

4 William Gordon, "Knowledge and Value: Their Distinction and Relationship in Clarifying Social Work Practice," *Social Work,* Vol. X, No. 3. (July 1965), 32-39.

5 *Ibid.*

6 Boehm, op. cit. 43-44.

7 *See:* Philippine Constitution (1973), Articles IV and V.

8 William Gordon, "A Critique of the Working Definition of Social Work Practice," *Journal of Social Work,* Vol. VII, No. 4 (October 1962), 8.

9 Leonard Schneiderman, "The Value Commitment of Social Work: Some Underlying Assumptions," *Social Work,* Vol. XII, No. 3. (September 1967), 59-75.

10 *Ibid.*

11 Frank Lynch and Antonio de Guzman II, Four Readings on Philippine Values, *Institute of Philippine Culture Papers,* No. 2 Quezon City: Ateneo de Manila University Press (1973).

[12] Manuel F. Bonifacio, et al., *Survey of the Social Work Profession in the Philippines: Focus on Social Workers in Metro Manila and the Southern Tagalog* Region. Institute of Social Work and Community Development, University of the Philippines, Quezon City (1975), 96-97.

[13] Department of Social Work Faculty, University of the Philippines Institute of Social Work and Community Development, *Realities in Social Work Practice: The MSSD Experience:* Unpublished Report. U.P. ISWCD (1979), 69.

[14] *Ibid.* 16-17.

[15] *Ibid.* 88.

[16] *Ibid.* 67.

[17] Paul Rodriguez Verzosa, *The Psychology of Tagalog Proverbs.* Manila (1950), 11.

[18] Damiana L. Eugenio, *Philippine Proverb Lore.* Quezon City: Philippine Folklore Society (1975), 5.

[19] These principles have been selected from among many principles presented in the works of different authors. *See,* for example: Walter A. Friedlander, *Concepts and Methods of Social Work.* New Jersey: Prentice-Hall, Inc. (1958), and Felix P. Biestik, *The Casework Relationship.* Chicago, Illinois: Loyola University Press (1957).

[20] Friedlander, op. cit. 81.

[21] Biestik, op. cit. 72.

[22] James Truslow Adams, American writer, Pulitzer Prize for History 1921. https://en.wikipedia.org.

[23] A.C. Kohs, *The Roots of Social Work.* New York Associated Press (1966), 58.

[24] Biestik, op. cit. 25.

[25] Kluckhohn, H.A. Murray, and D.M. Schneider, eds., *Personality in Nature, Society and Culture.* (1953), 53.

[26] *Ibid.* 55.

[27] Herbert H. Aptekar, *Basic Concepts in Social Casework.* North Carolina: North Carolina Press (1941), 12.

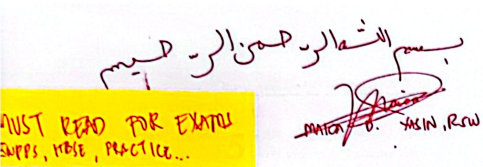
[28] Elizabeth Nichols, *A Primer of Social Casework.* Columbia: Columbia University (1960), 149.

[29] "Survey of the Social Work Profession in the Philippines," op. cit. 77 and 304.

[30] Harold L. Wilensky and Charles N. Lebeaux, *Industrial Society and Social Welfare.* New York: Russel Sage Foundation (1958), 299-308.

[31] Muriel W. Pumphrey, "Transmitting Values and Ethics Through Social Work Practice," *Social Work,* VI, No. 3. (July 1961), 8.

[32] Ralph Ross, *Obligation: A Social Theory.* Michigan: The University of Michigan Press (1970), see Introduction.



THE KNOWLEDGE FOUNDATION OF SOCIAL WORK

Like all other professions, social work derives knowledge from a variety of sources, *i.e.*, knowledge generated and tested in many disciplines (psychology, anthropology, sociology, law, education, etc.); knowledge from other professions (human service professions borrow knowledge from each other, like medicine and social work); and knowledge from the profession itself.

Alfred Kadushin states that the "knowledge base of social work is a comprehensive topic which encompasses the facts and theories, skills and attitudes, necessary for effective, efficient practice."[1] In Chapter 3, we discussed the three kinds of knowledge social workers apply in their practice: tested knowledge which has been confirmed by empirical testing and/or observation, and hypothetical and assumptive knowledge which have yet to be confirmed but are accepted and acted upon as though they were true, with the intention to confirm them eventually. Compton and Galaway state that "simply put, values answer the question of whether a proposition is right or wrong; while knowledge answers the question as to whether something is true or false.[2] Assumptive knowledge is covered by this definition since it is open to efforts to test, whether it is right or wrong, as otherwise, "if there is resistance to the

effort to test a notion, it may be that a value is being dealt with, and not a piece of assumptive knowledge."[3]

Existing social work literature, particularly on social work education, reveals general agreement that three areas denote the areas of substantive knowledge in social work: Social Welfare Policy and Services, Human Behavior and Social Environment, and Social Work Practice. In the Philippines, the social work curriculum is generally structured along these three areas and existing courses can usually be categorized under each of them. A fourth area, Field Instruction, aimed at providing the student with opportunities for integration of learning in the three areas by way of supervised social work practice in selected settings, completes the curriculum plan.

Social Welfare Policy and Services, also referred to as Social Welfare Policy, Programs and Services is concerned with the organization, administration, and operation of social welfare programs and services which are established in society in order to meet human needs and problems. It involves the development of these policies and programs, the interrelationship of the agencies which undertake them, and the nature of needs being served by these programs. Human Behavior and Social Environment is concerned with the materials necessary for understanding the client in his problem situation, the dynamics of individual and group behavior, and of group and community processes which affect or influence the individual, the group and the community. It is also concerned with content about normal and deviant behavior.

Social Work Practice, commonly referred to as Social Work Methods, is concerned with the actual process

by which the social worker helps her client — an individual, group, or community, the methods and techniques of helping, the resources necessary for helping, as well as the appropriate attitudes that facilitate the helping process.

As has been stated, the existing knowledge in the social work profession pertinent to these three areas are either borrowed from other disciplines, or developed by social workers for social workers. Kadushin, however, submits that the interrelationship between these two kinds of social work knowledge is so inextricably compounded that it is often difficult to distinguish one from the other; that borrowed material is translated, amended, reshaped for use often beyond recognition of the discipline which conceived it; and that there is contention that the differentiating factor regarding social work knowledge is its unique synthesis of borrowed material.[4]

At the present time, the knowledge components in the Social Welfare Policy and Services and the Social Work Practice areas come mainly from knowledge developed by social workers for social workers, and are found in social work books, journals, and other professional literature in social work. These are supplemented by knowledge borrowed from medicine, law, political science, public administration, economics, psychology, sociology, etc. The knowledge component in the Human Behavior and Social Environment area greatly rely on borrowed knowledge from the biological sciences, the psychological sciences, the social sciences, as well as the humanities.

In the succeeding pages we shall present the aims of each of these three areas of social work knowledge, and their respective content. We shall outline what we consider

to be the basic as well as the minimum knowledge that the future Filipino social work practitioner should learn in the course of professional education. This is on top of what she is expected to have learned in the general education courses usually offered during the first two years of the four-year Bachelor's degree curriculum, to prepare her for beginning competence in social work practice, which is the objective of undergraduate professional social work education in the country.[5]

Social Welfare Policy, Programs And Services

The keywords for this curriculum area are social welfare, needs, problems, and provision. The objective is to help the students acquire knowledge of the general policies, conditions, legislation, institutions, programs, and a broad range of services relevant to social welfare in present-day society. Students are expected to learn the nature of social work functions and contributions in relation to social welfare problems and corresponding programs and services. In addition, students should be provided opportunities to concentrate study on a social welfare sector of interest to them, preferably, in anticipation of their career choices.

The aims for studying social welfare policy and services are: (a) to help in the preparation of competent practitioners who will be engaged in the provision of social services and in efforts toward necessary social change; (b) to help students acquire an ability for critical analysis of the problems and conditions in society and its major institutions; and (c) to help in the students' development of a commitment to the profession and its

responsibility for the promotion of social welfare goals and services, and the prevention of social problems.[6]

The following is an outline of the specific knowledge required for this area.[7]

I. Framework

Society responds to a variety of human needs and problems through the institution of social welfare.

II. Concept of Needs

A. Universality of needs:

1. material needs (food, clothing, shelter)
2. non-material needs (spiritual needs, aesthetic needs, need for affection, acceptance, achievement, etc.)

III. Concept of Problem

A. Problem as manifest need
B. Problem as person-centered
C. Problem as universal and yet singular
D. Problem as cause and consequence
E. Problem as an institutional lack or dysfunction in society's institutions for meeting needs
F. Problem as challenge and opportunity
G. Problem as requiring a solution in the form of social welfare services
H. Problem as requiring social work help

IV. Concept of Provision (how society meets the needs of its members)

A. Individual and Group Efforts
B. Major societal institutions and their roles and responsibilities for meeting human needs

1. The family, the church, the government, economic institutions (labor unions, cooperatives, occupations)
2. The forces that bring about change in these institutions

C. The social agency as provision for helping people with their problems; as an integral part of a community's institutionalized network of services to the people.

V. Motivations for Social Welfare Programs and Services

A. Social justice
B. Social control
C. Economic development
D. Human values and norms which shape policies and services (personal worth, social responsibility, self-determination, personality development, etc.)

VI. Social Welfare Programs and Services

A. Historical and current forces which contribute to social problems and generate social policies (historical perspectives relating to the history of social welfare abroad and in the Philippines; current worldwide, regional and local forces)

B. Source of policies (the Constitution, legislation, locally organized policy-making bodies, *e.g.*, agency boards); their auspices (government, private, religious)

C. Policy formulation, implementation, and improvement: inter-related processes; competencies and skills needed for effective participation

D. Ways in which society organizes to handle welfare programs to respond to different kinds of problems (*e.g.*, the passage of legislation which led to the establishment of public agencies like the Department of Social Welfare and Development, and the forming of voluntary organizations to respond to specific community problems)

E. Ways and means by which policies are translated into programs and services: the process of creating necessary structures; the administration of these programs and services (including financing, staffing, coordinating, reporting, etc.); the system of delivering services

F. Setting priority targets for investment of resources (in the case of the Philippines, on the basis of the National Development Plan)

G. Assessing and evaluating effectiveness as well as deficiencies or inadequacies of programs and services in meeting needs and problems.

VII. Philippine Social Welfare Agencies and Institutions

A. The broad field of social welfare and its various instrumentalities: social services in education, health, housing, manpower development, community development, population and family planning, labor, etc.

B. Fields/Settings for Social Work Practice

1. Traditional fields: child and family welfare, medical settings, corrections, public assistance, community centers, etc.
2. New and emerging fields: manpower development, human settlements,

women and development, social planning, indigenous peoples, etc.

C. The nature of human needs served by the different social welfare agencies and institutions (whether they employ social workers or not)

D. The organization and operation of programs and services in social work-oriented agencies and organizations (focus on the fields of social work), the interrelationship of these agencies, the historical development of these programs.

E. The characteristics and structure of social work as a profession, particularly past, current, and emerging roles and contributions of social work professionals in the development and implementation of social welfare policies and programs.

HUMAN BEHAVIOR AND THE SOCIAL ENVIRONMENT

The knowledge content relating to this curriculum area is designed to help the student understand "the individual, group, organizational, institutional, and cultural contexts within which human behavior is expressed and by which it is significantly influenced."[7] This knowledge area focuses on knowledge about the individual as a bio-psycho-social being, the interaction between him/her and the physical, social, cultural, political and economic forces in the environment which affect or influence behavior. This area of the curriculum aims to: (a) enhance/further the students' understanding of individual and collective behavior, and (b) develop the students'

capacity to critically assess the state of theory and knowledge about man and his social environment, as it relates to social work practice, and to begin to see their role in contributing to its development.

The phrase "the individual is a biopsychosocial being" means that there are inseparable, interacting forces – biological, psychological, and social[8] that influence human behavior and personality.

The *biological components* would include the individual's state of health and nutrition, genetics and natural physical endowments at birth, normal biological growth and development, as well as any deviation from normal functioning including illnesses and physical disabilities. These may be obvious and can be described using medical information that is obtained when necessary. The social worker is expected to know the psychosocial effects of both normal as well as abnormal biological growth and development.

The *psychological component* is concerned with the individual's personality, comprising what is commonly termed "inner states," which has three aspects:

1. Cognitive (perceptual or intellectual);
2. Emotional (feelings); and
3. Conative (striving, tendency to do actively or purposefully).

The *social component* includes the following elements:

1. Societal: aggregate data and social patterns which help create the social climate in which we live, regardless of whether or not people

are aware or accept them, such as poverty and unemployment;
2. Institutional: organizational arrangements in society, such as family, government, education, and social services;
3. Status: characteristics of persons and their position in society as seen in the way persons are described, *e.g.*, by age, sex, race, and religion;
4. Normative: the forms in which social behavior are expressed, and the social rules that shape these forms. These forms and rules reflect the values of society which are, in turn, influenced by the existing culture;
5. Interactive: the type of interaction and perception of interactions made of self and others that are a basis of behavior.

It still is certainly true that the individual is a "biopsychosocial being" and we continue to recognize that "a dysfunction in any one of these elements disturbs equilibrium and creates or aggravates tensions in both individuals and those close to them." We hasten to point out, however, that the term "biopsychosocial" omits other important determinants of personality and behavior, namely, culture and the physical environment, unless culture is viewed as a "given" in the social component, and the physical world, a "given" influence on the biological component. Just the same, we need to emphasize these two important influences. Culture refers to the knowledge, belief, art, morals, law, custom, etc., that constitute the way of life of a people or society.

The physical environment has two aspects:[9] (1) the natural environment which makes demands, sets constraints and provides resources (*e.g.*, climate, topography, amount of rainfall and ozone levels); and (2) constructed environments such as homes, offices and hospitals which can have psychological effects (*e.g.*, very limited space, no windows, poor ventilation and seating arrangements that prevent interaction). We should now add technology as a very important aspect of the physical environment and its effects on personality and behavior.

There is today a worldwide concern about the physical environment and its effects on human beings. Social workers in the country are familiar with the adverse consequences on people of abused or neglected, as well as badly designed or constructed physical environments. With this comparatively more recent appreciation of the important role of the physical environment, what has always been referred to as the Human Behavior and the Social Environment (HBSE) area of the social work curriculum should perhaps be more appropriately called the "Human Behavior and Environment" area of said curriculum.

The biological, psychological, physical, social and cultural determinants of human behavior can be grouped into internal (nature) and external (nurture) factors. Compton and Galaway describe the interaction and interrelatedness between the individual and the environment as the "interpenetration, interaction and transaction of the self and the outside world," the complexity of which is illustrated in the following diagrams:[10]

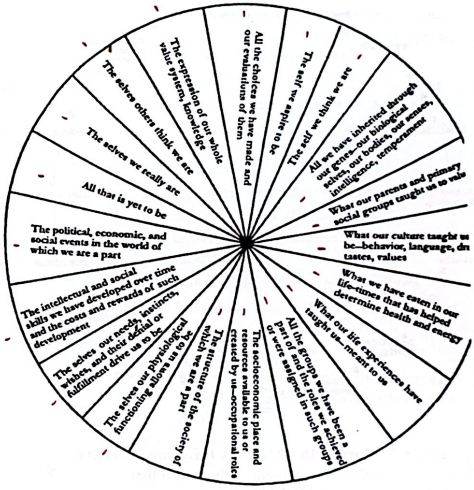


Figure 4. We As Individuals Are ...



Figure 5. Factors That Mutually Influence Each Other in the Development of the Individual

All sciences are concerned with and contribute in one way or another to our understanding of human behavior. In the absence of one generally accepted or unified theory about human behavior, or one that is sufficient for use by all social workers, the social work profession draws from all theories that can contribute to effective practice. These contributions comprising the

foundation of social work come from biological, psychological, and social sciences, as well as from the humanities. The use of knowledge from other fields requires selectivity with regard to what has particular utility for social work, and a synthesis of such knowledge based on a consideration of its applicability to the tasks of the profession.

With so many theories to choose from, the selection of those which will be of great usefulness to social workers is not always an easy one. In the Philippines, the limited resources of our educational institutions make almost mandatory the careful selection of what material to include in teaching students, and the choice of the teacher who can competently handle such material. A brief presentation of different theories that this writer believes should form part of the knowledge foundation of social work is found in Appendix 3. These theories are from the behavioral and social sciences: learning theory, psychoanalytic and ego psychology theories, culture theory, systems theory, role theory, communication theory, small group theory, and organizational theory. Since this book is not meant to focus on these theories, the expectation is that the social work teacher will require her students to read other materials, and there are many, for a more adequate understanding of each of these theories.

This writer will now present an outline of what she thinks should be the minimum content that the future social work practitioner should learn under the Human Behavior and Social Environment area of the curriculum. This outline was developed in the context of the Philippine situation. It is assumed that the students who will be taught this content have taken the two-year basic general education program required for admission to the

professional program in social work (which means two years of social work courses and 1,000 hours of field instruction).

Outline

I. Framework

The individual as a bio-psycho-social being; internal and external forces influence behavior and the human condition.

II. Selected Concepts

- A. Concept of social functioning
- B. Concept of social reality
- C. Concept of social change
- D. Concept of disequilibrium

III. Selected Theories (See Appendix 4)

A. Personality Theories

1. Heredity and environment as interacting forces in personality formation
2. Role of cultural conditioning in the satisfaction of biological needs
3. Psychoanalytic theory and ego psychology (the theories of Sigmund Freud, Otto Rank, Erik Erikson, Carl Jung, Alfred Adler, others)

B. Humanistic Theory (Carl Rogers, Abraham Maslow)

C. Social Learning Theory (Albert Bandura)

Emphasizes the importance of observing, modeling, and imitating the behaviors,

attitudes, and reactions of others; considers how environmental and cognitive factors interact to influence human learning and behavior.

D. Social Role Theory

Concepts of status, ascribed and achieved roles, role reciprocity, role conflict, role incongruity, multiplicity of roles

E. Culture Theory

1. Elements of culture (habits, values, beliefs, artifacts, etc.)
2. Concept of dominant culture and subcultures
3. Cultural differences create variations
4. Influence of culture on Filipino personality
5. Philippine Psychology
6. Sub-cultures in Philippine society; culture of poverty, cultural communities, rural communities

F. Systems Theory

1. The human being as a biological, physical or psychological system; as an element in a social system
2. Concept of interaction and interrelatedness of units vs. discrete, single units
3. Concept of systems as purposive
4. Concept of system boundary

5. Concept of change in one part of a system as affecting the whole system
6. Concept of feedback
7. Concept of closed and open systems
8. Implications of systems theory for social work

G. Feminist Theory

H. Communication Theory

1. The communication process
2. Verbal and non-verbal communication
3. Direct and indirect communication
4. Overt and covert communication
5. Cultural aspects of communication (language, values)

I. Small Group Theory

1. Classification and nature, characteristics of groups
2. Functions of groups: socialization into customs, norms, values, social control, social change
3. Group processes: bond, cohesion, conflict and conflict-resolution, contagion, decision making
4. Group structure: communication structure, leadership structure, affectional structure, power structure, etc.
5. Outcomes: Individual growth/change, group growth/change

J. Organization Theory

1. Distinguishing characteristics: specialization, emphasis on rules, assignment of roles and areas of jurisdiction
2. Factors affecting degree of bureaucracy: size, professional orientation of personnel, auspices
3. Strengths and weaknesses; advantages and disadvantages

K. The Community

1. Definitions, nature and characteristics of Filipino communities (geographical boundaries, ethnicity, interest groups, structure and institutions)
2. Community forces
   a) physical (including floods, pollution, water supply, soil fertility, etc.)
   b) social (population factors, mass media, etc.)
   c) economic (technology, urbanization, etc.)
   d) political (government system and structure; role of dissent, participation in government, etc.)
   e) cultural (values, customs, etc.)

SOCIAL WORK PRACTICE

This area of the social work curriculum is primarily concerned with helping the students learn and apply the knowledge and principles of social work practice based on the values and ethics of the profession. The focus of the area is on the methodological knowledge and skills for

professional practice — the "what to do and how to do it" aspects. In the past, the popular term for this area was "Social Work Methods," but many schools abroad, and a few in the country, have changed it to "Social Work Practice." The term "Social Work Practice" is preferable because it does not have the limited connotation of "methods" (which is generally associated with the methods of casework, group work, and community organization which were developed in the United States), and also because it reflects more on both the concern and the content of this curricular area.

The Social Work Practice area aims to help the students (a) understand and appreciate the philosophical (value) and scientific (knowledge) components of social work practice; (b) understand the inter-relationship of knowledge, value, and skill, and their use in problem-solving; (c) develop a beginning identification with the social work profession; (d) develop self-awareness and self-discipline; (e) acquire knowledge and skills in the social work problem-solving processes; and (f) understand the different professional roles performed by social workers in different agencies and organizations engaged in the provision of social services.

The following is an outline of the specific knowledge required for this area:

Outline

I. Framework

The philosophical foundation of social work; social work practice theory; a concept of social work as problem solving.

II. The Philosophical Foundations of Social Work
- A. Philosophy: human worth and dignity
- B. Values: self-realization, social responsibility, equal opportunities, etc.
- C. Principles: acceptance, self-determination, confidentiality, etc.
- D. Professional Ethics – formal and informal

III. Social Work Practice Theory
- A. The goal of social work: enhancement of social functioning
- B. The functions of social work: remedial, developmental, preventive
- C. Essential elements of social work practice: client (individual, group, community) problem; worker; process
- D. The Helping/Problem-solving process:
  1. assessment (social study; problem definition)
  2. planning solutions
  3. implementation of the plan/intervention
  4. evaluation
  5. termination
- E. Helping/Interventive Models/Approaches
  1. with all types of clients
  2. with individuals
  3. with groups
  4. with communities
- F. Selected tools in problem solving
  1. interview

2. communication
3. recording
4. mobilizing resources
5. program and activities

G. Skills corresponding to the steps in the problem-solving process

Since this curricular area is concerned with the "doing" aspects of social work, emphasis is not just the acquisition of knowledge pertaining to social work practice (methodology) but on the proficient application of such knowledge, which is the realm of skill.

1. Skill in working with different client systems, based on knowledge (acquired from foundation courses/Human Behavior and Social Environment area of the professional curriculum)
2. Skill in the use of community resources
3. Skill in the use of a variety of social work helping methods and interventions and in performing a variety of professional roles
4. Knowledge and skill in the use of self within a professional relationship
5. Skill in establishing, maintaining and terminating professional relationships
6. Skill in the use of a variety of social work practice tools, *e.g.*, interview, communication, etc.

All of the foregoing is common and essential to all social work practice, whether with individuals, families, groups, or communities; and social workers must have these backgrounds if they are to perform adequately in their work with people. Their application, which takes into consideration the unique characteristics of a particular client system, is a skill in itself. In addition, there may be a need to go deeper into understanding the unique or specific in relation to practice with a particular client system. For this reason, we would include the following additional content for the Social Work Practice area. (Please see Appendix 5 for definitions of the "traditional" methods of social work (Casework, Groupwork, and Community Organization) and the secondary methods (Social Administration, Social Action, and Social Research).

H. Social Work Practice with Individuals

1. Historical development of social casework: friendly visiting to diagnosis; diagnostic vs. functional casework; techniques of social casework
2. Contemporary social work practice with individuals: helping/interventive models/approaches (*e.g.*, crisis intervention; task-centered approach; psychosocial approach); shift from exclusive concern with psychological processes to greater concern with environmental conditions; emphasis on development of client capacities for problem solving
3. The nature/characteristics of the one-to-one helping relationship in the Philippine setting

I. Social Work Practice With Groups

1. Historical development of social group work: from recreation-education, to character-building-socialization to therapy, to groups for developmental goals
2. Concepts about use of groups: the group as medium of change; the group as target of change; the group as agent of change
3. The group work process: the unique characteristics of the processes of social study, group composition and formation, goal-setting and program planning, group development and worker roles/ interventions, evaluation and termination (such as when applied to clinical settings, rural community settings, etc.)
4. Helping/interventive models/approach with groups (*e.g.*, developmental approach, remedial approach, mediating model)
5. Contemporary social work practice with groups: focus on the Philippine setting

J. Social Work Practice with Communities

1. Historical development: differing emphasis, from work with power structure to people's participation
2. Community organization as social work practice
3. Models of community organization practice: *e.g.*, locality development; social planning; social action

4. Community organizations and community development
5. Varying agency approaches (focus on the Philippine setting)
6. Issues and Problems

Finally, because social work practice is facilitated by certain processes, the Social Work Practice area includes the provision of knowledge and skill to students along the following processes, also referred to as "enabling processes" or "auxiliary methods" of social work:

K. Social Welfare Administration

1. Transforming social welfare policies into programs and responsive services
2. Administration as planning, organizing, staffing, directing, coordinating, reporting, and budgeting
3. Policy formulation, policy change and implementation, participation of various groups, board, staff, volunteers, clients
4. Supervision as agency responsibility; Types/functions of supervision (administrative, educational, enabling)
5. Use of consultation
6. The role of volunteers in social welfare programs and services

L. Social Action

1. Concerted effort (as by professionals, lay people, and clientele) in order to effect

social change

2. Social action as a professional responsibility
3. Forms of social action
4. Ethical considerations
5. The social action process: identification of needs requiring social action; consideration of possible solutions; decision-making/action; implementation of products of social action

M. Social Research

1. Research as common to all professions
2. Social work research as aimed at the improvement of practice and/or services and improve/build theoretical foundations
3. The research process: development of hypothesis, observation and collection of data; analysis and organization of data; conclusions, and recommendations
4. Methods of research: historical, case method, statistical, inter-disciplinary, experimental, applied, evaluative, participative, etc.

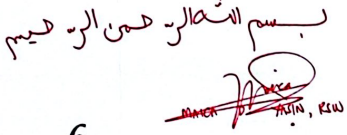
If social work students learn the content described in this chapter and use them properly in their practice then one can expect that, before long, associating social work with mere acts of charity or dole-outs by the Philippine public will cease.

GUIDES FOR DISCUSSION/ACTIVITIES

1. What is the difference between the philosophical/value foundation and the knowledge foundation of social work? List the main components of each.
2. Explain what is meant by this concept – "every person is a biopsychosocial being."
3. Review the Bachelor of Science in Social Work (BSSW) curriculum in your school. Based on your understanding of the three major areas of knowledge covered by this curriculum, list the courses that properly belong to each curriculum area, *i.e.*, Human Behavior and the Social Environment, Social Welfare Policy, Programs and Services, and Social Work Practice. Discuss/react to your listings or groupings.
4. Read Appendix 4. Choose one behavioral/ social science theory that interests you. Read other references/publications on this theory. Share your readings/report this in class.
5. Explain what is meant by the "traditional methods of social work." Visit a social work agency and find out how social work is being practiced, *i.e.*, "traditional," or something different? Explain.
6. Read Appendix 4. Choose one auxiliary/ secondary method of social work (social administration, social research, social action) and read additional references on it. Share your readings/report in class.

EndNotes

1. Alfred Kadushin, "The Knowledge Base of Social Work Practice," in *Issues in American Social Work;* ed. Alfred J. Kahn. New York: Columbia University Press (1959), 39.
2. Beulah R. Compton and Burt Galaway, *Social Work Processes.* Homewood, Illinois: The Dorsey Press (1979), 39.
3. *Ibid.* 40.
4. Alfred Kadushin, op. cit. 53.
5. *See* Social Welfare Board and the SWA-UNICEF-Assisted Social Services Project, *Report of the First National Workshop on Social Work Education.* Tagaytay: SWA-UNICEF (1967), 10.
6. Compton and Galaway, op. cit. 60.
7. Some of the key ideas in this outline were culled from two sources: Josefina D. Pineda and Flora C. Lansang, "Social Welfare Policy, Programs and Services" in the Report of the Second National Workshop on Social Work Education, July 1968 (Manila: The Department of Social Welfare, the Department of Education, and the United Nation's Children's Fund, 1968), pp. 41-78; and from the manual of Accrediting Standards for Graduate Professional Schools of Social Work, April 1971 (New York Council on Social Work Education, 1973), pp. 56-60.
8. Compton and Galaway, op. cit.
9. Seymour, Feshback, and Bernard Weiner, *Personality.* Lexington, Massachussetts: D.C. Heath and Company (1991), 6-154.
10. *Ibid.* 36-44.
11. Reprinted with permission. From Beulah Roberts Compton and Burt Galaway, *Social Work Processes,* rev. ed. Homewood, Illinois: Dorsey Press (1979), 68 and 70(c) 1979 by the Dorsey Press.



6

INTRODUCTION TO SOCIAL WORK PRACTICE

Our conceptual framework of social work is based on the premise that for its practice in the Philippines, the social worker needs to have a foundation in values, knowledge, and skills which would equip her as she works with people in a variety of problem situations.

As early as the mid-fifties, there was already talk in the country about teaching the "generics" of social work practice in the undergraduate program, but the curricula of the different schools of social work did not make explicit what this meant. The course descriptions read like the courses described in the brochures of American schools—courses were service-focused and highly specialized in content; and while a lot of weight was given to methods, its concentration, however, remained to be in casework.[1] Why was this so?

It is common knowledge that the first professionally trained social workers in the Philippines were educated in the United States. Their numbers increased in the early fifties, coinciding with the beginning of professional social work education in the country. At that time, although social work practice in the United

States already consisted of the trinity of casework, group work, and community organization (practiced as separate methods), "the" method was casework, and this came to be most felt in social work practice in the country. The popularity of casework was reflected in the number of "casework agencies" which greatly outnumbered the agencies engaged in group work and community organization. Having been schooled and started in social work practice in the fifties, the author clearly recalls the related events of this time. A concerted stock-taking as to what was happening (and not happening) in social work practice and education in the country only got started as a result of the holding of the 1967 National Workshop on Social Work Education. One of the major outcomes of this workshop was the recommendation that as a deliberate force for change, schools should teach social work methods based on the holistic approach so that the individual, the group, and the community are used as functional points of entry; and should develop skills based on the generic aspects of the methods used by social workers.[2] Since then, many individual papers have been written, and reports of curriculum changes and seminars reflect on the efforts that have been going on in the country in consonance with this recommendation.[3]

In the United States, the concept of the integrated method of social work practice, or what in that country is more commonly referred to as the "generalist approach" to social work practice, was developed, mostly in the 1960s, because of changes in social conditions; a more sophisticated understanding of the relationships between man and his environment; and the effect of systems theories on the acquisition of knowledge in social work. The idea of a generalist approach to social work now appears to be

widely accepted in the United States, and more recent social work literature reflect efforts to organize social work knowledge and skills revolving around the generalist approach.[4] Indeed, the standard approach to service delivery by way of the separate practice of casework, group work, and community organization, has been greatly questioned. "With the recognition that all social work methods are needed and used in every field of practice, the distinction may become less important. What is increasingly evident is that every social worker has to work with individuals, groups, and the community . . . . In other words, the methods are more frequently combined in practice, and there is more overlapping in their content than was originally supposed."[5]

Other authors have come out clearly with their objections to the separate methods of casework, group work, and community organization. Herbert Bisno considers this a faulty conceptualization because "the inclusion of a quantitative attribute of the potential transaction unit in the designation of the method (without suggesting the nature of the problems or appropriate problem-solving techniques) has led to an illicit bond between a given method and a given, but arbitrarily restricted and limiting client system."[6] Bisno considers illogical the designation of method on the basis of the "size dimension" of the object of methodological intervention, *e.g.*, an individual person in the case of social casework. In place of the casework-group work-community organization model of practice, Bisno offers a conceptualization consisting of nine social work methods which may be utilized with any client system – individual, group or community. These nine methods are the following: Adversary, Conciliatory, Developmental, Facilitative–Instructional, Knowledge Development and Testing,

Restorative, Regulatory, Rule-Implementing, and Rule-Making.[7]

Compton and Galaway have additional objections to the casework-group work-community organization model. According to them, this approach a) encourages the dichotomous thinking that the community organizer will work to produce community change, the case worker to produce individual change, and the group worker to do either, depending on the nature of the groups, instead of maintaining the primary focus of social work intervention in the person-situation interaction; and b) has led to the training of specialists in each of these methods who tend to see the problems of their clients in terms of their own methodological preference, rather than in terms of a complete assessment of the client–situation interaction.[8] Furthermore, a refinement of this traditional model is the micro-macro conceptualization of social work practice, which they see as having the same shortcomings as the casework–group work–community organization model over which it is supposed to be an improvement. "Micro approaches focus on the individual either as an individual or as a member of a family or a small group and are directed toward assisting the person in coping with environmental stress; Macro approaches are directed primarily toward the community or larger social systems and toward producing a change in these systems. . . . Micro strategies encompass most of casework, family counseling as done in social work, and group activities aimed at helping individuals in a group setting. Macro strategies encompass community organization, policy making, planning, and group work strategies directed toward change outside of the members themselves."[9]

Our discussion of social work practice, therefore, will be organized and guided not only by our desire to avoid the objections we have just presented but, more importantly, by our desire to present what we believe is a minimum competence for working with Filipino clients. In doing this, we want to point out that we have as frame of reference the reality that the Filipino client is a multi-problem client, which therefore rules out a fragmented approach to problem solving. An additional consideration is that social work agencies today, in pursuing a more developmental orientation, are setting up programs and services calling for practitioners who are prepared and willing to work with clients in a variety of situations. Thus, the direct service worker of a local government unit, who has to take charge of many barangays, and the medical social worker in a hospital that now follows the concept of comprehensive or total health care, are typical examples of the social worker whom we had in mind in organizing the theories and ideas in the next chapter.

* The Essential Elements In Social Work Practice *

The essential elements in social work practice are *client, worker, problem, and process.* Lippitt, Watson and Westley, in *The Dynamics of Planned Change,*[10] provide us with a useful framework for understanding these elements. The very idea of placing them in the context of "planned change" is useful, for after all, social work is planned change.

Planned change is defined as change originating from a decision to make a deliberate effort to improve the system and to obtain the help of an outside agent in making this

improvement. The decision to make a change may be made by the system itself, after experiencing pain (malfunctioning), or discovering the possibility of improvement, or by an outside change agent who observes the need for change in a particular system and takes the initiative in establishing a helping relationship with that system.[11]

The specific system that is being helped is called the "client system." Lippitt, et al., explain that "client system" is a compromise term since "client" is often taken to mean only an individual so that professionals working with a community feel left out. On the other hand, "social system" has the effect of making those working with individuals feel likewise. The term "client system" can mean any of the following:

(1) the personality system which consists of related sub-parts: the conscious, unconscious, the mind and the body;

(2) the group: families, committee, staffs, clubs, and other smaller social units;

(3) the organization: any of the larger social system which comprise the community: business organizations, welfare agencies, educational institutions, religious associations, government bureaus, political parties;

(4) the community made up of a variety of interacting sub-parts, *e.g.*, individual citizens, informal interest groups, organized occupational or political sub-groups, economic and social strata, geographical units, etc.

The "outside agent" in planned change is called a "professional change agent," who works with particular client systems. Hence, there is the psychiatrist who usually works with personality systems, marriage counselors and leadership trainers who work with groups, labor-management specialists who work with organizations, and adult educators who work with communities.

The problem or situation to be assessed is the reason for the entry of a change agent.

The process, or the development of the helping relationship, is defined as consisting of the following "phases of planned change":[12]

Phase 1: The client system discovers the need for help, sometimes with stimulation by the change agent.

Phase 2: The helping relationship is established and defined.

Phase 3: The change problem is identified and clarified.

Phase 4: Alternative possibilities for change are examined; change goals or intentions are established.

Phase 5: Change efforts in the "reality situation" are attempted.

Phase 6: Change is generalized and stabilized.

Phase 7: The helping relationship ends or a different type of continuing relationship is defined.

Lippitt describes two concepts useful in understanding the dynamics of planned change. These are the concepts of *change force* and *resistance force*.

A *change force* is an aspect of the situation which increases the willingness of the client system to make a proposed change. It may be rational or irrational, recognized or unrecognized, general or specific. It may originate from the client system, the environment, or the change agent.

The following general forces serve as stimulus for change:

1. Our continuous search for opportunities to use or modify our environment or features of this environment which we have created in previous attempts to solve problems;
2. Our need to utilize and adjust to the changes we are constantly creating in our environment;
3. The very competitive process of comparing ourselves with others; and
4. The pain and disorganization that arise from finding out that our familiar ways of behavior no longer work in a new environment or in one that has been changed.

A *resistance force* is an aspect of the situation which reduces the willingness of the client system to change. Just like change force, it may be rational or irrational, recognized or unrecognized, general or specific. It may originate from the client system (*e.g.*, reluctance to admit weakness or failure on the part of community officials); from the environment (*e.g.*, a low degree of responsibility for the welfare of the local community by the larger community) or from the change agent (*e.g.*, competing demands on the time and attention of the change agent).

Let us now see how these elements apply in social work.

First of all, social work is planned change since all social work activities in relation to a given problem or situation are part of a conscious and deliberate effort to effect change wherever this change is deemed necessary or appropriate.

The problem in social work "arises from some need or obstacle or accumulation of frustration or maladjustments, and sometimes all these together, which threatens or has already attacked the adequacy of the person's living situation or the effectiveness of his efforts to deal with it."[13] These problems, presented in concrete form as financial or economic problem, medical problem, relationship problem, etc., result from the individual's performance of his social roles in interaction with others.

The "client system" in social work is usually an individual, a family, a small group, and a community. The concept of "community" is broad as to include a hospital, a tenement housing project, a factory, which are, after all,

"systems made up of interacting subparts." These systems find themselves, or are found to be in need of help in some aspect of their living situation, and are given help. Social workers today, whether in the Philippines or abroad, use the term *client*, to mean, in fact, any of the "client systems," for the latter term sounds cold, and indeed, one probably will not feel comfortable relating to a "system."

The professional change agent is a social worker whose helping functions in the country today are, more often than not, facilitated by paraprofessionals, indigenous community leaders, and volunteers. Apart from her professional education and her practice skills, the social worker should be endowed with certain personality traits, among the most important of which are genuine liking for people, warmth, emotional maturity, integrity, and a strong sense of responsibility.

In the next chapter, we shall discuss the process of change as applied in social work.

THE GENERALIST/INTEGRATED METHOD OF SOCIAL WORK PRACTICE

Since the fifties, social work education and practice in the Philippines, having been patterned after the American model, subscribed to the three different methods of working with people: Social Casework (with individuals), Social Groupwork (with groups), and Community Organization (with communities). In the 1950s, social workers usually practiced one method at a time and a social agency was, consequently, identified as a "casework agency," a "groupwork agency," or a "C.O. agency."

In 1967, the First National Workshop on Social Work Education was held in response to the realization that social work practice was not making any impact on Philippine society; and there was a need to make it relevant to the goals of national development. This workshop challenged schools to teach social work methods based on a "holistic approach" and to develop skills based on the generic aspects of the methods used by social workers.[14] Because of this, many seminars and workshops, as well as curricular review activities, were held on the "Integrated Method of Social Work Practice." All these efforts were based on the following considerations:

1. The need to shift the goals of social work to parallel national development, a priority goal of which, the eradication of poverty, cannot be achieved if helping professions like social work will primarily be concerned with individuals alone.

2. Despite claims of a generic curriculum in schools of social work, most graduates turned out to be one-method practitioners employed in agencies also subscribing to just one method of practice, that is, casework, or group work, or community organization.

3. The recognized need was for social workers who have the knowledge and skills for engaging people in problem solving, in bringing needs and resources together, and in systematically using practice experience to

document the level of effectiveness of existing policies and services.[15]

4. Feedback from the field revealed that direct service to clients in the major consumer of social work graduates, the Ministry of Social Services and Development (now Department of Social Welfare and Development) requires that social workers perform a variety of methods and approaches; in some instances work with individuals in a one-to-one helping relationship, in other instances work with families and small groups, and in some other instances, work with communities and other collectivities.

5. The existing as well as emerging mass-oriented development agencies were being expected to have an increased demand for social workers who would be able to work with all types of client systems.

6. The dominant social problem in the country, poverty, does not call for specialists but for competent and dedicated social workers who can intervene in what are largely survival problems of clients, most of whom face multi-problem situations.

Before going further, there is a need to clarify our usage of the term "integrated method" because of many different usages of the word "integrated" in the social work scene.

The term "Integrated Method of Social Work Practice" is used here in the context of professional social work methodology. It is being advocated in place of the separate practice of the methods of social casework, social groupwork, and community organization. It supports the idea of a generalist practitioner, rather than a specialist in any one of these three methods.

The "integrated method of social work practice," therefore, should be distinguished from *integrated programs* (or services), which denote a comprehensive agency program for multi-problem clients, usually including economic assistance, skills training, informal education, health and nutrition, family planning and counseling. It is also different from *integrated learning* which is used, for example, in relation to the students being expected to integrate knowledge from the different courses and to apply these in working with people. It should also be distinguished from *integrated development approach* which is frequently used to refer to the process of combining social as well as economic concerns in policy formulation and program development.

The "developmental thrust" in social welfare which started in the sixties (the 60s was called by the U.N. as "The First Social Development Decade") and which continues today greatly reinforced the interest in the Integrated Method or what is now called the Generalist Method of social work practice.

The advocacy for the Integrated/Generalist Method seems to be succeeding. There has been an apparent decrease in the teaching of social casework, social groupwork and community organization as separate

methodologies as more schools emphasize the "generic" aspects of social work (*i.e.*, the common philosophical and scientific bases of social work practice; (see earlier chapters). Social agencies are hiring social workers instead of specialists in just one of the traditional methods because, obviously, an agency's limiting its service to one particular client size will raise questions about its relevance to the country's realities. Today, therefore, one seldom hears of an agency identified as a "casework agency" (although one frequently hears the terms "C.O. worker" or "C.O. agency" being used).

The passage of the Local Government Code in 1991 (R.A. No. 7160) which mandated the devolution of the DSWD's social welfare programs and services to local government units, augurs well for the Integrated/Generalist Method of social work practice; since one social worker "in charge" of several barangays cannot use only one helping method. The "Mandanas Ruling"[1] which makes for a full devolution of government functions, services, and facilities to Local Government Units (LGUs) is expected to result in the strengthening and improvement of LGUs' social service delivery. For social workers who work with individuals, families, groups, and even entire barangays in multi-problem situations, the challenge is the competent use of the Generalist Approach.

The Board for Social Workers of the Professional Regulation Commission has also been effecting some

[1] The Mandanas Ruling affirmed by the Supreme Court on June 10, 2019, gives the LGUs a just share on all national taxes collected and not only from the Bureau of Internal Revenue effective 2022, i.e., from the current 40% to at least 60%. The effect of the Ruling is the full devolution of functions, services and facilities to LGUs (such as agriculture, health, public works, social welfare tourism, and environmental management).

changes in recent social work licensing examinations which indicates its support of this trend, *i.e.*, the area that used to be called Social Work Methods under which were the subjects Casework, Groupwork, and Community Organization is now called Social Work Practice, and the specific subjects, Social Work Practice I (Casework), Social Work Practice II (Groupwork), and Social Work Practice III (Community Organization). A review of examination questions in this area shows that the future practitioner is expected to be a "generalist," given questions that ask how a practitioner can use working with an individual or a group as entry point for working with a community. It is also relevant to mention that the 2000 edition of the Encyclopedia of Social Work has articles on "Social Work Practice With Individuals," "Social Work Practice With Groups," and "Social Work Practice With Community," instead of Casework, Group Work, and Community Organization.

While some gains have been achieved in relation to the teaching and practice of the Integrated/Generalist Method of social work practice, we think there is a need to more strongly follow this trend upon which there has to be a common understanding.

Generalist social work practice is defined as:

> *The use of a range of skills as needed to intervene in a variety of client life situations. The generalist practitioner's function is to have as wide a skill repertoire as possible in order to facilitate the interactions between people and the social institutions and situations in which they live.*[16]

> *. . . . practice in which the client and the worker together assess the need in all of its complexity and develop a plan for responding to that need. A strategy is chosen from a repertoire of responses appropriate for work: with individuals, families, groups, agencies, and communities. The unit of attention is chosen by considering the system needing to be changed. The plan is carried out and evaluated.*[17]

"Generalist" social workers are professionals who work with clients on an individual, group, or community level depending on what is needed and appropriate, and utilizing the basic competence for practice that requires the following "generics" of social work: (1) *philosophical base/foundation:* basic philosophy underlying social work practice; professional values, principles and ethics; and (2) *knowledge foundation*: human behavior and the environment; social welfare policy, programs and services; and social work practice theory, *i.e.*, the helping/problem-solving process; interventive/ helping models and approaches and techniques.[18] That social work has a basic philosophical and scientific foundation applicable to all types of client systems is the main concept that describes Generalist Practice (see Figure 11). This basic concept underlying the integrated method of social work practice logically gives way to the following related concepts:

1. *The concept of one (any) client system as point of entry for working with other client systems.* For example, a helping relationship can start on a one-to-one basis, and at an appropriate time in the judgment of the workers, she moves on

to a helping relationship with a group or an entire community, with the individual client as point of entry.

2. *The concept of total problem solving*. The generalist/integrated method practitioner sees the client as part of a social system(s) which causes/affects his problem or situation and recognizes that she cannot be of real help if she ignores such system(s). A total problem-solving framework allows the worker to help the client as a system, and to deal with the other systems of which the client is a part, and which are affecting him. That the worker has the basic competence needed makes it possible for her to intervene in these other systems.

3. *The concept of the client's problem or situation as the basis for the choice of the worker's helping approach or intervention*. Whereas a practitioner who identifies with one method of practice, *e.g*, social casework, would tend to approach problem-solving in the context of her specialization or preferred method, the Generalist/ practitioner would approach the problem as a social worker and select from an array of helping approaches and interventions what is best suited to the client's situation.

PHILOSOPHICAL (VALUE) BASE	SCIENTIFIC (KNOWLEDGE) BASE
Philosophy - human worth and dignity Values - self-realization or self-fulfillment - social responsibility - equal opportunities - social justice - human rights - social provision Guiding Principles - client-worker relationship - acceptance - confidentiality - individualization - participation - self-determination - self-awareness Professional Ethics - formal Code of Ethics - informal, unwritten system of ethics	Human Behavior and the Environment Social Welfare Policies, Programs, Services Social Work Practice - Goal: enhancement of social functioning - Functions: remedial/preventive developmental - Essential components: client, worker, problem, process - The problem-solving process: assessment of the situation, planning (helping models/ approaches/interventions), action/plan implementation/ intervention, evaluation, termination - Common tools in practice: the interview, communication, recordings, community resources, programs/ activities

Figure 6. The Generics of Social Work

In advocating the integrated method of social work practice we are not saying that all social work practice are the same. We recognize that (a) the type of client system will make for variations in emphasis as well as extent in the use of the generic elements, and (b) particular problems of client systems, whether individuals, groups, or communities, may be of such nature as would require specialized knowledge and skills beyond the limits of the generic elements of practice. We contend, however, that in the Philippines where poverty and its accompanying problems are the most prevalent, and where the objective of undergraduate (professional) social work education is to prepare graduates for beginning competence in practice, a solid learning of the knowledge and skills relating to the generic elements of social work is the necessary beginning equipment for competent work with any client system, *i.e.*, the practice of the integrated or generalist method of social work.

In the context of Planned Change and Generalist Social Work Practice, there is a social work theory — Strengths Perspective — which social work practitioners will find useful and very relevant in their work in the country, especially with individuals, families, groups, and communities in multi-problem situations, limited resources; and usually dependent on the social worker who is perceived as the provider of needed assistance — the authority and expert who will solve their problem.

Strengths Perspective in Social Work

Strengths Perspective is not a form or model of intervention, nor a helping or problem-solving process but is an "approach," a way of looking at the individual,

family, group or community one is working with. It can serve as a framework for social work practice.

In 1989, the faculty at Kansas University (U.S.A.) were the first to formally name and articulate the Strengths Perspective in the journal Social Work, summarizing its main insight that

All people possess a wide range of talents, abilities, capacities, skills, resources, and aspirations...a belief in human potential is tied to the notion that people have untapped, undetermined reservoirs of mental, physical, emotional, social, and spiritual abilities that can be expressed. The presence of this capacity for continued growth and heightened well-being means that people must be accorded the respect that this power deserves.[19]

It is further explained as:

An approach to social work that puts the strengths and resources of people, communities, and their environments, rather than their problems and pathologies, at the center of the helping process. It was created as a corrective and transformative challenge to predominant practices and policies that reduce people and their potential to deficits, pathologies, problems, and dysfunctions. The Strengths Perspective emphasizes the human capacity for resilience, resistance, courage, thriving, and ingenuity, and it champions the rights of individuals and communities to form and achieve their goals and aspirations. While acknowledging the difficulties that clients experience, the Strengths Perspective never limits people to their traumas, problems, obstacles, illness, or adversity; rather, it addresses them as challenges, opportunities, and motivators for change. Social workers are enjoined to collaborate with clients, their

families, and communities to discover and generate hopes and opportunities, to mobilize inner and environmental strengths and resources, and to act for individual and collective empowerment and social justice. Thus, the helping relationship is characterized by alliance, empathy, collaboration, and focus on clients' and communities' aspirations and goals.[20]

The Strengths Perspective approach integrates and affirms the social work value and principles of human worth and dignity, client participation, and self-determination. As a practice approach, it is person-centered rather than problem-centered, a more holistic focus that includes an emphasis on a person's strengths and resources, internal and external, in the process of change. Hammond and Zimmerman centered, instead of framing the person as the problem ("the problem is the problem, the person is not the problem"), one approaches individuals as being affected by or robbed of opportunity by the problem; that when the problem becomes the starting point with an emphasis on what are lacking in the client, a dependency is created on the helping profession with lowered positive expectations and blocked opportunities for change.[21]

We do realize there are countless realities in the country where the starting point for work with clients has to be the clients' problems — cases of natural disasters, crisis situations, and others — where the provision of necessary material assistance or some kind of immediate intervention cannot wait for another day. However, even in such situations, a strengths-based approach would still be appropriate.

The Strengths Perspective draws on the humanistic approach which emphasizes the potential of people rather than their weaknesses and deficits or limitations. The proponents of this approach underscore that the focus is on people's strengths, desires, interests, aspirations, talents, experiences, knowledge, and resiliency. Even personality traits/ characteristics are viewed as strengths, and are identified in a collaborative worker-client relationship and utilized.[22]

The main principles of this perspective are for social workers to:[23]

- Recognize that every individual, group, family, and community has **strengths and resources**
- Engage in **systematic assessment** of strengths and resources
- Realize that while trauma, abuse, illness, and struggle may be injurious, they may also be sources of **challenge and opportunity**
- Honor **client-set goals and aspirations** for growth and change
- Serve clients' and communities' interests through **collaboration** with them as directors of their own helping process
- **Mobilize** the strengths and resources of clients, relationships, and environments
- Link goals to **specific doable actions** that activate strengths and resources
- Engage in social work with a sense of **caring and hope**

Social workers in the country are not hearing of the use of clients' strengths for the first time in the approach

called Strengths-Based Perspective. It has, for example, been and continues to be demonstrated in the DSWD's Self-Employment Assistance programs, as well as in previous programs which emphasized the mobilization of people for "self-help" which is premised on people's strengths and capacities. This is also shown in the helping intervention "Mobilizing the Resources of Client Systems to Change their own Social Reality" (Chapter 8). The Strengths Perspective, however, challenges social workers to use a much bigger lens in looking at the client and the resources, internal and external, which he/she currently has or has access to, for problem solving.

Professional social work literature in the last two decades provides helpful details to guide practitioners in the use of this approach in their work with clients, an approach which has spread in many fields of social work.[24]

GUIDES FOR DISCUSSION/ACTIVITIES

1. List as many specific examples as you can of each of these elements in social work practice: client system, problem, change agent.
2. Provide three examples of client situations/ problems where there are forces that encourage or stimulate the clients to change. Name these forces.
3. Provide three examples of client situations/ problems where there are forces that may reduce the clients' willingness or desire to change. Name these forces.
4. Read any textbook or reference material on (a) casework, groupwork, and community organization, and (b) the integrated/generalist method of social work practice (you may find other terms for this in the social work literature, *e.g.*, "general," "generic," "unitary" practice). Give your comments/reactions to what you have read:
   a. What is the reason for this development, *i.e.*, from the three separate/distinct methods approach to the generalist approach?
   b. Which of these two methodological approaches to practice is appropriate for our country's realities? Explain your answer.
5. Explain the difference between the traditional social work methods of Casework, Group Work, Community Organization, and the Generalist Method of social work practice. Explain the advantage(s)/disadvantage(s) of each approach.

6. Which approach to social work practice is more relevant to the Philippine situation? Justify your answer.

7. Read some more about "Strengths Perspective." Share in class your readings about its positive as well as negative consequences, if any.

8. Interview an experienced social worker and ask her what a "big lens," applied to Filipino clients would show, *i.e.*, "strengths" that they may have that tend to be overlooked because of a problem-focused, rather than a client-centered approach.

EndNotes

[1] Angelina C. Almanzor, "Education for Social Work," *Philippine Encyclopedia of Social Work* (1971), 148.

[2] Social Welfare Board and the SWA-UNICEF-Assisted Social Services Project, *Report of the First National Workshop on Social Work Education.* Manila: SWA-UNICEF (1967), 16.

[3] *See* (a) Department of Social Welfare, Department of Education, and the United Nations Children's Fund, *Report of the Second National Workshop on Social Work Education.* Manila: DSW, DEC, and UNICEF (1968), 117-146; (b) U.N. ESCAP Social Division and the Philippine School of Social Work, *Integrated Methods in Social Work Education, A Regional Course.* Manila: UN ESCAP and PSSW-PWU (1974), 133-141; 200-206, and (c) Philippine Encyclopedia of Social Work (1977), 178-186.

[4] Robert W. Klenk and Robert M. Ryan, *The Practice of Social Work.* Belmont, California: Wadsworth Publishing Co., Inc. (1974), 1.

[5] Harriet M. Bartlett, "The Generic-Specific in Social Work Education and Practice," in *Issues in American Social Work;* ed. by Alfred Kahn. New York: Columbia University Press (1959), 85.

[6] Herbert Bisno, "A Theoretical Framework for Teaching Social Work Methods and Skills with Particular Reference to Undergraduate Social Work Education," *Journal of Education for Social Work.* Vol. 5, No. 1 (Fall, 1969), 5-17.

[7] *Ibid.* 9-12.

[8] Beulah R. Compton and Burt Galaway, *Social Work Processes.* Homewood, Illinois: The Dorsey Press (1979), 9-10.

[9] *Ibid.* 10.

[10] Ronald Lippitt, Jeanne Watson and Bruce Westley, eds., *Planned Change.* New York: Harcourt, Bruce and Company (1968).

[11] *Ibid.* 10.

[12] *Ibid.* 123.

[13] Helen Harris Perlman, *Social Casework: A Problem-Solving Process.* Chicago: University of Chicago Press (1957), 4.

[14] *See Proceedings of the First National Workshop on Social Work Education.* Social Welfare Board and the SWA-UNICEF-Assisted Social Services Project, Manila: SWA-UNICEF (1967).

[15] *Ibid.* The 1967 National Workshop on Social Work Education arrived at the agreement that these will be the objectives of the BSSW curriculum, while the Master's degree program will be for the preparation of graduates for advanced direct practice, social welfare administration, social welfare planning, social work teaching, and social welfare research.

[16] Wells, Carolyn C., *Social Work Day to Day: The Experience of Generalized Social Work Practice.* Longman (1989).

[17] Johnson, Louise C., *Social Work Practice: A Generalist Approach*, Boston: Allyn and Bacon (1989).

[18] Mendoza, Thelma Lee. *Social Welfare and Social Work, An Introduction.* Cebu City: Cornejo & Sons (1981).

[19] History of Strengths Perspective at Kansas University (socwel.ku.edu/principles-strengths-perspective).

[20] Principles of the Strengths Perspective, Kansas University School of Social Welfare. See socwelfareweb@ku.edu

[21] Hammond, Wayne and Rob Zimmerman, "A Strengths-Based Perspective": in *Resiliency Initiative.* www.resil.ca

[22] Saleebey, D. (Ed.). (2013) "The Strengths Perspective in Social Work Practice", Sixth Edition. Boston: Pearson; Chapin, R. K., Rosemary (2017), Social Policy for Effective Practice: A Strengths Approach, fourth edition. New York: Routledge; Wayne Hammond and Rob Zimmerman, "A Strengths-Based Perspective": in *Resiliency Initiatives.* www.resil.ca

[23] Principles of Strengths Perspective at Kansas University, op. cit.

[24] Saleebey, D. (Ed.). (2013). op. cit.

بسم الله الرحمن الرحيم

MHCA DISALAN, YASIN, ASW

7

THE HELPING/PROBLEM-SOLVING PROCESS IN SOCIAL WORK

Social work, like all other helping professions, observes a systematic process of working with people. This process consists of five basic steps which will be discussed in this chapter: Assessment, Planning, Intervention or Plan Implementation, Evaluation, and Termination. (APIET)

ORIGIN OF THE PROBLEM-SOLVING PROCESS

The problem-solving concept can be generally traced to the book entitled "How We Think" (John Dewey, 1933) which describes what goes on in the human mind when confronted with a problem.[1] According to Dewey, the problem-solving behavior is based on reflective thought that begins with a feeling of doubt or confusion. In order to solve a problem, a person follows a rational procedure consisting of steps in an orderly sequence. Referred to as the "five phases of reflective thinking," they include (1) recognizing the difficulty; (2) defining or specifying the difficulty; (3) raising a suggestion for possible solutions and rationally exploring the suggestion, which include data collection; (4) selecting an optimal solution from among many proposals; and (5) carrying out the solution.

Then, in the early 1940s, George Polya, a mathematics professor, developed a model which he intended to be used as a guide by any one engaged in problem solving.[2] Polya's model consisted of the following phases: (1) understanding the problem including the problem situation, the goal of the problem-solver, and the conditions for solving the problem; (2) devising a plan by which the goal could be attained; (3) carrying out the plan; and (4) evaluation of the plan, its implementation, and the results. Polya's formulation is an improvement over Dewey's because it includes evaluation.

Since the time of Dewey and Polya, many others, in different fields of endeavor, have developed models for problem solving, having as a common feature the recognition of the need for thought and action pursued in orderly progression until the solution of a problem is attained.

PROBLEM-SOLVING FRAMEWORK IN SOCIAL WORK

Helen Harris Perlman is considered as the originator of the problem-solving framework in social work which has greatly influenced social work thinking. In her book, *Social Casework: A Problem-Solving Process*,[3] she describes the social work process as a progressive transaction between the professional helper and the client, consisting of a series of problem-solving operations which can be summarized as follows:

1. The facts that constitute and bear upon the problem must be ascertained and grasped (Study);
2. The facts must be thought about, *i.e.*, turned

over, probed into, and organized in the mind, examined in their relationships to one another, and searched for their significance (Diagnosis);

3. Some choice or decision must be made as an end result of the consideration of the particular facts with the intention of resolving the problem (Treatment).

In social work literature, there are a number of other well-known authors who follow a framework for problem-solving. Among these are the following whose writings are based on the traditional social work methods of casework, group work, and community organization:

Florence Hollis	Robert D. Vinter	Arthur Dunham
Casework Process	*Groupwork Process*	*Community Organization Process*
1. Defining the general nature of the problem presented	1. Intake	1. Recognition of the problem
2. Psychological study	2. Diagnosis and treatment planning	2. Analysis of the problem or Assessment
3. Diagnosis and formulation of treatment plans	3. Group composition and formation	3. Planning or consideration of the action to be taken
4. Treatment	4. Group development and treatment	4. Action – is the execution of the plans and initiation of the service or project
		5. Evaluation
5. Evaluation	5. Evaluation	
	6. Termination	

The above-cited social work authors may not have had categorically stated that they use the problem-solving model. However, a closer examination of their work will reveal the problem-solving steps first articulated by Dewey and Polya.

What constitutes the problem-solving process as applied in social work? In general, the problem-solving process demands that a social worker be successively involved in the following sequential steps:[4]

(1) recognition or definition of the problem, and engagement with the client system;

(2) data-collection;

(3) assessment of the situation;

(4) goal-setting and the planning of an action;

(5) intervention or the carrying out of the action;

(6) evaluation; and

(7) termination.

If these steps sound familiar it is because they constitute the orderly framework for working with people — discernible in the work of different authors from various disciplines including social work. Such framework is essentially an adaptation of the classic *scientific method*, a method that involves the recognition and systematic formulation of a problem, the collection of data through observation and experiment, and the

formulation and testing of hypotheses, or tentative explanation of the problem.

Another commonly used term is the "social work helping process." Is this and the "problem-solving process" one and the same?

An answer of "yes" to this question will invite no violent objection but, using a fine-toothed comb, we can actually find some differences between them. The *problem-solving process* is essentially a cognitive process, a rational procedure involving a series of steps to be followed sequentially. The *social work helping process*, the context in which we use the problem-solving process, is not just a cognitive process since it involves a relationship between two parties, the worker and the client system. Professional values and ethical principles guide this relationship, particularly, in relation to the handling of feelings and attitudes that inevitably enter the picture.

Steps In The Social Work Helping Process

The social work helping process consists of the following sequential steps which are followed when working with any type of client system, *i.e.*, individual, family, small group, community:

1. Assessment;
2. Planning;
3. Intervention or Plan Implementation;
4. Evaluation; and
5. Termination.

The first two steps are considered as the Beginning Phase of the helping process; the third step is the Middle or Intervention Phase; the last two comprise the Ending Phase.

These different steps proceed through time, and each step or phase is characterized by certain events and activities, more or less distinct or unique to that phase. These events and activities tend to repeat themselves, so that we cannot say that the steps are neatly separated, or that one step or phase has to be entirely completed before moving on to the next. In actual practice, this is generally how it works: the practitioner who has more or less sufficient accurate data about a client moves on to a definition of the problem for work (even as earlier there was a "presenting problem" but no adequate data-gathering had yet been undertaken); then on to planning solutions, at which stage additional data may continue to be obtained and used to firm up the definition of the problem, and to reinforce or modify solutions/interventions already planned; then the practitioner moves on to the implementation of the plans, in the course of doing so obtaining additional information which, if relevant, is used to further improve the activities being undertaken to help solve the client's problem. Later, after a reasonable period, she proceeds to evaluate the progress and effectiveness of the problem-solving efforts, at which time some decisions have to be made whether to accelerate, modify, or change helping activities, necessitating either a continuation or termination of the problem-solving relationship. At this last stage, additional relevant information may continue to be received, and plans and objectives re-assessed.

This process is best illustrated in the form of a spiral, as shown below:

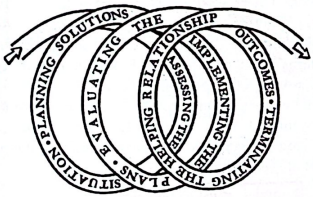


Figure 7. The Social Work Helping Process

Before going further in describing the activities that characterize the steps in problem solving, we shall explore a little more the term "relationship," believing that understanding the term is crucial, having earlier underscored the fact that the process of problem solving takes place within a meaningful worker-client relationship. Although much has been said in our previous discussion of social work principles about the client-worker relationship, the following additional information is important.

The Helping Relationship

The worker-client relationship is such a crucial factor it can spell the difference between successful or unsuccessful problem-solving. "Relationship" is a basic concept in social work. An appreciation of its importance is reflected in the fact that the subject is one of the most-discussed in the professional literature. While the focus of

our discussion is the relationship between client and worker, we think the general principles of this concept (called relationship) are applicable to the other relationships formed by the social worker with co-workers, agency administrators, staff of other agencies, representatives of the community elite or power groups, agency volunteers, and many others, as she goes about performing her professional role.

All of the worker's professional relationships should involve self-discipline and self-awareness. The conscious use of one's self, in the course of helping requires judgment and maturity. Emanuel Tropp had developed an important set of statements which, while relating primarily to the social worker's presentation of self to the group, could very well sum up the essential characteristics of the worker's presentation of self to each of her clients, whether at their first meeting or in the course of the helping relationship:[5]

1. Compassion – I deeply care about you.
2. Mutuality – We are here on a common human level; let's agree on a plan and then let's walk the path together.
3. Humility – Please help me to understand.
4. Respect – I consider you as having worth. I treat your ideas and feelings with consideration. I do not intrude upon your person.
5. Openness – I offer myself to you as you see me: real, genuine and authentic.
6. Empathy – I am trying to feel what you are feeling.

I (7) Involvement – I am trying to share and help in your efforts.

C (8) Support – I will lend my conviction and back up your progress.

E (9) Expectation – I have confidence that you can achieve your goals.

L (10) Limitation – I must remind you of your agreed-upon obligations.

C (11) Confrontation – I must ask you to look at yourself.

P (12) Planning – I will always bring proposals, but I would rather have yours.

E (13) Enabling – I am here to help you become more able, more powerful.

S&C (14) Spontaneity and control – I will be as open as possible, yet I must recognize that, in your behalf, I need to exercise some self-control.

R&P (15) Role and person – I am both a human being like you and a social representative of an agency, with a special function to perform.

S&A (16) Science and art – I hope to bring you a professional skill which must be based on organized knowledge, but I am dealing with people, and my humanity must lend art to grace the science.

These elements of the self may be applied at different times, and in response to different types of relationships. What is important is that the message carried by each element is properly conveyed.

Self-awareness on the part of the helping person is very important. Self-awareness may be called for in situations where worker's values clash with the client's values. Many of these values, particularly the worker's personal, religious, and cultural values have usually been so internalized that the worker is often not conscious that she is judging other people's behavior along these values. A social worker, for instance, confronted with a mother of eight young children, two of whom were applicants for foster care, exclaimed in amazement, "Eight children, and she is not even married!"

Naomi I. Brill, recognizing that a worker's value system defines her behavior and relationships with other people, believes that the effective worker must:[6]

1. Be aware that she is a walking system of values which is so much a part of her that she is scarcely aware of its existence and about the rightness of which she has considerable feeling.

2. Use all means possible to become conscious of what these biases are. One of the most useful tools in this struggle is becoming sensitive to one's use of the paranoid "they." ["They cheat;" "They are dirty;" "They are lazy;" "They don't like to work;" etc. Brill contends that the worker who is aware that she is doing this, has taken the first step toward overcoming her biases.]

3. Strive to evaluate herself and her values objectively and rationally. [Brill suggests that the worker look at the origin of her values and the purpose they serve and try to think about

whether they will also serve this purpose for others].

4. Strive to change those values that, on the basis of this evaluation, need changing to differentiate between those that dictate personal style of living, and those that leave the client "free to step to the tune of a different drummer"* if such meet his need.

Brill opines that if the worker is comfortable with herself, and has sound, healthy resources for meeting her own basic needs, she probably will not find it too difficult to respect the differences of other people. "She might begin by getting her own house in order. She might try to create and live within a climate of openness and honesty where questions and differences are not only tolerated but are an integral part of the richness of life. She might begin to know and appreciate, through literature, art, music and personal experience, as many different kinds of people as possible, and to understand and value the various approaches to life among them."

Self-awareness is also called for when there is a difference between the problems and priorities as the worker sees them and as her client sees them. Does the worker feel her authority is being challenged and will she impose her own reading of the problem only for this reason? Or will she place her client's priority needs secondary to her own convictions? A social worker whom we admire for her strong convictions shared with us her approach in helping people by telling us that her efforts

*From Henry David Thoreau's "If a man does not keep pace with his companions, perhaps it is because he hears a different drummer. Let him step to the music which he hears, however measured or far away."

centered on "conscientizing" them. When we asked her what she did with clients whose problems were "survival" problems, meaning lack of food and shelter, her reply was "once they are 'conscientized', they will know what to do about those problems." How about the way the worker relates to people who occupy positions of power and status? Does she see them as individuals who, like all others, have dignity and worth, or does she allow her personal biases to make her blind to other people's inherent endowment? One young worker we know, professing deep commitment to the cause of the "oppressed," places people in two categories, the "haves" and the "have-nots." She refuses to have anything to do with the "haves," for she considers them enemies who should be shunned. We think this is unfortunate, for prejudice like this closes the door to certain interventive possibilities which can be made to work in the interest of the "have-nots."

Another important element of a helping relationship is authority, and the power that usually accompanies it. There are two sources of a worker's authority – her position and corresponding functions in the agency, and her possession of knowledge and experience, which is why she is presumed to be capable of helping others. Such authority carries certain powers for the worker, *e.g.*, the power to persuade or influence others, the power to take certain actions or decision, such as setting deadlines, establishing requirements for giving help, making referrals, etc. That this power exists cannot be denied, and quite often, it helps in the development of the relationship because it gives the client a sense of security as well as a feeling of confidence in his worker. Some of our social workers, however, deny or tell their

clients that they have no authority. To say to a client "*Pare-pareho lang tayo*" (We are equal) is to refuse to see the obvious. At best, the client may take this as modesty on the part of the worker; at worst, he will think the worker is lying, or has hidden motives. As Godstein points out in discussing authority in social work relationships, when one seeks something from another person "that cannot be obtained elsewhere—whether one is seeking the adoption of a child, financial assistance, help with a personal problem, or professional services to assist in a social action enterprise—the relationship cannot be equalized."[7] The denial of one's authority as a worker may be traced to negative experiences with authority in one's personal life, or prejudices which make one fail to see reality. The important thing about authority and the power that goes with it is how it is used. Authority, in itself, is neither good nor bad.

Commitment and obligation are also very important in a helping relationship. To commit is to bind or to pledge one's self to a relationship; to obligate one's self is to perform the moral responsibility that goes with a pledge or a promise made. Commitment and obligation, therefore, are responsibilities which individuals who enter into meaningful relationships with others, have to assume. This is true both for the client and worker who are to engage in a helping relationship.

In current social work literature, the term "helping contract" is frequently used in reference to the expectations and terms of the commitments and obligations of both client and worker, which are often clearly spelled out. In the Philippines, we know that many of these expectations are discussed during the intake or admission process, and usually in relation to what the

client or his family are supposed to do, *e.g.*, providing necessary information, keeping appointments, meeting deadlines, paying fees, observing agency rules, and so on. Our concept of commitment and obligation goes beyond this; it is not one-sided but a shared responsibility of both client and worker. Thus, besides those which we have mentioned, we expect the client to participate actively in the process of problem solving, and to cooperate fully with the worker. On her part, the worker's obligation includes the giving of accurate information and interpretation of agency policies, services, and rules, proper use of information obtained from the client; being prompt with appointments made, responding to emergency situations; focusing the helping relationship on the client's problem; and doing her best in the interest of the client.

Although the structure of most agencies promote the explicit sharing of expectations by worker and client, there seems to be no reason why such sharing cannot be done in our more unstructured settings, such as in the rural communities where helping relationships are characterized by greater informality. Perhaps, precisely because of such informality, a spelling-out of expectations is even more necessary.

Finally, there is one additional dimension of commitment which relates to the worker. This is the kind of commitment that exists not because a client meets a worker's personal needs, or because the relationship enhances the worker's status or prestige. Rather, it is a commitment that is seen in the worker's responsible follow-through of the client's problem situation, and a deep sense of accountability to the profession which is the source of her authority to help people, and to herself.

A. ASSESSMENT

What is Assessment?

Max Siporin defines assessment as "a process and a product of understanding on which action is based."[8] The process involves the collection of necessary information and its analysis and interpretation in order to reach an understanding of the client, the problem, and the social context in which it exists. It should be emphasized that the ultimate purpose of assessment is to provide understanding necessary for appropriate planning.[9] Thus, the major social work tasks involved during this stage are information or data-gathering, and problem definition based on an agreement between the client and the worker as to the problem to be worked on, or simply, the problem-for-work. These tasks culminate in the worker's writing of an Assessment Statement or a Problem Definition. In the past, the terms used were "diagnosis" or "social diagnosis."[10] These terms, however, connote illness or abnormality, and tend to imply that one person, *i.e.*, the worker, rather than two — the worker and client in dynamic interaction, makes the decision as to what the problem is and does not project the process that is involved. *Assessment Statement* appears in most social work literature and seems to also be the preferred term in the field of practice today.

Information/Data Gathering

A variety of sources are available from which to obtain the information necessary in order to have an accurate definition of the client's problem.

1. *Primary source.* The client is the primary source of information. Whether the client is an individual or a community, what he is, how he feels and behaves is our main concern. Thus, we interview individuals, alone or in groups to obtain data, starting with the intake procedures.

2. *Secondary sources.* The "significant others" in the life of the client are an important source. In the case of individuals, this means those with whom he has personal relationships like parents, siblings, relatives and friends. This can extend to others with whom he relates, like people in his school, employment, church, and organizations. In the case of communities, this may be the staff of community agencies, consultants previously involved in the community, etc.

3. *Existing data.* A social worker may use information previously collected by others such as records and reports from other professionals (physicians, teachers, etc.) and social workers of other agencies, studies (*e.g.*, census data) and evaluations. How reliable these data are, and how competent and objective were those who prepared them should be carefully considered.

4. *Worker's own observations.* The worker often has the opportunity to observe the individual client alone, or in interaction with others. In working with therapeutic groups, the worker usually makes a client's membership in a group temporary for at least a couple of meetings to allow her to observe the individual as he interacts with the other members. The use of observation can be extremely helpful to the community social worker. Her observations about the community physical condition, the presence or absence of basic amenities, facilities and resources, the

person-to-person and group-to-group interactions, etc., are important to problem-definition.

The collection, testing, and analysis of data obtained usually occur simultaneously. Statements previously made by a client, for example, are checked in the worker's mind against information provided by collaterals, at the time the latter gives the information. Students often ask, what if the information from several sources are conflicting? "In ordering and analyzing information, . . . workers frequently note contradictions in those obtained from different sources. An attempt must be made to assess the validity and reliability of each information source, and then the worker can focus her effort upon evaluating the implications of such variations. It must be stressed that there is no substitute for the worker's crystallization of her own assessment of the client's problems."[11]

The following are suggested principles in data gathering:

1. The client should be the main source of information although, when appropriate and available, other sources should be used.
2. Data to be gathered should directly relate to the identified problems.
3. The client should be informed about the source being used for data collection. In certain cases, his permission should be sought before certain kinds of information are obtained.
4. Data collection is a continuous process, but it is the collection, organization and synthesis of

such data that is especially critical to the definition of the problem and setting of goals.

5. The type of client and the general nature of the problem can guide the worker on the type of data that should be collected and how much. Thus, there would be differences in data collection in the case of a mentally disturbed adult being placed in a hospital, a child being referred for adoption, and a youth applying for membership in a human resource development group.

The Initial Contact(s) with Client/Intake

The initial contact between the client and the worker may come about in different ways:

Walk-in clients

1. The client initiates the contact. An individual, a couple, a group, or representatives of an organization or community may, on their own, seek the help of an agency social worker about a concern or problem for which they think the worker is in a position to help. We know of mothers who sought the help of workers in setting up a day care center where they can leave their children while they attend to their jobs, and of community representatives who asked social workers for help with such problems as unfair employment practices and pollution of rivers by factories in their vicinity.

Referred clients

2. The client is referred to the worker or agency by some interested or concerned party - a

relative, neighbor, teacher, etc. Mentally disturbed and severely handicapped persons are two examples. Sometimes, persons referred by others are merely forced to secure help. They are called "involuntary clients." Among these are drug users and young people apprehended for committing offenses who are exempted from the prescribed "punishment" on condition that they see a social worker.

3. The agency, through the social worker, reaches out to the (potential) client and offers help. Many of our agencies do such "outreach" efforts because few people are aware of existing community agencies and the services they offer, or many are too shy or are not adequately motivated to seek help, especially on a personal or family problem. Thus, many families will hide a mentally retarded or a mentally disturbed member. Not infrequently, the problems are not seen or felt, such as idleness of housewives or young people, or community sanitation. The "baranganic approach," used by the Department of Social Welfare and Development, is one example of an agency outreach program. Seventy-five percent of the 32 direct service workers interviewed in connection with a survey, stated that the first step in this approach consists of the worker gaining entry into the community by contacting the barangay officials and asking about the needs and problems of the

community. This is followed by a survey and spot-mapping with the help of barangay officials; and community assemblies to find out directly from the residents their needs and problems, and to disseminate information about the agency's programs and services.

The Intake Process and the Presenting Problem

Intake is the process by which a potential client achieves the status of a client. On the client's part, this involves the presentation of the self and the problem or need as he or she is experiencing it. On the social worker's part, this involves some assessment of the client and the problem and whether or not the agency is in a position to help. A good intake interview should provide the client with adequate understanding of the agency and its policy and program in relation to the need or problem, as well as the responsibilities and obligations from both client and worker. Based on actual experience, Filipino clients tend to regard social welfare agencies as providers of material needs. Once their needs are met, many of them do not return to the agency even when asked to do so. Potential clients lose interest upon learning that the agency does not give material aid. This implies that the worker should be perceptive about the client and make an effort to help him understand what the agency can do to solve the problem or improve his life situation, through ways that are not immediately recognizable but which can be pointed out during the intake process.

The intake process may end either with the worker or the client deciding not to proceed, or the client committing to have client status (however tentatively or

reluctantly) and the worker committing the agency to provide services (however limited).[12] When the latter occurs, an *initial engagement* may be said to have taken place.

Intake may be accomplished in one session with a client. This is a common practice in our social agencies. A client comes or is referred to an agency for some help he needs. He comes with a "presenting problem," *i.e.*, a problem that is a threat to the client or others' welfare, and usually stated or presented as it is being perceived or experienced. "Start where the client is" and "begin with the felt need" are expressions that point to the need to understand what it is that the client views as the problem. Later, as more data are obtained, it may be reformulated or changed, with the client's participation. The presenting problem may be stated as symptoms (anxiety, lack of motivation), as behavioral configurations (marital discord, poor school performance, unemployment), or as needs (housing, money).[13] The client's problem may be such that it requires immediate action. Consider, for example, the following account:

> *Aling Nena approached me, looking very distressed. She looked like she had been crying a lot. She told me her neighbors in Dilim, Binondo, suggested that she apply to our agency for assistance. She said their eight-year old son had been lying in his coffin for six days. He died of pneumonia caused by "sobrang laro sa ulan" (too much playing in the rain). The boy is the second of their six children. Her husband is unemployed, having been told by his employer to just go back to work "pag magaling na ang sakit niya sa pulmon"*

> *(after he recuperates from a lung ailment). She described how, for the last six days, they had been trying to raise money for their son's burial expenses, but they were able to raise only a very small amount. Even the boy's coffin is "utang" (loan) and the funeral parlor has refused to give any more service unless this is first settled.*

Clearly, the "presenting problem" in this case, is the need for cash for the boy's burial expenses. The worker certainly will have to accomplish the agency's intake/application admission form, and the worker has to assess the truth of the client's story; but this should not require the scheduling of several home visits, collateral interviews, and other procedures to be able to establish a need. The worker's perceptiveness and interviewing skills should enable her to make a decision. Accompanying the client to his house in such an emergency situation would also seem appropriate, not just to be very sure that the client did not just make up the story (which happens), but also because the client's situation requires follow-through, and whatever data she can obtain now will be useful to her next move.

In working with small groups, a worker does individual or group intake interviews. Much depend on the setting and the nature of the client's problem. In a mental health setting where the prospective clients are emotionally disturbed, intake interviews are usually on a one-to-one basis. In a community center where idle youth request to be allowed to join a skills and leadership program, group intake is a common practice. When one has to work on a community level, the practice is to hold community assemblies, which should be preceded by

efforts of the worker to assure a satisfactory and representative attendance. No formal intake is done when the client is a large collectivity like a community. However, during the initial community assembly, the worker should see to it that the equivalent of an intake process that is undertaken with individuals and families or small groups is also done. Likewise, there must be a record that approximates what is found in an *Individual Intake Form*: community identifying information, presenting problem and circumstances relating to this, background data and other pertinent information obtained during the initial contact with the community.

Defining the Problem

The following statement by Compton and Galaway underscores the importance of defining the problem for work:

> We cannot possibly overemphasize the point that effective work depends on appropriate problem identification. The way you define the problem will define what data are collected and will dictate what are seen as appropriate answers. This step must be right or all else fails. There can be no engagement between client and worker without a common understanding of what they are about together from the client's frame of reference. This does not mean that you should set aside your definition of the problem. It means that you and the client must spell out both definitions and agree on ordering the problems for work.[14]

The same authors refer to the problem-for-work as "the place of beginning together," which, in specific terms, means any or all of the following:

a. the problem or part of the problem that the client system feels is most important or a good beginning place;

b. the problem or part of the problem that in the worker's judgment is most critical;

c. the problem or part of the problem that in the worker's judgment can most readily yield to help;

d. the problem or part of the problem that falls within the action parameters of the helping system.

The client's "presenting problem," if it is the problem or part of the problem that the client system feels is most important, may serve as the problem-for-work. The case of Aling Nena which was cited earlier is an example of this, that is, this client's immediate need for assistance in order to be able to bury her son seems an appropriate "place of beginning together," that can later move into other areas of engagement between her and the worker, *i.e.*, another "problem-for-work" (*e.g.*, the family's poverty in this case). In the case of Aling Nena, we presume that the worker will be able to respond to her "presenting problem" because such problem is "within the action parameters of the helping system," which Compton and Galaway state as one of the basis for deciding what should be the problem-for-work.

Starting with the client's perceived problem may not be so easy in the case of multi-problem clients. In this case, "partialization" will have to be resorted to. Partialization refers to the process of separating from so many problems identified by the client and/or worker the specific problem or problems which are to be addressed

first, and therefore will be the focus of the helping relationship.[15] Much related to this is prioritizing which has the added aspect of a problem taking precedence over other problems because of its importance. In social work practice, survival problems (food, clothing, shelter, medical attention) are usually given priority attention. Both processes should involve the client's participation.

While we have stressed that the client's choice of a starting point is where one would ordinarily hope to begin, there are also limits to this general rule. If the client's choice is dangerous to himself or others, or it promises more trouble and failure, the worker has the responsibility of pointing out the risks. A social worker should not be a party to planning that could be harmful to the client; however, she should be very sure of her ground before rejecting outright the client's chosen starting point.

The problem-for-work is sometimes defined quickly, but there are times when the worker must do several interviews as well as other data-gathering activities in order to arrive at an agreement on a common starting point. This is especially true when there are several problems that have to be attended to. McMahon stresses the need for a client to build up a sense of trust in the worker and her agency's ability to be of help and therefore suggests that the worker try to select first a problem that has a high change potential for resolution or need satisfaction.[16]

What happens when a common ground cannot be reached? Compton and Galaway suggest that in such a situation, you and the client may find it necessary to acknowledge this fact and for the present, at least, discontinue your efforts. In settings like courts where

social workers have a legal mandate to provide supervision to clients, the former should report the matter and ask the court to decide the next step.[17]

After the necessary relevant information pertaining to the client and the problem have been obtained/compiled, these information are organized and synthesized and the worker prepares a Case Study (see example under Planning). A case study would have essentially the following content: identifying information on the client, background information, assessment/problem definition, helping goals and helping plans. A good case study is possible only when data gathering and problem definition (the major tasks in Assessment) have been done carefully.

Writing an Assessment Statement

How does the worker write an *Assessment Statement* after she has gathered data that led to an agreement between her and the client about the problem-for-work?

After a review of the literature on this step of the helping process, Maria O'Neil McMahon's ideas[18] seem to be the most useful and appropriate for adoption in the Philippine setting. McMahon offers these components of an Assessment Statement:

1. *Opening causal statement.* This requires the worker to clearly indicate *who has the problem, and why the problem exists at this time.* The "why" can consist of an immediate causal factor which may have resulted from a series of factors.

In looking for the cause of a problem, the worker should realize that there are many possible causes, from

personal to structural, to societal. The one most directly related to the problem is the cause that is cited in an assessment statement. The other "preceding causes" should also be cited with a clear explanation of how they are connected to the problem, in order to better understand the problem for the purpose of planning an intervention.

2. *Change potential statement.* A problem's change potential is dependent on three inter-dependent factors: *problem, person,* and *environment.* These factors have direct impact on the maintenance or resolution of the problem.

Problem. The worker and the contact system (client or some significant others) consider the nature of the problem and its change potential by answering the following questions: Can this problem be resolved? Is the nature of the problem irreversible (*e.g.,* terminal illness)? How long has the problem been going on, who are involved and to what extent?

Person. The worker needs to assess the strengths and weaknesses of the person or persons having the problem. An appraisal of the change potential of a problem in so far as the person factor is concerned should answer questions like what is his/her/their motivation and capacity for change? Are they able to cope with it alone or to accept help from others? What is their change potential?

Environment. In considering the environment in which the problem is located the worker should know the following: What formal or informal resources are available in the environment that can promote the necessary changes? What restraining forces is there that are stronger

than supportive resources? With optimum use of available resources, what is the expected outcome?

3. *Judgment about the seriousness or urgency of the problem.* Based on available data, the worker should be able to answer this question: To what extent is this life-or-death-matter for the person(s) concerned? Life-endangering situations require the worker's immediate attention even if in her judgment the change potential for the problem is very low.

The following is an example of how one writes an Assessment statement:

Maricel

Maricel needs help in finding a place where she can stay that is safe and will allow her to continue her schooling. She has run away from home because of her father's sexual advances.

Maricel has shown a great deal of strength in having been able to ward off her father's sexual advances for almost a year, and finally leaving home following his last attempt to sexually abuse her. She sought temporary shelter in a classmate's house. Aware that she could not stay with her classmate's family permanently and also concerned about her younger sister being a potential victim of similar abuse, she herself asked her classmate's mother that she be recommended for assistance to an appropriate community agency. She said her father is also frequently physically abusive towards her mother and small brothers. She showed some understanding of the situation by describing her

father as a man who has become irrational because of his drinking which he resorts to in order to forget his frustrations ("Wala na ho sa kanyang sarili dahil sa kaiinom na ginagamit upang lunurin ang mga problema"). She is willing, perhaps along with her sister, to do part-time work in exchange for living accommodations that will allow both of them to continue with their studies. She is in third year high school, has a "Pass" standing in all her subjects and it is just one month before the end of classes.

Resources for Maricel's problem are available in the community and the change potential for her is quite bright, especially because the law is on her side and other supportive services can be tapped. Maricel and her sister are the priority for interventive efforts.

If her problem is not attended to immediately, Maricel might be forced to return home or she might try to solve her problem in ways that may be harmful to her. Her sister, on her part, is clearly "at risk" with the father, especially now that Maricel has left.

There is also need to reach out to the other family members; the mother (a battered wife who is presently the only one earning a living by working very late hours as a restaurant helper which in turn leads to her neglect of her roles); the father (whose inter-related problem of drinking and unemployment, clearly traceable to the family's poverty and its accompanying conditions like lack of education/skills, low self-esteem, etc. have led him to physically and sexually abuse the members of his family).

The preceding Assessment Statement makes clear that the priority problem which the worker has decided to address (in agreement with the client) is Maricel and her sister's need for "protective custody." It is apparent that there are other problems to be addressed in the family, but this will follow later. The choice of the "priority problem" also illustrates what was stated earlier, that a good principle to follow when there are several problems in need of attention is that the worker should first attend to a problem that has a high change potential for resolution.

Characteristics of Assessment

We close this section with a presentation of the characteristics of Assessment as a phase in the helping process.[19]

1. It is ongoing. Although it is the primary focus of the early stages, it takes place throughout the helping relationship. As new information becomes available, new understanding of the client and the situation develops, and becomes part of the ongoing assessment.
2. It focuses on understanding the client in the situation and in providing a base for planning and action.
3. It is a mutual process involving both client and worker.
4. There is movement within the assessment process. Louise Johnson states that this movement comes "from observation of parts of the service situation, to identification of information needed for understanding, to

collection of facts about parts of the service situation, to explanation of the meaning of the facts collected, to putting together facts and their meanings about various parts in order to understand the total situation."[20]

5. Both horizontal and vertical explorations are important. A horizontal study of the client's situation is a study in breadth, to identify all possible parts, interactions and relationships. This facilitates understanding of the nature of the problem. Those parts identified as most important to the situation or to the solution of the problem are later explored in depth, *i.e.*, vertically.

6. Assessment identifies needs in life situations, defines problems, and explains their meanings and patterns.

7. Assessment is individualized. No two assessment statements are exactly the same since every assessment is related to the unique situation of every client.

8. Judgment is important in assessment because many decisions have to be made. Which parts to consider, how to involve the client, how to define the problem are some of these decisions.

9. No assessment is ever complete. It is not only possible to have complete understanding of any situation but many clients' needs are urgent and require that the worker must decide when her understanding is adequate enough basis for action, even as efforts to

understand the client and the situation continue.

B. PLANNING

Assessment
Planning
Intervention

Planning is the link between Assessment and Intervention. Although it is often considered part of the assessment process, it is so important in the helping process that it should be discussed separately.

The planning process translates the content of assessment into a goal statement that describes the desired results, and is also concerned with identifying the means to reach the goals.[21]

Guided by social work values and a body of knowledge, planning allows the worker, with the client's participation, to move from problem definition to problem solution. The end goal of planning is planned change.[22]

Two major tasks are involved during the planning stage: formulating goals that directly relate to the client's need or problem, and defining the specific actions or interventions that are necessary in order to achieve the goals.

In social work practice, the defined goals and plans guide the worker's activities. Therefore, it is important that the two terms are understood clearly.

GOALS

Goals are ends. They are the desired or expected outcomes of an endeavor. When qualified by the word "optimate," "general" or "optimal," this means that the stated goals are the final, overall, or long-range results to

which efforts are directed. If the worker is writing up the goals for a helping relationship and she wants to test whether what she has formulated are indeed goals and not something else, she should consider whether they answer this question: "What is it that I expect to achieve as a result of all of my efforts?" In brief, goals are concerned with solutions.

The terms "interim goals," "intermediate goals," and "objectives" are also used in social work practice. They refer to specific, short-term goals which facilitate the achievement of the long term or overall goals. Such "objectives" or "intermediate goals" may relate, not just to the client, but to the other persons or social systems that are involved in the situation.

These two layers of goals should be used only if the situation calls for them, *i.e.*, there is need to pursue and accomplish significant steps, usually one at a time before the worker can reach the end-state desired for the client system. For example, in the case of a streetchild admitted to a child-caring institution and included in a group program, the following illustrate these two layers of goals:

General Goal

At the end of two months (June 30), Romy will be able to relate with his peers more positively, i.e., he will be able to express disagreement, frustration or anger, without physically hurting any of them.

Objectives

1) *Romy will at least be minimally participating in discussions and other group activities by May 15.*

2) *Romy will be able to fully express his thoughts and feelings both positive and negative about himself, his peers, his family, etc. and his situation by May 30.*

3) *Romy will be able to disagree or object to his peers' ideas or opinions without resorting to obscene or abusive language by June 15.*

4) *Romy will be able to express anger or resentment without challenging/ provoking his peers to a fist fight by June 30.*

If the goals are not complicated and do not require a lengthy time frame the worker may just use the term *goals or helping goals*. What is important to bear in mind is that goals should always relate to a client problem or situation. Furthermore, in formulating goals, it is important for the worker to consider her expectations as well as that of the client's, and those of the significant others in the client's environment.[23]

Goals give direction to the worker's relationship with her clients. Thus, to be useful, goals should have the following characteristics:

1. **Specific, concrete and measurable.** Goals that are stated in too broad or general terms are difficult to measure. This makes it difficult for the worker to know if they have been accomplished, thus, making it difficult also to hold her accountable for her professional activities.

2. **Feasible.** Goals should be realistic and attainable. There is no point in formulating goals that have no reasonable chance of being accomplished because the worker and/or her client have constraints in terms of time, interest, abilities, and resources.

Goals can be changed after they have been set. In fact, they should be constantly evaluated, and flexibility should be observed because original goals may no longer be appropriate to changing situations as the plan is implemented.[24]

PLANS

If there are ends (goals), there should be means to achieve them. These would consist of the specific actions or steps to be undertaken in order to reach the goals. Jointly made by the worker and the client, they comprise what is called a Helping Plan, Action Plan, or an Intervention Plan. This is arrived at in the same way one arrives at problem and goal definition, *i.e.*, by the worker considering not only her own expectations but also, those of the client's and significant others in his environment. Compton and Galaway remind us that any differences in these expectations have to be negotiated and resolved. They also call our attention to a common error in social work which is that of offering an intervention plan without considering alternatives with the client.[25] This has to be pointed out because in our own setting, many social workers allow token gestures of client participation but, in reality, clients are often denied involvement in intervention planning. A systematic review of client strengths when preparing an intervention plan – personal and other resources – preferably in relation to each goal, is viewed as one way of avoiding this danger.[26]

UNITS OF ATTENTION

An Intervention or Action/Helping Plan calls for an identification of other persons who, in addition to the client, have to be given attention because they are involved in the situation, and work with them is essential to goal attainment. These are called "units of attention," meaning, "systems that are the focus of the change activity."[27] Thus, for every goal and objective, it is important to specify which the appropriate units of attention are. In the case of the earlier example of the streetchild Romy, the worker should realize that to attain the goal for Romy (At the end of two months he will be able to relate to his peers more positively, *i.e.*, he will be able to express anger without physically hurting any of them), he should be the main unit of attention through intervention efforts directly addressed to him. However, there is also the need to focus on other persons or systems: For instance, in the case of objectives #1 and #2, (1) Romy will at least be minimally participating in discussions and other group activities by May 15; (2) Romy will be able to freely express both positive and negative feelings by May 30; the unit of attention may be the group of which he is a member. The worker can ask the group to help plan activities that will encourage maximum participation from all the members, and to set norms that will facilitate goal attainment for individual members, *e.g.*, listening to all verbal expressions of resentments and hostilities, but no obscenities and physical violence. To attain objective #3 (Romy will be able to disagree or object to his peers' ideas or opinions without resorting to obscene or abusive language by June 15), another unit of attention could be the house parents in the institution. They can be asked not only to support the worker's helping efforts in relation to Romy by setting

limits whenever he or other boys resort to obscene language, but by themselves serving as models of proper language and behavior.

STRATEGY

The first two components of a Plan in the context of social work practice (*i.e.*, Goals and Action Plans and Units of Attention) are followed by what is called Strategy.

Strategy is defined as "an overall approach to change a situation."[28] It is a term which originated from the military and refers to a battle plan. It implies orchestrated action that involves different entities, each having a role to play in order to achieve the defined goals.

In social work we now find a variety of approaches to practice, called theories of practice or models of practice. These conceptualizations (*e.g.*, Crisis Intervention Approach, Mediating Model, Locality Development) provide an overall approach to practice and therefore may be considered as strategies.

Competence on the part of the worker in applying the basic, systematic helping or problem-solving process is very important, but it is also necessary for her to have a repertoire of strategies that we now find in existing and recently developed theories or models of social work practice. Mostly developed by social workers, they offer social work practitioners an opportunity to use approaches that are "their own" even as they adopt an eclectic approach and utilize knowledge developed from other disciplines. These theories and models of practice will be presented in the next chapter.

FACTORS THAT INFLUENCE AN INTERVENTION PLAN

Following the established social work principle of individualization, no two plans of action are alike. Each plan of action is designed to suit a particular client system and the situation. There are five factors that influence a plan of action:[29]

1. The community in which it is being carried out. The environment in which the plan takes place is an important consideration in planning. The culture of the place, attitudes about receiving help, prevailing values like cooperation and self-help and the existing service delivery system are among the factors that influence an action plan.

2. The agency sanctioning the plan. The worker is influenced by both constraints (*e.g.*, agency function and kinds of service available, funding considerations, time and attention that can be provided) and resources (*e.g.*, staff, structures, money and supplies).

3. The social problem that the plan is a response to. Societal attitudes and expectations about social problems vary and the social worker should recognize this because it influences her plan of action. Thus, there are problems that are perceived as personal pathology and deviance, and there are problems that are attributed to the environment. Often, policies that are developed and supports extended to agencies depend on the attitudes about the social problems being addressed by these agencies' programs and services.

4. The worker involved in the plan. The worker is a unique person who brings into the helping situation many facets of herself, *e.g.*, a professional, an employee, a member of the community. Each of these exerts an influence on the worker, sometimes favorable (such as adherence to ethical conduct or her commitment to place client interest above other considerations), sometimes unfavorable (such as a sense of loyalty to one's agency which makes the worker accept its rigid policies). The plan of action also reflects the worker's preferences, priorities, and skills (*e.g.*, the worker's choice of practice models).

5. The client. The client is a unique bio-psychosocial being who has his own motivations, capacities, coping abilities, expectations, limitations as well as preferences. These, plus the many roles he has in his current living as well as the response to the worker-client relationship, can affect the plan of action.

The Assessment and Planning steps in the problem-solving process culminates in the worker's writing of a Case Study that contains a synthesis of the information that has been obtained on the client and his situation, an assessment statement/definition of the problem for work, and the helping intervention goals and plans. The following is an illustration of this, drawn from a social work practitioner's recordings. This can be critiqued

on the basis of the preceding discussion on Assessment and Planning.

Elsa

I. Identifying Information

Elsa Bernabe, born April 5, 1997, residing at 2021 Bustos, Sampaloc, Manila, in second grade at the P. Gomez Elementary School, second child of Prima Santos and Juan Bernabe, was referred by the school guidance counselor to the school social worker because of her "problem behavior and failure in class."

II. Synthesis of Background Information

A. *Elsa*

Elsa is a 9-year old girl, of medium build and height, healthy, and with no physical handicaps. She is prone to be too quiet and inhibited though one can surmise that if she would only smile she could be an attractive girl. On a school-administered aptitude test six months ago, she scored a C+, which is "average." She is presently repeating Grade Two.

The social worker saw that the homeroom teacher had checked the following characteristics for Elsa on the usual referral form: bullies other children, often left out of play groups, withdraws from everybody, engages in malicious and destructive play with other children, frequently tardy, and performance way below average

academic work. In their discussion, the teacher informed the worker that Elsa is extremely withdrawn, because of which she finds great difficulty reciting or reading orally in class. She was reported to be always quarrelling with classmates though no one could say how the quarrels start. She was also described as having mannerisms like twisting her hair, picking her nose, rolling her eyes, and being enuretic. Later, in talking to Elsa, she said the other children picked on her.

Two meetings with Elsa have so far revealed very little. She answered questions almost inaudibly, and is aware that she was referred to worker because of her behavior and performance in class. She seemed very willing to see worker regularly, however.

B. *The Family*

The child's parents are married but separated. The mother seems to be an emotionally insecure person who admits to projecting her hostilities on Elsa whom she describes as prone to tantrums, picking quarrels with her sisters without provocation, and being very withdrawn. She is annoyed by Elsa's mannerisms, particularly her bed-wetting which has no medical basis. She blames herself partly for this, saying she is a very nervous and unhappy person because of her unhappy childhood and present difficult financial situation. She seems to be always scolding Elsa and has ignored and neglected her compared to the two girls (Elsa is the middle child). The favorite in the family is the eldest, Corazon. The mother realizes that Elsa feels this and reacts by being

hostile and withdrawn, but that she is trying now to give her some attention. The mother finished the elementary grades and seems to be an intelligent person. Nothing is known of the father except that he abandoned his family six years ago. He had "unpredictable behavior," was in the mental hospital once for several weeks' observation. A brother of his, now living in the south, is known to have had epileptic attacks.

This family of four (Mrs. B, the three girls, ages 7, 9, and 10) occupies two rooms of a big, old, dingy apartment which they rent for ₱2,000.00 a month. The family lives on Mrs. B's income as a market vendor which nets her an average of ₱280.00 a day. She complains about being very hard-up. They have, in the past, received help from some community agencies in the form of food and medicine.

C. *The Environment*

Elsa's environment is limited to their neighborhood and her school. The houses which are of the multiple-dwelling type are mostly old, and poorly maintained. The physical surrounding is clean, though quite overcrowded, with children playing in the streets most of the time. A basketball court across Elsa's house provides both recreation and entertainment in the area. The residents in the area obviously belong to the same socio-economic background, as do most of Elsa's classmates. She has no close friends, and her sisters are indifferent to her. They both resemble Elsa in looks, but seem more pleasant and sociable.

Worker observed Elsa once in the school premises. During a play situation, she seemed passive and, at first, did not interact with anyone. When a classmate tried to snatch the ball Elsa had just caught, she became very violent, stamping her feet on the ground and aiming her fist at the classmate. She finally threw the ball to the ground and left the group.

III. Definition of the Problem/Assessment

Elsa has a history of material and emotional deprivation. This has resulted in her distorted self-image and very low self-esteem, which explain her "problem behavior and failure in class." Her quarrelsomeness, bullying, being engaged in destructive play, withdrawn behavior, etc., are ways of getting attention and dealing with the rejection of her family, classmates, and teachers, because she knows no other way. In turn, these behaviors provoke more rejection, leaving her alienated from the significant people in her life.

Elsa is of average intelligence and is aware that she has a problem. Her willingness to be helped is manifested in her expressed interest in seeing the worker regularly.

The mother has some strengths (e.g., insight into her own behavior and its effects on Elsa) and can be helped to learn how to perform her parenting role in a way that responds to Elsa's needs. Elsa's sisters are an additional resource who can be engaged in efforts to help change Elsa's self-image.

IV. Helping Goals

A. For Elsa:

1) *Improve her self-image;*
2) *Help her cultivate satisfying relationships and identify with her peers;*
3) *Help her improve capacity for verbalization and self-expression;*
4) *Help her do away with her nervous mannerisms; and*
5) *Help her to curb her aggressive tendencies and channel these into more acceptable outlets;*
6) *Improve her school performance.*

B. For Elsa's Family

Improve home situation economically and emotionally.

V. Helping Plans

General:

Worker will include Elsa in a treatment group for seven girls, ages 9-11, selected from referrals from teachers and guidance counsellor. All these girls are in Grade Two and have "behavior and class performance problems."

The group will meet weekly for two hours, at 3:00 p.m., after the last class session.

Individual sessions with each group member, home visits/school interviews with their "significant others" like family members, will be

undertaken. The worker will also coordinate with the homeroom teacher and guidance counselor.

1) *Play (worker) the role of an accepting and understanding adult with whom Elsa can identify and relate freely;*

2) *Provide group activities that will promote peer interaction as starting point for more satisfying relationships with others;*

3) *Influence peers (classmates and siblings) to help Elsa develop feelings of belonging and being liked;*

4) *Provide opportunities to encourage verbalization and self-expression (in individual sessions with worker; in the group, guided by worker; in the class with teachers' cooperation);*

5) *Help the child do away with mannerisms by providing a variety of activities which will also channel aggressiveness and physical energies;*

6) *Work closely with child's family to improve relationships at home;*

7) *Fully explore family's economic situation, focusing on the following: (a) maximizing the mother's potential to earn a more decent income; (b) mobilizing community resources to help the family economically; and (c) tracing Mr. B's whereabouts and exploring the possibility of his supporting his family.*

A case study is prepared for individual clients. The same is true for a community. This is also true when the client is a group except that, since a social work group will consist of individuals, the worker writes individual case studies on the members. These individual case studies contain the definition of each client's problem(s) for work, and the goals and the plans for helping. This enables the worker to form groups whose members have compatible needs and problems, and for whom group goals and plans can be made such that they respond to the members' needs and problems. In the Philippines this process is followed except that in the case of social work groups, which are frequently after goals that are more developmental than therapeutic (and we have increasingly more of these), the task is simplified, *e.g.*, one does not have to dig deep into the personal and family background of each client, but provide only enough data as would give a clear picture of the client's situation to guide the selection of appropriate interventions. Some groups are formed for a specific purpose such as to improve the socio-economic condition of selected members of the community, and this assures homogeneity in membership. As a result, the worker can use her intake data to make brief individual statements on the prospective group members and proceed to work out with the group the goals and plans for the helping relationship. An example of this is the following prepared by a worker in a hospital setting which started a group program for women patients from poor families for whom years of casework help had not done much in improving their life situations.

Name of Group: San Vicente Hospital Mothers Group
(Outpatient Services)

Group Problem: *Poverty (which is manifested in the medical illness confronting the group and the families the members represent)*

Group Goals:

1) *To improve the common life situation of the members of the group.*

2) *To maximize the group's potential for finding solutions to problems which are commonly experienced, specifically poverty and accompanying problems of poor nutrition, illness, lack of education/skills, unemployment/ under-employment, etc.*

Group Plans:

1) *To get together regularly in order to share ideas, and provide emotional support and counsel to each other.*

2) *To act towards the solution of common problems by engaging in selected activities such as income or supplementary income-producing projects; training in identified skills needed; informal education activities, etc.*

The Helping Contract

After having worked together in assessment and action-planning, what should follow is an agreement between the worker and the client on what needs to be done and who should do it. This is called a "contract" in

our setting, and having verbal agreements is the more common practice. This seems preferable in crisis situations when the worker must immediately take appropriate action minus a formal agreement with the client, or in cases where the client is distrustful of anything written down that also requires his signature.

Today, however, written agreements or contracts between the worker and the client are becoming popular in the country. A contract with a client is a simplified version of the Plan of Action that was discussed earlier (which represents the worker's thinking and is really more for her use). It includes a problem statement, goals and objectives, a specification of tasks to be carried out by worker and client and the time frame required.[30]

Contracts facilitate evaluation and provide tools for accountability. The issue has been raised about the correctness of the use of the term in social work practice since in a real contract, each party can compel the other to do what the contract calls for or recover damages which is not being done in the field of social work. At any rate, what is important is that the worker realizes the necessity of having an agreement with the client as to what tasks have to be done to achieve the goals and who will be responsible.

C. INTERVENTION/PLAN IMPLEMENTATION

The social work literature has many other terms for intervention: action, plan implementation, treatment. Whichever term is used (and which term is used will depend on the practitioner's orientation, *e.g.*, a clinical social worker will usually use "treatment" instead of the other terms), this phase in the helping process is concerned

with the action that would solve the client's problems. The importance of client participation and involvement in the helping process was already pointed out earlier. At this point, therefore, the focus will be on the worker's activity.

Intervention involves the rendering of all the specific and interrelated services appropriate to the given problem situation in the light of the assessment and planning.[31] It includes all the goal-related activities that the worker will undertake following the agreement forged with the client based on the problem to be worked on and the plan of action to be pursued.

Compton and Galaway have very apt words for two of the phases of the helping process: (1) deciding what to do and (2) doing the decided.[32] The first involves the assessment and planning steps and the second, intervention. Obviously, it is during intervention that the worker is faced with the challenge of putting into operation her professional knowledge, values, and the skills to help the client reach their mutually defined goals.

An assessment, planning, and interventive tool called "Ecological Map" or "Eco-Map" is now very popular among social workers because of its usefulness. This is a simple paper-and-pencil simulation that presents the individual or family and the major systems in the life space, as well as the nature of the individual or family's relationships with these various systems (see Appendix 6).

Interventive Roles In Direct Practice

The social worker's problem-solving efforts will require a variety of *interventive roles* which refer to the composite of activities or tasks that she is expected to

undertake in order to accomplish the goals agreed upon with the client.

The interventive roles that will be presented have been culled mainly from three sources.[33] The selection was influenced by two major considerations, *i.e.*, they are relevant to local client problems/ situations and they transcend specific modes of practice, which means they can be used with any client system.

Resource Provider

direct provision - inside the agency

This role engages the worker in the direct provision of material aid and other concrete resources that will be useful in eliminating or reducing situational deficiencies. Concrete resources are mobilized, created, and directly provided to the client who is assisted in making optimal use of them.[34]

The administration of such programs is an important and legitimate professional responsibility. The provision of resources as a social work activity should not be equated with dole-outs. The word "dole," according to the dictionary, means alms, or the giving out of money or goods, usually out of charity. It has a connotation of indiscriminate giving which is not done in social work. The direct provision of any form of material aid in social work is always preceded by a careful evaluation of client need and the most appropriate ways by which it can be met. Furthermore, resource provision is not limited to money or goods but includes other concrete services necessary to achieve the helping goals for the client. The following illustrates this interventive role:

Romy was referred by some rebel returnees to the local social welfare office which has special programs and services for this client group. After the intake interview, the worker found him eligible for several of the agency's services that would make it possible for him to start a new life. These included financial assistance for a low-cost shelter, a loan for a livelihood project under the agency's Self-Employment Assistance Program, skills training for his two teenage out-of-school sons, and enrollment of his four-year old daughter in the agency-operated Day Care Center where his wife became a parent-volunteer and, therefore, profited from the agency's Parenting Effectiveness Seminars.

Social Broker

This interventive role involves the process of negotiating the "service jungle" for clients, whether singly or in groups. The worker links or connects the client to needed services in the community. She often has to perform a variety of activities – helper, interpreter, facilitator, expediter, escort, negotiator – to insure rapid service delivery. This role requires a broad knowledge of community resources as well as knowledge of the operating procedures of agencies so that effective connections can be made.[35] Referral is considered a basic activity in this interventive role. It essentially involves connecting the client to needed resources. A related term is "networking" which refers to the worker's efforts at establishing and maintaining relationship with other community entities which have resources that can support and supplement her own agency's resources. Such "network" is extremely helpful when she performs a social broker role with clients.

Acting as a social broker is particularly relevant to the situations of multi-problem Filipino clients, many of whom qualify for most health and welfare services available under our social welfare system but are not aware of them.

This interventive role is very similar to the resource provider role. The distinguishing element of the social broker role is that the worker has to match client needs with community resources outside of her agency and assist the client to make use of these resources. In the resource provider role, the resources needed are being administered by her agency or organization and all that she has to do is assist the client to avail of them. In cases where the needed resources do not exist, the worker has the power or authority and, usually, the corresponding capacity and skill to mobilize efforts and/or create needed resources.

The following illustrates this interventive role:

Evelyn, a 30-year old single parent who works as a cook in a school canteen suffered second-degree burns all over her body when the gas stove she was about to use exploded. The school social worker was able to arrange for her free hospital treatment that would take two months, except that the hospital could not answer for most of the expensive medicines she needed. She had no savings and no insurance, being a new employee. The worker saw her need for help in other aspects. She lives alone with her three small children. Her youngest, a two-year-old girl, would usually stay with her in the canteen every day while the two boys, aged three and five, would stay with a neighbor who runs a sari-sari store. She pays this neighbor a small amount for giving lunch to the two boys whom she picks up before supper. Evelyn is

from Samar and has no relatives in the city. She is literate but has no other skill except cooking. She has been so traumatized by the accident and no longer wants to return to her old job.

Based on a careful study of the situation, the worker, with Evelyn's agreement, did the following: (1) submitted a case study based on which she was able to get assurance from the Philippine Charity Sweepstakes that it would buy all the medicines prescribed by the physicians; (2) wrote an official letter of referral and recommendation to the hospital's Women's Volunteer Auxiliary Group for a weekly financial subsidy during the entire period of her confinement; (3) arranged for her children's temporary placement in the SOS Village, a private child-caring institution, until she is able to take care of them; and (4) explored different prospects for skills training for client's consideration as soon as she is strong enough to discuss her options.

Mediator

A mediator is a person who acts as an intermediary or conciliator between two persons or sides. In her work with individuals, families, groups and communities, the worker often has to engage in efforts that will resolve disputes between the client system and other parties. The objective is to find a common ground which will make it possible to resolve the dispute. Compton and Galaway offer this very clear description of what is expected from the worker who performs a mediator role:[36]

> The worker will use techniques to: bring about a convergence of the perceived values of both parties to the conflict; help each party

> recognize the legitimacy of the other's interests; assist the parties in identifying common interests in a successful outcome; avoid a situation in which issues of winning and losing are paramount; localize the conflict to specific issues, times and places; break the conflict down to separate issues; and help parties realize that they have more at stake in continuing a relationship than the issue of the specific conflict. She will work at facilitating communication between the parties by encouraging them to talk to each other. Sharing information and persuasion procedures may also be used.

The following illustrates this interventive role:

The social worker in the OB-Gyn Ward of a government hospital organized a group of women afflicted with the "H-mole" disease ("Hydatidiform mole disease" is a gynecological condition that usually requires medical confinement). All the 12 patients decided to join the two-hour weekly sessions that would meet within a two-month period to resolve common concerns affecting their treatment and creating negative attitudes and behavior from the patients as well as their watchers.

The group members agreed to address the following areas of conflict with the hospital with the help of the social worker: (1) the rationing system done by kitchen personnel that resulted in uneven quantity of food reaching patients and watchers' plates; (2) their repeated-but-so-far-ignored request, because it is against the rules, to be allowed to wear "dusters" instead of the hospital patients' gowns

because the smell of the gowns made them feel sicker as their bodies already smelled of drugs, especially after chemotherapy; (3) the constant lack/absence of H-mole medicines in the hospital pharmacy, forcing patients to buy them at higher prices from drugstores outside; (4) the prohibition against sexual intercourse with their husbands which is a problem for them since during the period of confinement, they are allowed to go on "home pass;" and (5) the overly strict hospital security guards who, based on hospital regulations, withdraw watchers' privileges after they are "caught" to have fallen asleep on the patients' beds.

The initial session took up the presented issues in detail. The group asked the worker to find a way for them to express their ideas and suggestions to the hospital authorities/ personnel. They were aware of and understood rules as well as other reasons for many of the occurrences they were reacting to, but they felt there should be a dialogue to find solutions to their problems. The group promised to discuss their concerns some more in preparation for these dialogues.

In six consecutive weekly sessions, the worker presided over and facilitated a discussion of the issues earlier cited. Invited to the sessions were the (1) Chief of Nursing with whom the patients discussed issues #2 and #5 (agreements: the patients could wear "dusters" but only after the doctors' daily ward rounds; the patients' caregivers would be given a second chance before withdrawal of the watchers' privilege, and watchers should just sit on chairs beside the patients' beds); (2) Kitchen Supervisor who promised to meet with his personnel to discuss necessary changes: they would be more careful with the rationing, but patients/watchers had to bring the same-size plates and

they must all be there promptly during the meal schedule so the kitchen personnel would know how many would eat; (3) Pharmacist who interpreted the rules and procedures regarding the hospital's purchase of pharmacy supplies: the hospital's budget for this was limited and followed a time frame so patients must try to get their prescriptions at one time because there was no guarantee their prescribed medicines were always available; and (4) Resident Physician, a female, who explained in simple terms what H-mole is, what the treatment involves, and what she thought was the reason for the other physician's prohibiting sexual intercourse. i.e., the wives might get pregnant while undergoing treatment and this would result in medical complications (agreement: the wives who could not avoid sexual contact would take the necessary precaution, i.e., use a contraceptive method).

The sessions resolved the issues between the hospital and the patients in ways acceptable to both sides.

Advocate

The term *advocacy* comes from the legal profession. Like the lawyer, the worker has to take a partisan interest in the client and his cause. She cannot remain neutral. The objective is to influence, in the client's interest, another party, usually possessing same power or authority over the client. The advocate will argue, debate, bargain, negotiate, and manipulate the environment on behalf of the client.[37] She may even have to utilize non-consensual strategies, such as direct confrontation, administrative appeal, and the use of judicial and political systems as appropriate.[38]

The following illustrates this interventive role:

Several heads of families from Pitimini, a neighborhood in the predominantly informal settlers' area called Barangay Payatas in Quezon City, approached a social worker of an NGO (non-government organization) based in the area to seek help. They all received that morning a notice from City Hall informing them that a demolition crew would arrive after seven days to demolish their "illegally constructed" houses. The notice cited a policy which would allow some concessions to "authenticated long-time squatters" who would be given options, i.e., 1) loan/purchase of small lots in the Payatas area that was due for development for low-cost housing, or 2) relocation in government sites close to Metro Manila.

The group of residents presented their "evidences" of residence in the neighborhood, which show they more than meet the minimum requirements. The social worker gave them one day to get other "witnesses" and documents to prove their claim: certification by the area health center, the parish priest, their children's teachers in the lone public school in the area, etc.

The social worker was convinced about the truth of their claim. She made several phone calls to make an appointment for the group to meet with City Hall authorities, but failed on the ground that there were too many "illegal squatters" faking "evidences." The worker went to the City Hall to present the group's appeal. The group asked that they not be made to go to City Hall this first time because the personnel there were already prejudiced against them. This prejudice became very evident upon the social worker's arrival in the concerned office at City Hall. Worker however had all the necessary supporting papers and even hinted at bringing the case to "Hoy Gising," a popular TV program that presents complaints from the public, mostly relating to government offices. In short, the worker was able to get all the concessions allowed the "long-time squatters" which, the group she was representing, undoubtedly were.

Enabler

find the strengths with the client

The enabler role involves the social worker in interventive activities that will help clients find the coping strengths and resources within themselves to solve problems they are experiencing.[39] The client serves as the primary resource, and change comes about mainly through the client's efforts. The worker's responsibility is to perform a supporting and empowering function so as to enable the client's accomplishment of a defined change.[40]

The enabler role can be used to effect change within the client or in the client's pattern of relating to others or the environment.[41] A woman joining an assertiveness training group in order to learn how to cope with her husband's physical or emotional abuse as well as other people's violation of her human rights is an example of this.

The enabler role is also useful in helping the client change his/her own reality or environment, if this is the source of the problem.

Groups and communities can be agents of change to improve their own life situations. They can be helped to organize themselves in order to work for the provision of facilities, services and opportunities they need. The work of mobilizing the resources of client systems to change

their own social realities or situations is the ultimate meaning of people "empowerment" and of the developmental function of social work.

The following situations illustrate this interventive role:

A. The social worker was having a one-on-one interview with Aling Cora who had just made her last installment payment for an interest-free loan she obtained from the agency. She completed payment within six months, while the average payment for most clients is 1 1/2 years. The worker noted her strengths and was exploring her interest in participating in a three-day community leadership training seminar for women. Her husband participated in a similar seminar a year ago. Aling Cora said her husband enjoyed and learned much from the experience and had become more active in barangay projects. However, she rejected the idea of her attendance because she said she not only had to do all the household chores but she must also attend to her small fruit stall at their community market. In response to the worker's questions, the worker learned that Aling Cora grew up with the attitude that the home is the wife's/mother's responsibility. She admitted, however, that she had been feeling weak and was always tired, even depressed sometimes because she thought there was no way she could change her situation. She realized that her oldest son, a high school graduate who was unemployed, could assume some responsibility at their market stall to at least allow her to take a nap in the early afternoon. The other children were in school and still quite young, but she stated that her 14-year old daughter could relieve her of a few of the household chores. Her husband was a "good man compared to other

husbands" but "he was also traditional" in his attitude about a woman's responsibilities to the family. She has never shared her feelings with anyone else. She said her husband and children probably assumed she was happy because she has not complained about her situation.

The social worker discussed her agency's programs under its Women's Welfare Unit. She told Aling Cora about its goals and programs for women to help them realize their potentials. She said that from Aling Cora's positive description of the members of her family, they could help her deal with her situation if they knew how she felt. It was pointed out to her that the problem seemed to be within herself, and that she must start by learning how to communicate her feelings. The worker informed her that the agency has two programs for women which seem appropriate for her before attending the leadership seminar: the assertiveness training seminar and the time management seminar. She and Aling Cora agreed that the latter would attend the assertiveness training seminar first. They rehearsed through role-playing how she would present this to her family so as to get their support.

B. The residents of Pagasa, a relocation area with 46 families, were represented by husbands and wives from 35 households during a community assembly called by the social worker two weeks after their transfer to the new site. They had all come from areas affected by the Mt. Pinatubo volcanic eruption and many were former neighbors. These community representatives were at different levels of adjustment to their situation but the consensus was that they had no choice but to accept the relocation. They also considered themselves better off than other victims who were relocated to far-flung places.

The worker explained the purpose of the community assembly then elicited reactions to her suggestion that they present their common concerns or problems and prioritize them for the purpose of problem-solving. He explained that there are continuing serious efforts from government and non-government agencies to respond to their needs but that they must also help themselves because these agencies have limited funding and staff resources. He presented facts and figures including pictures of people's own efforts to effect necessary changes in their own situations.

The residents present agreed that these three concerns needed to be addressed first: (1) the lack of an efficient system of distributing supplementary foodstuffs and medicines and other material aids resulting in some families getting more than what they needed or deserved; (2) the matter of the two existing manually operated water pumps being practically monopolized by the families living near them; and (3) the need to construct a foot path to provide school children a safer and faster access to the school two kilometers away.

The worker facilitated interaction on the three concerns and there was an animated discussion on what could be done. Before long, the following "solutions" emerged: (a) a survey of households should be undertaken in order to obtain accurate data which will be the basis for the giving of the material aid; a community volunteer task force has to be created to set specific guidelines pertinent to material aid, and to screen prospective recipients for extra-ordinary forms of help; (b) a schedule for drawing water should be adopted and followed strictly in order to equalize access to the water pumps; volunteer watchers will be used in addition to providing all

households with copies of the schedule; and (c) all able-bodied men will be asked to volunteer some time and effort in the construction of a two kilometer one-meter wide foot path which will take only a week to finish. The residents in attendance realized that they could solve their problems through their own efforts, if everyone cooperated. They agreed to enlist the involvement of every household in these projects.

The group formed themselves into three initial task groups that would be expanded later as others volunteer to join the projects. The Worker provided moral and technical support during the group discussion. At the end of the two-hour assembly, tentative plans relating to the three concerns were drawn with corresponding time frames. The residents agreed to meet again after two days to finalize their plans. Prospective leaders began to emerge during the small group discussions.

Counselor/Therapist

The goal of the worker who performs a counselor or therapist role is the restoration, maintenance, or enhancement of the client's capacity to adapt or adjust to his current reality. It is premised on the belief that there are client problems which are caused not so much by situation factors as by factors in the client himself, such as wrong attitudes, distorted values, low self-esteem, limited use of knowledge, lack of self-understanding, etc. The worker is called upon to engage in a case-to-case approach to problem solving to benefit the client. However, a secondary gain may occur in the client's situation as a result of the change in the client.

Schneiderman submits that the goal is achieved through provision of services on an individual or group basis to provide emotional support, generated through an enabling relationship with the social worker and through support given to those strengths in perceptive, integrative, and executive functions (understanding, insight, organization, skills, etc.) as well as to those material and relationship resources in the environment which facilitate adjustment. Specific techniques include purposive listening, reassurance, persuasion, direct advice, teaching, guidance, suggestions, logical discussions, and exercise of professional and/or legal authority.[42]

The following illustrates this interventive role:

The social worker of a private agency that reaches out to sexually exploited streetchildren in the Ermita district of Manila was able to persuade Lily, a 13-year old, second grade dropout to give up street life and accept help from the worker.

The worker had her admitted to a government hospital because she complained of pain in the genital area. She was diagnosed to have "multiple STD" (Sexually Transmitted Disease) and would have to undergo treatment for one month. The worker saw Lily's need for a person whom she could trust and who would give her the kind of support she needed during her hospitalization. While the girl understood that she needed medical treatment, the worker realized that she needed to work with her closely because she admitted having no one to turn to except the other street children and some street vendors she had come to know in the two years she had been living on the streets. The worker also realized that concrete plans had to be made in terms

of the kind of living situation that would be most suitable for her following hospital discharge.

The worker obtained the permission of the hospital Social Service Department to be the active social worker for Lily so that she could pursue her helping plans. This meant working with the child while she was undergoing treatment and after her discharge from the hospital.

The worker developed a counseling relationship with Lily during the one month she was in the hospital. In the first week, she saw her almost daily as she noticed the child was restless and uncomfortable. She was, after all, in the OB-gynecological ward where all other patients were adults. The worker gave Lily a great deal of emotional support. She also asked the Ward personnel to do the same since they informed the worker that Lily seemed depressed and they were afraid she might escape. The worker advised her about the implications of this especially on her medical condition. The worker also informed her about laws relating to prostitution, especially in the case of children who were being used by others for the purpose. She expressed understanding of the client's feelings. Lily particularly hated the daily morning ward rounds when a group of doctors and interns would examine her genitals to see the progress of the treatment she was getting. The worker explained why this was being done and assured her that this was a routine all patients undergo. She also gave suggestions on how to prepare herself during these ward rounds of hospital staff. Lily had to be constantly reassured that the worker was in close touch with the doctors and nurses, that she was healing well and would be discharged very soon.

The worker was able to establish a very good helping relationship with Lily during her confinement. She obtained the background she needed which, while limited, was enough to be able to decide, with Lily's agreement, the institution where she would be placed upon discharge. In addition, she felt she had made a good beginning in helping her to see that she could still be "saved" from the kind of life she had been living during the last two years. During the last week of her treatment, the worker's counseling focused on sexuality-related matters. Lily was clearly uninformed about this thus requiring more guidance in the days that followed.

Lily informed the worker that she had run away from home in Samar when she was eleven years old after being raped by the common-law husband of her mother. She described her mother as a battered wife who had to tolerate her "stepfather" because she had no means of livelihood. Her father died the year before she left home. She has three younger siblings whom she misses very much. The worker took note of all these bits of information.

Lily was discharged exactly one month after admission. She was accompanied by the worker to her new "home," an institution for the rehabilitation of streetchildren like herself. Prior to Lily's transfer to the institution, the worker arranged with the Executive Director for her to be allowed to continue with her counseling relationship with Lily for at least another month. She believed that the child still needed her support. She intended to gradually withdraw since the institution has its own social workers who can take over her helping role.

Interventive Roles Beyond Direct Practice

This presentation will not be complete without mentioning the fact that social workers also engage in interventive activities that do not require direct, face-to-face relationship with clients. There are interventions the worker employs on behalf of, or in the interest of not only one, but many client sectors. When successful in her efforts, the worker ends up doing a lot for more! The following are three such interventive roles that are especially useful in our setting.

Mobilizer of Community Elite

This intervention involves the worker in activities aimed at informing and interpreting to certain sectors of the community, of the welfare programs and services, as well as needs and problems, with the objective of enlisting their support and/or involvement in them. This sector of the community called "elite" is comprised of individuals and groups who are usually in a position to provide, in one way or another, the resources the worker needs in her work with clients. The elite would be: the professionals who constitute a well-informed group whose talents and skills can improve or enrich agency service; the politicians whose legislative acts can have far-reaching effects on social welfare; policy makers who make decisions that impact on the situations of clients; the leaders in communities who may not be wealthy or educated but are respected and have a following in their respective areas; the rich whose financial support welfare agencies must often depend on for their budgetary needs; and volunteers who represent an important but largely untapped human resource that can enhance service to clients.

Every agency is dependent to some extent on members of the community elite because they represent a significant part of the community's resources – human and material – without which social work practice would certainly be handicapped. Therefore, it is imperative that the worker learns effective ways of working with them and be skillful at utilizing their contributions. Specific activities in relation to the elite include being project sponsor/donor, information-giver, interpreter, resource person, consultant, negotiator, coordinator, lobbyist, organizer and mobilizer.

Documentor/Social Critique

The social worker is employed by her agency for the purpose of translating agency policies into services to clients. Beyond this, however, she has an equally important responsibility—that of systematically studying practice experiences and sharing them with others.

In this interventive role, she documents the need for more adequate social welfare policies and programs based on her knowledge (gained from actual experience) about the inadequacies or deficiencies in these existing welfare policies and programs, as well as on her beliefs as to how they ought to be, in the light of professional values and goals.

As a documentor or critique, the worker should have a good understanding of existing agency policies, programs, and services; have accurate knowledge of data about their actual implementation, and have the skill to analyze these data. Furthermore, it is expected that she has knowledge about how these policies, programs, and/or services ought to work.

Policy/Program Change Advocate

The term "advocate" was used earlier but in another context, *i.e.*, in direct practice with client systems where the worker takes a partisan interest in the client and his cause. The same term is being used here but this time, in a different sense: the worker is involved in efforts to change policies and programs on behalf of particular sectors of the population based on the values of the profession.

This role concept requires the worker to take a stand regarding important issues relating to social welfare policies and programs affecting client populations, and to argue for or defend her proposal. The advocate usually addresses the power structure which "is viewed neutrally in 'gatekeeper' terms as decision-making centers that can be influenced through persuasion and/or pressure."[8]

Every worker can be an individual advocate, by means of writing or making verbal pronouncements (as in public forums) that can enlist the support of others for the policies and programs being recommended. It is, however, understandably not as effective as group advocacy since numbers represent strength and, therefore, are more likely to influence change. A professional association is an advocacy resource that, more than any other group, can help pursue the vital commitments of the social work profession at the highest levels.

The social worker, especially in the Philippine setting, should have the ability to perform all the interventive roles presented. If her expertise is limited to just one or even two of these interventive roles, her ability to be of real service to her client will also be very limited; in fact, she may not even be effective in helping. One

client's situation may require the worker to perform several of these roles, and this should be clear in the Intervention Plan.

Limitations on Worker Activity

The best-laid plans are not always accomplished. There are limitations on the worker's activity that should be understood because they affect the worker's performance of interventive roles. These limitations are the following:[44]

1. Time. The worker may not be able to give the client unlimited time. However, if she has a commitment to do certain activities within a span of time, she should keep that commitment. In the Philippines, social workers are often faced with constraints in their work, like "emergencies," heavy caseloads, etc. which sometimes prevent them from honoring their commitments to clients. If the worker can anticipate such situations she should inform her clients ahead of time. She should not make promises which she is not sure she can fulfill. She should also have the ability to use her time economically. More often than not, the problem is not lack of time but management of time.
2. Skill. The worker should perform only those activities that are within her competence. This requires her to be aware not only of her strengths but, more importantly, her limitations. Resource persons and consultants should be utilized when appropriate or

necessary. Part of the worker's professionalism is the ability to recognize her limitations and to acknowledge the need for the expertise of others.

3. Ethics. The worker should watch out for activities that might commit her to unethical behavior. Some examples of these in our setting are arrangements with clients to receive "commissions" upon approval of a client's request for material assistance or benefits, doing business out of material aid intended for needy clients, and allowing her position to be used for political purposes.
4. Agency Function. The worker must be sure that she understands and interprets agency function properly. Some agency functions are stated broadly enough as to allow her much leeway in serving clients. However, it does happen that the agency function will place limitations on the agreements between her and the client, and both of them have to accept this. A worker who is convinced about the need to modify or change agency function to make it more responsive to the needs of the clients should advocate within the agency for such desired change, but the worker should have realistic expectations and observe ethical behavior in relation to this.

D. EVALUATION

Evaluation is defined as the "collection of data about outcomes of a program of action relative to goals and objectives set in advance of the implementation of that program."[45] Given the definition, one can see that a prerequisite to evaluation in social work is a statement of goals and objectives against which results will be reviewed. This does not mean, however, that the worker will not do evaluation until it is time to end the helping relationship. In social work, evaluation is a continual process where the worker keeps on gathering data which she uses in an ongoing reassessment of objectives, intervention plans, and even the definition of the problem.[46] This is called *ongoing evaluation*. Besides doing continuous evaluation, she also has to undertake terminal evaluation which refers to the evaluation undertaken before ending a helping relationship.

Despite the professionalization of social work in the country, not enough time and effort are being given to evaluation. What is common are program evaluations being undertaken by many private and government agencies (*e.g.*, the Department of Social Welfare and Development's evaluation of its self-employment, child day care, and disaster response programs). Some master's theses produced by graduate school students of social work have also focused on evaluation of agency programs.

Evaluation of social work practice is very limited. Of course such "evaluative" statements like "client has better interpersonal relations" or "client's social functioning has greatly improved" abound in many closing summaries of cases handled by social workers, but

these descriptions are too general to have any real meaning.

It is important for social work in the country to be more scientific in its approach to evaluation. For one, it is a profession recognized by the passage of a law. One fundamental attribute of a profession is the presence of a systematic body of theory which supports and substantiates the skills that characterize a profession. Such systematic body of theory can come only from and continue to be strengthened through research. Clearly, research should be a serious continuing pursuit in social work. Unfortunately, in this country, most of the theories being used come from foreign countries, mainly the United States. This is not taking a parochial view, for knowledge that is available and relevant should be utilized regardless of its origin; but such knowledge also needs to be tested and not just utilized unquestioningly. We need to do more to contribute to theory building in social work. One way to do this is through the systematic evaluation of our activities as social workers.

Another very important reason for doing evaluation is because social workers and social work agencies must answer for their work, not just to the clients who are the direct users, but to the public that supports them. This is what professional *accountability* means, the demand for which has become more pronounced because of scarce resources in our country. There are two aspects of accountability: (1) *effectiveness* which refers to the question on whether or not the services or intervention plans are accomplishing their intended goals; and (2) *efficiency* which refers to the cost of services and intervention plans on money, time, and other resources.[47]

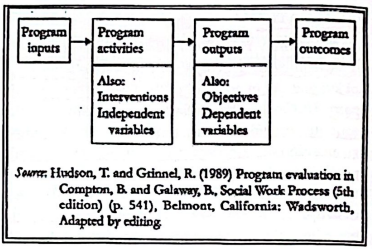
EVALUATION MODEL

Evaluation in social work is done on two levels: (1) on the level of direct practice with clients, and (2) on the level of program implementation. The procedures for conducting evaluation and the problems likely to be encountered in the process are believed to be essentially the same in both social work practice and program implementation so that there is really no need to make a sharp distinction between these two levels.[48]

An honest-to-goodness evaluation in social work should utilize scientific methods to measure outcomes. Therefore, as in any good research, the evaluation is directed toward the following: (1) measuring the outcomes (dependent variables) of programs or specific interventions; (2) measuring the change processes or the nature of the intervention themselves (independent variables); and (3) utilizing a research design that will permit you to attribute the outcome to the change processes.[49] Evaluation that is concerned with outcomes or effectiveness is called *summative evaluation;* while evaluation that is concerned with looking at the process of the work is called *formative evaluation*. Both types of evaluation can be undertaken at both program and direct practice levels, and comprise what is called *evaluation research.*[50]

Formative research + summative research = evaluation research

Hudson and Grinnel offer a useful model for both program and practice evaluation (See Figure 8) called "Elements of Program Structure and Logic." It shows that the structure of an evaluation, whether program or practice evaluation, will involve four elements or sets of variables: *inputs, activities, outputs,* and *outcomes.*[51]



Source: Hudson, T. and Grinnel, R. (1989) Program evaluation in Compton, B. and Galaway, B., Social Work Process (5th edition) (p. 541), Belmont, California: Wadsworth, Adapted by editing.

Figure 8. Elements of Program Structure

The four elements are explained below:

(1) Inputs are the resources necessary to implement the program or the intervention. At the program level, this may include cash, particular types of staff like trained house parents in childcare institutions, and clients for the service. At the direct practice level, this would include things like the worker's time, skill and access to information, and resources to carry out the intervention plan.

(2) Activities are the things that agencies do to produce change, *i.e.*, services. They are the cause of the change (independent variables). At the program level this may include things like intake interviewing, counseling, referral, etc. At the direct practice level, this means the process of intervention, or the things that the worker and client will do to implement the intervention plan.

3. Outputs are the immediate result of the program or intervention plan. An example is when the provision of skills training to an underemployed person results in that person's getting a better-paying job. The output is having secured the good-paying job.
4. Outcomes are the longer-term benefits from the program or intervention plan. In the case of the example given above, the long-term benefits for the client because of the better-paying job could be increased self-esteem and self-support. Outcomes provide the socially justifying reason for the intervention.

Formative Evaluation

Summative and formative evaluations are interrelated. Many practitioners, however, if they do practice evaluation at all, do so more in terms of evaluating the outcomes of intervention activities (summative evaluation), and less in terms of the processes that take place during intervention (formative evaluation).

Formative evaluation forces the worker to find out whether the intervention plan is being implemented as designed. Intervention plans can be viewed on two levels, the conceptual level (what the worker agreed to do by way of a plan in order to achieve her goals, which is usually in written form) and the operational level (what she actually does, the activities she and the client engage in to accomplish the goals).[52] During formative evaluation, the worker must ask herself whether the plans have been executed, as planned. It is fairly common to have plans which are not implemented, for different reasons.

Formative evaluation allows the worker and her client to discuss these reasons and to decide on the appropriate action to take. Sometimes the appropriate action is to revise the intervention plan, which may also call for a modification of the goals and redefinition of the problem. Compton and Galaway note that program and intervention methods in social work are often poorly conceptualized. Because of this, "efforts to measure outputs and outcomes may be premature unless workers are also simultaneously engaging in formative evaluations directed toward conceptualizing and measuring the nature of the intervention used."[53] Thus, conceptualizing and measuring the extent of her intervention activities is viewed as an appropriate beginning place for her research efforts. Before she does this, Compton and Galaway emphasize that the worker needs a clear picture of how she is going to go about intervening and why she believes that the intervention, if accomplished, will lead to the objectives that she and the client have established.[54]

Qualitative and Quantitative Measures

There are not very many social workers who do evaluation of their practice. This is not surprising because this is the reality everywhere else. Perhaps this is because most of their work time is taken up by their actual helping activities, which leaves little time for evaluation and other forms of research.

It is believed that the current state of knowledge regarding measurement of outcomes of social work intervention is a reason for difficulties in doing evaluation.[55] However, this should not be a reason for not doing any. Evaluation of practice is an important aspect of

professional responsibility, and if one really wants to examine whether her interventions are working or not, she has to overcome whatever barriers there may be to doing evaluation.

A social worker needs to know whether the methods and procedures she is using in her practice are effective or not. The field of research offers measurement techniques which can evaluate individual, group, and environmental change.

Qualitative measures like case studies where she describes the situation of the client before and after intervention, can be used. This will show the value of her approach. She can use this technique to measure the effects of individual and group treatment on the client.

Quantitative measures are among the more recent designs for evaluating change efforts of social workers. Among the examples cited for evaluating individual change are Behavioral Counts, Goal-Attainment Scaling, Self-Ratings on Emotional States, and Value Clarification Ratings. There are also techniques for measuring group structures and group processes, as well as social psychological instruments that have been developed by social scientists and can be adapted for evaluation of changes in groups.[56] A social worker who wishes to do evaluation and wants to learn more about these and other quantitative techniques can consult standard references such as in sociology and psychology.

Although the current state of evaluation in social work leaves much to be desired, there exist many self-evident data that can show the effectiveness of the interventive activities and programs of social workers and social work agencies. Much of these data relate to changes

in the client's reality or environment. Some examples are changes in agency policy, rules or procedures, utilization of needed community resources, enactment and implementation of national and local legislation (*e.g.*, laws on child abuse, tenancy laws, and anti-pollution laws). However, as to the effectiveness of the intervention plan used, this should not be done with the worker just certifying to its effectiveness. There are ways of assessing certain types of environmental targets. These include the use of available documentation (*e.g.*, policy change embodied in a manual), interviews with objective and reliable persons who can attest to the changes that have taken place, and the use of measurement scales (*e.g.*, scales to measure variables in the environment that have impact on participants in those environments).[57]

To be able to do systematic evaluation of practice with an individual, group, or community, the following are needed, which we will call the "essentials" for doing evaluation:

1. *A clear definition of the goals and objectives to be attained.* These should be written down so that the direction being pursued is clear to both worker and client. To put it simply, how can the worker tell if she has been effective in helping if she was not clear in the first place as to what it was that she wanted to accomplish?

2. *A clear definition of the intervention and change activities to be undertaken.* All the authors who have written on the subject of evaluation, particularly those who focus on the problem-solving approach to practice, underscore the need to be very specific in stating interventive

plans. For example, instead of just saying "counseling," it is suggested that the worker be very specific, *e.g.*, help with learning about budgeting, assertiveness, job-seeking, etc.; because by doing this, one is better able to tell which particular activities had a major effect on the accomplishment of the goals that were established.

3. *Documentation of the activities undertaken to achieve the goals defined*. Records and other written documents of the activities undertaken are necessary for evaluation. Documentation provides a way of monitoring the activities of the worker and the client.

   This is undoubtedly superior to any later attempt recalling events which have long transpired. These records also tell the worker and the client about the discrepancies between the plans and implementation, who did not follow through on their agreements, what actions were inappropriate or were handled properly, etc., and therefore why the goals are not being attained or were not attained.

E. TERMINATION

When is a helping relationship terminated?

A social work problem-solving relationship does not go on forever. It has time limits, so that whether one is working with an individual, a group, or a community, the social worker should discuss with the client the more or less expected duration of the helping relationship. It

should be made clear to the client that disengagement is the natural conclusion to such a relationship, regardless of the nature of the client's problem. What conditions call for such disengagement? The following are the most common reasons for terminating the client-worker relationship:

1. *When the goals set by the worker and the client have been reached.* As pointed out earlier, goal-setting is a very important task undertaken by the two parties during the planning phase of the helping process. Goals provide a very clear direction for the helping relationship. Their attainment is often the major consideration for deciding that it is time for her and the client to disengage from this relationship.

2. *When, after a reasonable period of time, there has been very little movement toward the attainment of the goals formulated, and the prospect for any change in the situation is held unlikely.* During the helping process, it does not take long before the worker can observe indications of whether there is potential for change or progress toward the desired goals. The worker should know what is a "reasonable period of time" to allow for the helping relationship to show some positive movement. She should also know when it is time to give up because she is convinced that nothing can be gained by continuing the helping relationship. This lack of movement can happen even in the case of a client who in the beginning was highly motivated to engage in problem-solving with her help. It is expected, however, that the worker will exert effort to deal with these

indications of lack of movement (*e.g.*, client's noncompliance with his/her expected tasks or responsibilities). The existence of irreconcilable differences between the worker and the client should also be confronted realistically and viewed as a valid reason for termination.

3. *When the client thinks that the worker has provided sufficient help so that it is now possible for the client to pursue problem-solving on his own.* The worker is expected to periodically evaluate the progress of the helping relationship with the client and should not resist "letting go" of the client when there are clear indications that the latter can already manage, *i.e.*, achieve the other planned goals by himself.

4. *When an agency does not have the resources needed by the client or the worker does not get her agency's approval to provide the services needed by the client.* When service applicants are accepted and become agency clients, the presumption is that the agency is in a position to respond to the clients' needs or problems. However, it is not always possible to know at the start all the resources that a client's problem or situation will require for the worker to be able to accept or reject the client for service. It can also happen that during the intervention phase the worker will see the need for the client to receive some vital service which the agency does not or will not provide (*e.g.*, a client needs a group-guided experience

in addition to the one-on-one mode of helping which is all that the agency provides). Such a situation can lead the worker to decide to terminate the helping relationship. The process or referral often follows (to be discussed shortly).

5. *When the systems outside the client make it difficult for the client to continue with the helping relationship or when these systems influence the client to discontinue the relationship.* Some clients are dependent on other systems – their families, residential institutions, etc. – whose support and cooperation are essential to sustained participation in some needed social work program. For example, an out-of-school youth who needs to undergo skills training as a prerequisite to job placement needs the financial support of his family during the period of training. The family's withdrawal of support can lead to a termination of the helping relationship with the worker or her agency in cases where the agency does not have substitute resources for the client. Or, in the case of children living in an institution but who have to be brought to another agency for a needed treatment program, the inability of the institution to provide transportation for the children's safe and prompt travel to said agency would be a reason for discontinuing their use of the latter's treatment program.

6. *When, for one reason or another, the worker must leave the agency.* If the worker resigns from her job, go on extended leave, or is given other

assignments, sometimes she may have to pre-terminate the ongoing helping relationship. What may result is the transfer of her client to another worker, or the client's referral to another agency.

In the Philippine situation, the matter of terminating client-worker relationships calls for some qualification. The current practice of assigning workers to take charge of several communities, or of several barangays (as in the case of local government units), makes termination not quite as final as it sounds. The worker remains in her assigned area of responsibility and it is probably more accurate to say that it is intervention on a particular problem that is terminated rather than the helping relationship itself. An example of this is seen in the client whose problem with his mentally retarded child has just been solved, after several weeks of working out the problem with the worker. After a few days, he went back to the worker, this time seeking help in relation to the disconnection of water service in his neighborhood because of the failure of many of the residents to pay their water bills. In social work with groups, one does not really terminate a group, unless the group was organized for some concrete task, *e.g.*, skills training, or community sanitation project, and that task has been accomplished. Many agencies today are concerned with such development-oriented activities, and group members "graduate" from certain activities after a certain period of time, and then move on to other problem-solving activities. In effect, what we find is a continuing service, with termination in the real sense taking place only perhaps because the worker has to leave the place of assignment; or the agency, for some reason, must give up

the particular service. It may also happen when the client is no longer interested, some indications of which are his continuous failure to keep his appointments with the worker, or when the group of community members no longer attend scheduled meetings.

Two terms were used in relation to the termination of the helping relationship — transfer and referral.

Transfer is the process by which a client is referred by his social worker to another worker, usually in the same agency, because the former will no longer be able to continue working with the client, or because she thinks another worker is in a better position to work with her client's problem. Whatever the reason, a transfer should first be discussed with the client, and care should be taken to effect a smooth transfer.

Referral is the act of directing a client to another worker/agency because the service that the client needs is beyond the present agency worker's competence, or the client needs the additional service which the present agency cannot provide. A referral involves not only the giving of instructions to the client as to where the agency is located and whom to look for. A real referral means that the worker will do her best so that the client will obtain the service that is needed. This may involve explaining the agency's policies and rules, clarifying the client's questions about the agency to prepare him for the bureaucratic intricacies that will likely confront him, and providing guidance or instructions on how to deal with these.

THE COMPONENTS OF TERMINATION

Termination can mean different things to different people. When a client and the worker have had a meaningful relationship, it is normal for both of them to not only have mixed feelings about the relationship that is about to come to an end, but also to actually feel a sense of loss, or perhaps even grief over the impending separation. On the other hand, a client or worker may actually feel relieved and welcome the reality of termination, especially when the helping process, for one reason or another, has been a difficult one for either, or both of them.

Ellen Pincus and Anne Minahan present three major components of the termination process: disengagement, stabilization of change, and evaluation.[58]

Disengagement

While termination is supposed to have been discussed from the beginning of the client-worker helping relationship, the reality often evokes certain feelings and reactions from both worker and client, which must be faced.

On the client's part, the following are among the most common reactions that have been identified.[59]

1. *Denial.* Denial is a defense mechanism that is employed to avoid painful feelings. This is manifested in such behaviors as ignoring or avoiding any discussion of termination; or not keeping appointments after termination is discussed. Johnson states that it is important for the worker to "reach for feelings" at this point, so that she can move through the termination process.[60]

2. *Emotional reactions.* Fear of loss or fear of the unknown can give rise to feelings of sadness or of grief. There can also be anger expressed in verbal outbursts or physically violent behavior directed toward the worker and/or other significant systems. Some clients regress to old patterns of behavior to punish the worker or to be punished by her so there could be an extension of the helping relationship. To deal with these reactions the worker should accept the client's feelings and the fears, anxieties, and past experiences that are the source of these feelings. This effects a working through of the client's feelings and enables him to disengage from the relationship in a helpful manner.[61]

3. *Bargaining.* Some clients try to negotiate an extension of time or a modified schedule which can mean fewer contacts over a longer period with the worker. Some offer promises or gifts. The worker should be understanding, but firm in terminating the helping relationship if she is convinced it is time to do so.

4. *Depression.* Listlessness, little energy, withdrawal, sadness, helplessness, despair, absence of motivation to go on are the manifestations of depression. The client's pain is real and evident.

5. *Acceptance.* The client manifests an increase in energy, and is able to talk about the good and the bad times and to think about the future. There is "quiet expectation" as the client begins to show interest in forming new attachments.

The client returns to his level of functioning before the depression and moves away from self-pity or self-centeredness.

Clients react differently to termination. The following are some of the factors which influence their reactions:

1. *Length of service.* Generally, termination is less difficult for clients who have been engaged in short-term and therefore less intensive involvement compared to clients who have been involved in a long-term helping relationship. Strean points out that a long-term relationship is likely to have stimulated dependency needs and wishes, transference reactions, revelation of secrets, embarrassing moments, exhilaration, sadness and gladness.[62]

2. *Attainment of client goals.* Goal attainment is an accepted primary consideration for termination. Clients who acknowledge that their goals have been attained usually face termination with a positive and even cheerful attitude. However, it is important for the worker to understand that goal or task attainment does not necessarily mean that the client wants the relationship with the worker to end. Thus, signs of reluctance or resistance to termination should be explored with the client and handled accordingly. Strean points out that intervention at termination is not very different from the worker's activities at any other time during the helping process. This means that she also has to plan activities based on her assessment of the client and his

situation, the client's level of maturation, and the meaning of termination to the client.[63]

Related to goal attainment as a factor that influences a client's reaction to termination is clarity of goals. This lack of clarity between the worker and the client as to the goals being addressed can result in the helping relationship going on and on. If one does not know where she is going, she will never get there. This is true also of any helping relationship. An individual client, a group, or a community that was not clear in the first place on why it got into a relationship with a helping person like the social worker, is not going to be in a good position to discuss the ending of that relationship.

3. *Client-worker relationship.* The subject of client-worker relationship is so important that it can not be overemphasized in social work. No client who has been involved in a meaningful relationship with his worker looks forward to termination with cheer and enthusiasm. On the other hand, when a client's experiences with the worker have not been positive, or when the client feels his needs are not being properly understood and responded to, the client may express the wish to terminate the helping relationship even before it is time to do so. Pre-termination does not occur only at the instance of the worker but also of the client. When it is the client who pre-terminates and there is no "good" reason like transfer of residence to a really distant place (which may then call for a

referral to another agency), it is not only an embarrassment or a reflection on the worker but can create problems for the client. This can be avoided if the worker is sensitive to signs or manifestations of resistance or negative feelings on the part of the client and is willing to deal with them promptly and properly.

4. *Modality of intervention.* The worker's particular helping mode affects her client's reaction to termination. In work with small groups, for example, termination can be anxiety-provoking because a group member has to cope with the impending separation not only from the workers but also from the other group members. In the Philippines, many social workers assigned to work in certain communities for indefinite periods of time do not experience the "separation anxiety" that usually accompanies termination. This is because while their work with communities on particular projects or concerns may have been completed, they continue to stay in their assigned community and therefore also maintain their relationships with the residents.

Stabilization of Change

Ronald Lippitt, *et al.*[64] contend that the main test of a change agent's help is the stability and permanence of the client system's changed behavior when the change agent is no longer actively working with the client. They submit that "the change process must equip the client system to carry on effectively in a wide range of day-to-day activities after

the initial change project is over." Robert Vinter[65] explains this as the requirement of transferability, *i.e.*, gains achieved by clients within the helping process must be transferable beyond this process, and the degree and quality of improvement should be assessed according to conventional standards in the community.

The worker's main function during the stabilization of change is to insure generalization and spread of a change effort which has been started.[66] This means that she must see to it that the change or gain(s) achieved is not an isolated one or one that is good only for as long as the helping relationship lasts.

Louise C. Johnson[67] offers the following helpful ways to stabilize change that has taken place:

1. You and the client should review what has happened in your joint effort as this helps the client understand how he has grown and what led to the growth.
2. You and the client should explore possible ways of dealing with situations similar to the one that brought the client to the agency for help; you consider how the learning that has taken place can be transferred to other situations.
3. You and the client should identify other resources in the client's environment that would be useful in coping with life situations.
4. You should assure the client that the agency will still be there to provide him service should he later have problems beyond his ability to handle.

5. You and the client can discuss other goals that can ensure further growth on the part of the client, and the resources that can be used for this purpose.
6. You should maximize the client's understanding of the problem-solving process.
7. You should give the client realistic hope that the client can function without the worker's help.

Terminal Evaluation

Evaluation is an ongoing part of the helping process, hence, the word "periodic" or "regular" evaluation. Periodic evaluation allows the worker and the client to review and, if necessary, revise the goals and objectives, assess gains and/or failures, negotiate conflicts, and so on. During the termination phase, however, evaluation, i.e., "terminal evaluation" is particularly important. It is the time for the worker and the client—but particularly the worker who has been the helping person—to appraise what have transpired, to focus on the goal or goals formulated during the Planning phase, and of course, on the problem that was identified during the Assessment phase. Johnson[68] states that the major question to be answered now is, Did we accomplish what we set out to do? If the goal was achieved and the need met (or problem solved), then the service has been effective. She also points out that when considering the outcome of service, the worker should look at changes in the client's behavior and attitudes, the knowledge gained, and the process that was involved in reaching the goal. With regard to the last item, the worker should identify what have been useful and what have not been helpful and what

might have been done differently. So called "spin-offs" or unexpected/unwanted consequences of the work together should be noted as this will help the client know how to deal with future problems. It will also help the worker to better[69] understand the helping process and the means of working with clients.

As in all previous phases of the helping process, terminal evaluation should involve client participation. The client should review what has taken place, acknowledge improvement or change, recognize his part in the process and understand how the lessons learned may be transferred to life experiences after the disengagement from the helping relationship.

Whether the worker likes it or not, terminal evaluation will always, in one way or another, involve an examination of her performance. This is perhaps the reason why many social workers do not give evaluation the time and serious effort it deserves. The evaluation of goal accomplishment in relation to the client's need or problem may reveal her limitations and mistakes. To the immature and insecure practitioner this may indeed be a very threatening experience. However, the truly professional practitioner will not be apprehensive about these but will instead accept these limitations and mistakes and address them objectively. After all, competence in practice (which comes from one's professional knowledge, values, and skills) is not developed overnight. What is important is that the worker does her work to the best of her ability, within the limits of her resources. If this has been done, there is no reason for the worker to resist or be apprehensive about evaluation, for she will realize that it is essential to good social work practice.

GUIDES FOR DISCUSSION/ACTIVITIES

1. Name and explain the basic steps in systematic problem solving. Comment/react to the use of these steps, *e.g.*, is there another/better way of handling a problem? (Respond to this by looking back to a problem you have experienced and how you handled it).
2. What does "social work helping process" mean? Explain clearly.
3. Visit any social work agency of your choice. Get permission to read and use a Case Study for presentation in class (you have to change all identifying information).
   a. Critique the Case Study.
   b. Pretend you are the social worker. Rewrite/improve on the Definition/ Statement of the Problem/Assessment Statement and Helping Goals and Plans.
4. Read additional references on the interventive roles of a social worker. Share your findings in class.
5. Invite a social worker to act as a resource person in class on the topic "Our Agency Experience in the Use of the Social Work Helping Process."

EndNotes

[1] Beulah R. Compton and Burt Galaway, *Social Work Processes*. Belmont, California: Wadsworth, Inc. (1994), 48.

[2] *Ibid.* 49.

[3] Helen Harris Perlman, *Social Casework: A Problem Solving Process*. Chicago: University Press (1957), 5.

[4] B. Compton and B. Galaway, op. cit. 50.

[5] Emanuel Tropp, "The Group: In Life and in Social Work," *Social Casework*, Vol. XLIX No. 5 (May 1968), 267-274.

[6] Naomi T. Brill, *Working with People–The Helping Process*. New York: Harper and Row (1978), 14.

[7] Howard Goldstein, *Social Work Practice: A Unitary Approach*. Columbia, S.C.: University of South Carolina Press (1973), 84-86.

[8] *See* Louise C. Johnson, *Social Work Practice*. Massachusetts: Allyn and Bacon, Inc. (1986), 261.

[9] B. Compton and B. Galaway, op. cit. 370.

[10] Maria O'Neil McMahon, *The General Method of Social Work Practice*. New Jersey: Prentice Hall, Inc. (1990), 154.

[11] R. Sarri, M. Galinsky, S. Siezel, and R. Vinter "Diagnosis in Group Work," in *Readings in Group Work Practice* ed. by Robert D. Vinter. Michigan: Campus Publishers (1967), 51.

[12] Robert D. Vinter, "The Essential Components of Social Group Work Practice," in *Individual Change Through Groups*, Paul Glasser, Rosemary Sarri and Robert D. Vinter, eds. New York: The Free Press (1974), 10.

[13] R. Sarri, M. Galinsky, et. al., 50.

[14] Beulah R. Compton and Burt Galaway, *Social Work Processes*. Homewood, Illinois: The Dorsey Press (1979), 286.

[15] *Ibid.*

[16] M. McMahon, op. cit. 157.

[17] B. Compton and B. Galaway, op. cit. 358.

[18] M. Mcmahon, op. cit. 153-160.

[19] Louise c. Johnson, op. cit. 261.

[20] *Ibid.*

[21] *Ibid.* 283.

[22] *Ibid.*

[23] *Ibid.* 286.

[24] *Ibid.* 285.

[25] B. Compton and B. Galaway, op. cit. 400.

[26] *Ibid.* 401.

[27] Louise C. Johnson, op. cit. 286.

[28] *Ibid.* 288.

[29] *Ibid.* 292.

[30] *Ibid.* 295.

[31] Werner W. Boehm, *Objectives of the Social Work Curriculum of the Future*. Vol. 1. New York: Council on Social Work (1959), 53.

[32] B. Compton and B. Galaway, op. cit.

[33] *See* Beulah R. Compton and Burt Galaway, op. cit. 427-460; Thelma Lee-Mendoza, *Social Welfare and Social Work*. Cebu City: Cornejo & Sons, Inc. (1981), 161-216; and Leonard Schneiderman, "Social Welfare, Social Functioning and Social Work: An Effort at Integration," in *The Practice of Social Work*, Robert W. Klenk and Robert M. Ryan. Belmont, California; Wadsworth Publishing, Inc. (1974), 357-371.

[34] Max Siporin, "Situational Assessment and Intervention," in R. Klenk and R. Ryan, *ibid*, 153.

[35] B. Compton and B. Galaway, op. cit. 429.

[36] *Ibid.* 434.

[37] *Ibid.*

[38] L. Schneiderman in R. Klenk and R. Ryan, *The Practice of Social Work*, op. cit. 365.

[39] B. Compton and B. Galaway, op. cit. 430-432.

[40] *Ibid.*

[41] *Ibid.*

[42] L. Schneiderman in R. Klenk and R. Ryan, *The Practice of Social Work*, op. cit. 363-364.

[43] Fred M. Cox, John L. Erlich, Jack Rothman, and John E. Tropman, *Strategies of Community Organization*. Itasca, Illinois: F.E. Peacock Publishers, Inc. (1979), 42.

[44] B. Compton and B. Galaway, op. cit. 403-405.

[45] Louise C. Johnson, op. cit. 385.

[46] R. Compton and B. Galaway, op. cit. 550.

[47] *Ibid.* 540.

[48] *Ibid.*

[49] *Ibid.* 541.

[50] *Ibid.*

[51] *Ibid.* 542.

[52] *Ibid.* 547.

[53] *Ibid.* 550.

[54] *Ibid.*

[55] Charles D. Garvin, *Contemporary Group Work*. New Jersey: Prentice Hall, Inc. (1981), 185.

[56] *Ibid.* 187-200.

[57] *Ibid.* 200.

[58] *See* Allen Pincus and Anne Minahan, *Social Work Practice: Model and Method.* Itasca, Illinois: F.E. Peacock Publishes (1973), Chapter 3.

[59] It has been noted that the defenses and reactions of a system during termination may fall within any or all of the stages of the grieving process described by Elizabeth Kibler-Ross in her book *On Death and Dying.* New York: MacMillan (1969), 34-121; although not necessarily in every case, nor in this exact order: Denial, Anger, Bargaining, Depression, and Acceptance. *See* Maria O'Neil MacMahon, *The General Method of Social Work Practice,* op. cit. 296-297.

[60] Louise C. Johnson, op. cit. 395.

[61] *Ibid.* 396.

[62] Herbert Strean, *Clinical Social Work Theory and Practice.* New York: Macmillan Publishing Co., Inc. (1978), 228.

[63] *Ibid.* 244.

[64] Ronald Lippitt, Jeanne Watson and Bruce Westley, *Planned Change.* New York: Harcourt, Brace & Co., Inc. (1958), 226.

[65] *See* Robert D. Vinter, "The Essential Components of Group Work Practice," in Paul Glasser, et al., op. cit. 14.

[66] Ronald Lippitt, op. cit. 226.

[67] Louise C. Johnson, op. cit. 397-398.

[68] *Ibid.*

[69] *Ibid.* 398-399.

بسم الله الرحمن الرحيم

8

SOCIAL WORK HELPING MODELS AND APPROACHES

In Chapter 7, the steps involved in the social work helping process were discussed. Regardless of the field or setting, social workers who engage people in direct helping relationships are expected to do Assessment, Planning, Intervention or Plan Implementation, Evaluation, and Termination. Many different activities are undertaken corresponding to each of these steps in the helping process.

In this chapter, we will discuss the different social work models and approaches to provide the social worker with an overall guide, particularly, in her planning and actual interventive work. Depending on the nature of the client's problem situation, the worker can choose one (or more) of these models or approaches as her helping "strategy":

I. For individuals, groups and communities: Direct Provision Model; Intercession-Mediation Model; Mobilizing the Resources of Client Systems to Change their Social Reality; Crisis Intervention; and Problem-Solving Model.

II. For individuals and groups: Task-Centered Model; Psychosocial Approach; Functional Approach; Behavioral Modification; Family Intervention; Counseling; Case Management.

III. For groups[1]: Developmental Approach; Interactionist Approach; Remedial Approach.

IV. For communities: Community Development Model; Social Planning Model; Social Action Model.

V. Indirect Models of Intervention: Working with the Elite; Documentation/Social Criticism; Advocacy.

This presentation does not purport to be an exhaustive one. Current social work literature presents many more such models and approaches. A good number of these are already established theories, while others need further testing and refinement.

The author has selected models and approaches which she considers most relevant and responsive to the problems and situations of social work clients in the different settings that employ social workers in the country. In fact, the first three, as well as the last three models that will be presented were developed with the Filipino client in mind.[2] The rest, while all developed in the United States, are very applicable to the Philippine setting as evidenced by the availability of cases to illustrate them.

All the cases that are presented to illustrate these models and approaches were taken from actual case records, prepared by the author's own fieldwork and/or

classroom students or shared by agency colleagues. I pause to thank them all.

With our practitioners' adequate understanding of these models and approaches, a commitment to learn the competencies they require in knowledge, values, and skills, and a resolve to apply them in practice, we can expect that the quality of social work practice in the country will greatly improve.

THE DIRECT PROVISION MODEL

The poverty situation in the Philippines calls for the direct provision of various forms of material assistance to different needy and disadvantaged individuals and groups in practically all parts of the country. Many agencies' social services are concentrated on this activity while countless others include it as an important aspect of their programs.

The direct provision of material aid should not be equated with "dole-outs" which means alms, or the giving of money or goods in charity. When undertaken by a social worker, the systematic steps in the social work helping process of assessment, planning, plan implementation (intervention), evaluation, and termination are observed. How much time and effort will be involved in doing these will depend on the nature of the problem. The process of helping one family that wants to take advantage of the government's "Balik-Probinsiya" program will be very different from the process of helping one entire barangay that needs to be relocated after the occurrence of a natural disaster that destroyed all of the

residents' houses. However, the helping process is basically the same for the two situations.

The goal of this model, according to Schneiderman,[3] is the enhancement of client social functioning through the direct provision of material aid useful in eliminating or reducing situational deficiencies. Others refer to this as "resource provision," where "resources may be mobilized, created, directly furnished; where the client may be advised and counseled in making optimal use of them."[4]

Schneiderman states that this model involves the direct administration of existing programs of material aid which, in turn, involve any one or all of the following activities: (1) case-by-case involvement of the client in the study and evaluation process (determination of need and of forms of need-meeting); (2) a determination of eligibility within the administering agency's terms of reference; (3) a judgment that the provision of the service or benefit will promote the client's best interest (that it will not have counter-productive consequences which could be overlooked by the untrained observer); and (4) recruiting, selecting, training, supporting, collaborating with personnel offering direct care (*e.g.*, homemakers, foster parents, adoptive parents, health personnel, trainers, day care workers, etc.).

Programs of material aid abound in the country today — temporary financial assistance, employment, shelter, medical care, skills training, etc. The realities in the Philippines render such programs relevant at all times. Certain parts of the country are particularly needful of this intervention, like the typhoon-prone provinces in the South during the rainy season, or places where people

depend on seasonal jobs for their livelihood. One social worker's description of her activities captures the essence of this model of intervention:

> *The thrust of our work in the region are three programs of our agency: the self-employment assistance program or "SEAP" (which offers capital for a small business venture), practical skills development, and the establishment of day care centers. Most of our clients avail of the SEAP – those who go into the sari-sari store business, tricycle drivers, even our cultural minorities. The fishermen apply for financial assistance since the catch here is seasonal. We have also established sheltered workshops among the aged; we have five groups with six members in each group. Our house-to-house survey was conducted with the help of barangay officials and indigenous community leaders who revealed that there are many malnourished pre-school children in the area. Responding to the request of the barangay officials, I recommended the provision of a service. We organized the mother's club of eighteen members which undertook the preparation of the food for the children in the day care center and contributed towards the payment of honorarium for the volunteer day care worker. We then conducted a training workshop, the Volunteer Resource Development, where we invited resource persons like a midwife, the sanitary inspector, the barangay captain, and military personnel. We also provided training in mat-weaving and embroidery. We also found out that there was a big number of out-of-school youth in the community. Through our agency's youth development worker, we organized them (15 to 22 members) into a group so we could render our program along population awareness and*

> *sex education. We made these youth aware that they can avail of SEAP if they group themselves, thereby making good use of their time and skills, and developing cooperation and participation.*

The completion of the work involved in this form of intervention may lead to the use of another helping model or approach, if the social worker sees this as appropriate or necessary.

The Intercession-Mediation Model

The Intercession-Mediation model of intervention involves the process of negotiating the "service jungle" for clients, whether singly or in groups. The worker here "connects" the client to need services in the system until he has availed of them. Worker activities here include, but also go beyond the mere giving of direction or information as to where needed services are available. Worker plays a variety of roles in the client's behalf — helper, interpreter, facilitator, expeditor, escort, negotiator, broker, etc. to insure rapid service delivery. Schneiderman adds to these "the utilization of non-consensual strategies such as direct confrontation, administrative appeal, and the use of judicial and political systems, as appropriate."[5] In relation to this, the legal model, rather than the medical model (with which social work has been traditionally associated), seems most appropriate for the social worker to use. For, in this form of intervention, she, like the lawyer, takes a partisan interest in the client and his cause. She becomes an intercessor-advocate. Countless situations in our setting demand such a role from the social worker: working

women who are denied labor benefits by their employers; juvenile offenders who are arrested; the illegally detained, neglected prisoners who should already qualify for parole privileges; slum dwellers being illegally evicted; uneducated farmers being exploited by their landlords; abandoned wives and children entitled to legal support from their spouses/fathers; victims of usury; widows/widowers whose claims for insurance benefits are in the dead files of insurance offices for lack of supporting documents, etc. In these situations, the advocate may have to "argue, debate, bargain, negotiate, and manipulate the environment on behalf of the client . . . the effort is to win for the client; advocacy efforts are frequently directed towards securing benefits to which the client is legally entitled."[6]

The need for the social worker as intercessor-mediator is particularly relevant to the needs of the multi-problem Filipino client. A study of the public assistance clientele of the Department of Social Welfare showed that every family that applied and which was found eligible for public assistance by the agency had an average of five problems or needs. "These comprised the need for material aid, and the problems of being jobless or with irregular or occasional work, with meager income or no source of support at all, unskilled or with limited and no schooling, and with family members ill, handicapped, or sickly. While these same problems were prevalent with the aged, handicapped and minors, additional problems of chronic illness, disability, senility, abandonment, family troubles, and the accompanying emotional tensions, make up the multiplicity of their problems and needs presented up to eight."[7] The situations of these clients do not call for long-term clinical treatment but for the immediate solution of

their problems which is necessary for their survival. These multi-problem clients qualify for most health and welfare services available under the existing social welfare system. However, many of them are not aware of these services, and even if they are, they do not know how to access these services. What is needed is a third party who will mediate between service demand and service supply and, where appropriate, assist the agency to provide more adequate and responsive services to clients. The practitioner's authority to intervene in this manner springs from the client's needfulness. This cannot be ignored by a profession whose main concern is for the adequate social functioning of people and, therefore, has the responsibility for helping solve the problems arising from it.

Illustrative Case

Cesar de Mesa

Cesar de Mesa was interviewed by worker in connection with his application for admission to the (rehabilitation) agency where he wants to learn new skills.

Client is a 35-year old, married, father of five children, whose ages range from three to eleven years old. He was employed as a company driver up to two-and-a-half months ago when he figured in a vehicular accident while on duty, resulting in the loss of his right arm. Not being covered by the Social Security System (having been in the company for only two months), his company paid for most of the hospital expenses at the National Orthopedic Hospital where he was confined for two months.

His wife, 36 years old, works as a laundry woman in the neighborhood and earns ₱150.00 a day. This is her net income since she gets free meals and does not spend for transportation. Her problem is their two younger children, a boy and a girl, three and five years old, whom his wife has to bring along to work because there is nobody to care for them at home.

Worker discovered that client was a member of a company union where a collective bargaining agreement entitles him to compensation for his partial disability. However, he was talked out of pressing for his claim as according to the head/owner of the company (for whom he was driving during the accident) the business is "in distress." He was given ₱5,000.00 the day he left the hospital and was told to just visit the owner occasionally. He told worker he did not have the courage to insist as the owner and his wife had been very kind and very generous to him and his family in the past.

After discussing the matter carefully, client realized that because of "hiya," "pakikisama" and "utang na loob," he was deprived of his rightful compensation, the payment of which can greatly help him and his family through the months of occupational rehabilitation in the agency and the period he will need to find a new job.

Based on the careful assessment of his situation, the following were agreed upon:

1. Client will come to the agency for assessment for three mornings prior to his attendance in a daily skills training program corresponding to his aptitudes and interests (four to eight months training);

2. Worker will help the client in the following ways, with his full participation and cooperation;

a) intercede for the payment of client's disability compensation (client will write formal letter and, on his request, be accompanied by worker to see his employer; worker will help client with the Department of Labor or Public Attorney's office, if necessary);

b) assist client in locating day care centers nearest to his house to ease the problem of his wife;

c) link client with a resource that can help him with his expressed need for an artificial arm;

d) assist client in finding a job upon his completion of the training program.

Finally, the social worker's intercession-mediation is a response to the often alienating effects of bureaucratic structures, manipulating them when necessary and appropriate, in the interest of the client. With first-hand experience on the effects of bureaucracies on clients, one way by which a worker may further link clients and services together is by interpreting client's problems and difficulties to these systems in the hope that more effective forms of inter-agency, as well as intra-agency coordination and communication, will take place, or that some form of joint study and deliberation among representatives of these bureaucracies will result in more coherent policies.

Similar to the Direct Provision Model and the other helping models and approaches presented in this book, the Intercession-Mediation Model is applied in the context of the social work helping process, meaning, that the worker has to do assessment, planning, intervention, evaluation and termination.

Mobilizing The Resources Of Client Systems To Change Their Social Reality

This model of intervention is premised on the belief that problems are not always due to personal inadequacies but, often, to deficiencies in the social reality; and that if people are to be helped, the target of attack should be the latter.

Some realities in the Philippine life-scene, such as the lack of basic amenities like water, low-cost housing, inadequate material assistance, employment opportunities, facilities for basic medical care, etc., make it imperative for social work practice to intervene in ways that seek to change or modify the nature of the reality itself, with the stresses and pathologies they impose on people. A method of intervention in which the worker helps, guides or enables the client (individual, group or community), with the use of the client's own resources, to change or modify his social reality is called for. The use of client's own resources is underscored, in changing aspects of his/their social reality which can and should be changed.

Our attention has been repeatedly called to the need to place priority on this form of intervention.

> "In a developing country like the Philippines that has a mass population base in the low income category where the basic issues of nationwide dimension are food, shelter, clothing, education and employment, change agents need to focus on developmental methods and approaches which help people to learn to interact with their environment so that this interaction can facilitate and promote the fullest realization of their human potentials, to help people not to demand that all their basic needs be provided only by others (other institutions, other groups), but that they too have a responsibility to mobilize their own resources no matter how limited and to develop their own potentials with assistance and in partnership with others who have greater resources and capabilities."[8]

The worker's role in the mobilization of client's resources in order to help achieve the developmental thrust of social work in the country has been pointed out even in traditional social work settings:

> "Even hospital social workers can go out and mobilize their clients in their respective communities to develop their capabilities and resources so that these families can develop skills to generate income and thus be able to pay for medical care; but more important still, for these families to organize themselves to facilitate education for better nutrition, for improved health conditions, for environmental and mental health. . . . What about traditional group-serving social welfare agencies? Are they still limited to promoting constructive recreation activities or

are they training staff to work with community groups, adults and youth alike, towards the goal of developing leadership capabilities for social development, and management capabilities for income-generating projects and entrepreneurial activities."[9]

This model of intervention can be used to help individual clients, groups, and communities. Its potential for impact particularly on the situation of multi-problem Filipino clients cannot be underestimated. With the awareness of their number, clients can be helped to realize that through group efforts at self-help, they can improve their life situations. Groups can also be helped to organize themselves in order to work for the provision of facilities, services, and opportunities that they need. All these give meaning to "people empowerment" which is emerging as a very important trend in social work.

One rural community project, entitled "A Training Program for Indigenous Farmer-Leaders and Study Groups" started in 1976,[10] demonstrates how small groups can be used as "agents of change" in their communities.

> "The methodology consists essentially of actual problem-solving through the use of study groups. Starting with the live-in training assistant reaching out to the various sectors, issues/needs/ problems are identified.
>
> A study group is formed only when an issue/need has been identified in common by concerned people in the community. The goal is to get 10 persons per group. In practice,

> however, the composition ranges from 5-15 members.
>
> Learning activities vary from group to group and the design likewise varies according to need and creativity, *e.g.*, dialogues with agency representative, reflection sessions, documentation, mobilization of resources, demonstration farms, periodic evaluation, etc.
>
> In short, as the problem becomes the basis for group formation, so also does the group become the vehicle by which the problem is solved. In the process, the members acquire basic data-gathering and community organizational skills. Learning, thus, is heavily experiential.
>
> Other training techniques supplement the program. They are seminars, short lectures, human relations techniques, field trips, attendance at outside-sponsored leadership and technical training programs and drama presentations by the trainees themselves."

On the second year of the above project, the issues to be handled by the different study groups were narrowed down to high-yielding rice seed production, mushroom cultivation, women's embroidery project, organization and delivery of health services, and construction of a barrio primary school and a sewing center. After two years of operation, some gains were reported.

> "Physically, Silangan appeared left out by the pace of development when the first group of University people arrived in 1976 . . . . Since then, however, some changes have taken place like electrification, the construction of the barrio health center where indigenous first aiders hold office, the setting up of a demonstration farm, the primary school, and the sewing center for women."

As has been stated, this model can be used with any client system when the target of change is clearly the client's system's situation. It is not meant to be used only with communities, in the way the traditional community organization method in social work was developed. Later in this chapter we will present models of intervention with communities, or what is termed "community organizing."

THE CRISIS INTERVENTION APPROACH

The seemingly unending crisis situations that confront people in our country require our social work practitioners to use an approach that is appropriate and therefore truly helpful. My presentation of the Crisis Intervention Approach has been drawn from the writings of several people who have written extensively on this subject.

CRISIS AND CRISIS INTERVENTION[11]

Crisis theory is known to have developed out of work in a public health setting and orientation with a truly interdisciplinary approach involving medicine, social work, psychology, and psychiatry.[12] The theory is based on the idea that there is no such thing as a "problem-free" state, and life is a series of recurring developmental crisis.

A *crisis* is defined as an "upset in a steady state," an emotional reaction on the part of an individual, family, or group to a threatening life event. To be in a state of crisis means that there is a temporary disturbance in one's equilibrium characterized by immobilization of problem-solving abilities and other aspects of daily functioning. It is not considered a disease or pathology but a situation that can happen to anyone in the course of life, and therefore should be received as an opportunity for growth.

Crisis intervention is a process for actively influencing the psychosocial functioning of individuals and groups, during a period of acute disequilibrium. It involves crisis-oriented, time-limited work, usually two to six weeks in duration. It is a mode of brief treatment that can be used in any social work setting and with any target population under stress. To be really effective, crisis intervention should be available within 24 to 72 hours after application or referral for assistance.

In the Philippines, crisis intervention is being used in admission and emergency wards of hospitals, telephone "hot lines" and "walk-in centers," women's desks in police stations, crisis centers for women and children, drug rehabilitation centers, and in the emergency services of public welfare agencies, such as crisis-oriented services to families and groups who are victims of natural disasters.

Intake procedures, waiting lists, and the separation of the processes of study, diagnosis, and treatment are not necessarily observed in the crisis approach.

Crisis intervention involves a warm, empathetic reaching out, and what is called a "search and find approach." Participation is always voluntary and the client should be committed to the change process. Crisis intervention with families and groups includes the following target population: (1) individuals in crisis; (2) those associated with persons in crisis; and (3) those in collective crisis. It is deemed appropriate for people of all ages, ethnic groups and social classes. It only requires that the client should be in a state of crisis or affected by persons in crisis, willing to seek help or be referred for help, and able to sustain a relationship with a helping person for the brief period of treatment.

THE HELPING PROCESS IN CRISIS

Naomi Golan offers a treatment model that is rooted in the problem-solving theory of casework and developed as part of the short-term, task-centered approach to practice. The model divides intervention into three phases – assessment, implementation, and termination. The following is Golan's description of these phases.[13]

Assessment of the Situation

This first phase involves mainly an evaluation of five components of a client's situation to determine whether a crisis exists and what its current status is.

1. *The hazardous event*. This is a specific, stress-producing occurrence, either an external blow or internal change, which occurs to an individual or family in a state of relative stability in its biopsychosocial situation, initiating a chain of reverberating actions and reactions. Such events can be classified into:

   a. Anticipated and predictable. These are two kinds, the normal developmental critical periods when a person is particularly vulnerable (*e.g.*, adolescence or middle adulthood), and transitional stages when the person has to take on new roles, learn new tasks, and adjust to new circumstances (*e.g.*, getting married, moving to a new place).

   b. Unanticipated and accidental events. These are the unpredictable changes that can occur to anyone, at any stage in life, with little or no advance warning. They usually involve some actual or threatened loss (to the person or a significant other) of a person, a capacity, or a function (*e.g.*, loss of a spouse), or the sudden introduction of a new person into the social orbit (*e.g.*, the premature birth of a child). They may happen to entire communities as in the case of natural disasters or sociopolitical events or economic-environmental catastrophes.

2. *The vulnerable or upset state*. This refers to the subjective reaction of the individual or family to the initial blow, both at the time it occurs and subsequently. Each person responds in a unique way, depending on whether the event is perceived as a threat to instinctual needs or to emotional or physical integrity, or as a loss of a person or an ability, or as a challenge to survival growth, mastery or self-expression. These reactions can result in a high level of anxiety, feelings of depression and mourning, shame, guilt, anger, hostility, and confusion.

   Golan states that inquiry into the vulnerable state should also include queries as to how the individual has tried to deal with the difficulties created by the hazardous event prior to seeking help, and the extent to which such efforts were effective.

3. *The precipitating factor or event*. This is the link in the chain of stress-provoking happenings that bring tension to a peak and convert the vulnerable state into one of crisis. It may coincide with the initial hazardous event or it may be a negligible incident not even directly or consciously linked to it. It is often viewed as the presenting problem and thus becomes the immediate focus for engagement of the client.

4. *The state of active crisis*. This refers to the individual's subjective condition once tension has stopped; the homeostatic mechanisms no longer operate, and disequilibrium has set in. This is the criterion for deciding whether or not

to use the crisis intervention approach. This lasts from four to six weeks, when the person experiences psychological and physical turmoil, including aimless activity, disturbances in body functions, mood, mental content, and intellectual functioning. This is followed by a painful preoccupation with the events that led to the crisis.

5. *The state of reintegration or reorganization*. This is the adjustment, either adaptive and integrative or maladaptive and destructive, that takes place as disequilibrium gradually subsides.

The initial interview is crucial for crisis intervention. The worker focuses immediately on the "here and now," finding out the essential details of the precipitating event, its scope and severity, and the persons involved. She does a preliminary sweep of the applicant's current condition, both subjectively as reported by the client and/or collateral, and objectively as observed in the interview: his dysfunctions in feelings, thoughts, behavior and physical condition. She checks out the significant role networks to determine how widespread the disturbance is, its main effects, and previous efforts taken to deal with the situation.

The worker then attempts to identify the original hazardous event and to trace the subsequent blows that may have aggravated the effects of the initial impact. She encourages the client to ventilate the feeling of loss, guilt, fear, anxiety, sadness, etc. She probes the significance of the crisis to the client and its links to previous unsolved conflicts. Once the emotional tone is lowered and the

client's anxiety has been somewhat abated, he and the worker get down to discuss resolution of the crisis situation.

The practitioner should be clear about her goals in doing crisis intervention. Lydia Rapoport lists the following goals for this approach:[14]

1. Relief of symptoms;
2. Restoration to the optimal pre-crisis level of functioning;
3. Understanding of the relevant precipitating events that contributed to the state of disequilibrium;
4. Identification of remedial measures that can be taken by the client and the family or that are available through community resources;
5. Recognition of the connection between the current stress and past life experiences and conflicts;
6. Initiation of new models of perceiving, thinking, and feeling, and development of new adaptive and coping responses that can be useful beyond the immediate crisis situation.

The last two goals are indicated when the individual's personality and social situation are favorable and there is an opportunity to do them.

All these goals aim to cushion the impact of the stressful event by offering immediate emotional first aid and by strengthening the person in coping and in integrative struggles through on-the-spot therapeutic clarification and guidance.

Can anybody do crisis intervention? Jacobson and his associates answer this question as they suggest two treatment approaches:[15]

1. The *generic* approach. This is for specific situational and maturational crises which do not require assessment of the psychodynamics of the individuals in crisis. It can be done by a paraprofessional, a non-mental health professional, or a community caregiver.
2. The *individual* approach. Designed for use by mental health professionals, this approach emphasizes assessment of the interpersonal and intra-psychic process of each person in crisis, with particular attention given to the unique aspects of the particular situation and the solution specifically tailored to help the client return to a new steady state.

Implementation of Treatment

This "middle phase" is about setting up and working out specific tasks (primarily by the client, but also by the worker and significant others), designed to solve specific problems in the current life situation, to modify previous inadequate or inappropriate ways of functioning and to learn new coping patterns.

Golan presents two categories of tasks involved in Crisis Intervention which may be carried out concurrently:

1. *Material-arrangement tasks* which are concerned with the provision of concrete assistance and services; and

2. *Psychosocial tasks* which are concerned with dealing with client's feelings, doubts, ambivalence, anxieties, and despair, which arise while trying to carry out what both worker and client agree need to be done.

The following treatment techniques are used in crisis intervention:

1. *Sustaining techniques* with reassurance and encouragement predominant, to lower anxiety, guilt, and tension, and to provide emotional support.
2. *Direct influence procedures* like giving advice (particularly when the client is feeling overwhelmed and needs help in choosing a course of action); advocating a particular course of action; and warning clients of the consequences of maladaptive resolution of the situation.
3. *Direct intervention* in extreme situations such as threats of or attempts at suicide or where the client is deteriorating rapidly.
4. *Reflective discussion techniques* as the client becomes more integrated, *e.g.*, with her current and recent past situation and patterns of interaction.

Many other techniques can be used by a worker with an "eclectic" orientation. Behavioral modification techniques like positive reinforcement, shaping, modeling, and desensitization are some of these.

Golan of course, calls our attention to the need to do *environmental work* and *activity* with collaterals –within the agency itself, other professionals in the community, as well as other support systems – to achieve rapid reintegration for the person in a crisis situation.

Termination

As the end of the time-limited helping relationship nears, worker and client review their progress, focusing on key themes and basic issues. Emphasis is placed on the tasks accomplished, the adaptive coping patterns developed, and the ties built with persons and resources in the community. Future activity when the client will be on his own, is planned. The case ends with the worker making herself available on an "as needed" basis should new crisis occur.

Golan points out that in the crisis approach, the worker's stance is active, purposive, and committed, conveying the message that she knows what she is doing and is willing to take risks.

Illustrative Case

Ninay

Ninay is a twelve-year old girl taken to a government general hospital in Manila on February 14. Three nuns from a private social welfare agency were doing their weekly jeepney "tour" of the tourist district using a bull horn to attract the street children to whom they offer assistance in an effort to help them start a new life.

The nuns saw Ninay sitting on the pavement at the corner of a sidewalk beside a cigarette vendor's stall. The stall owner was obviously having a serious talk with the girl. The nuns approached the two and were told by the vendor, "Aling Cora" that Ninay has been worried and brooding for two days, spending most of the day beside her.

Aling Cora told the nuns that Ninay is part of a "barkada" that roam the streets during the day and sleep in the nearby park at night. She accompanied two of her friends to a medical clinic in the area two days ago and ended up also being examined because the doctor noticed that she was walking with some difficulty. He discovered that Ninay had lesions in the genital area. He told Ninay to go to the hospital immediately and gave her a letter of referral. However, Ninay did not go to the hospital. She told Aling Cora that she was afraid, and that maybe she was very sick. She said that she feels her friends were already avoiding her. The nuns were able to convince Ninay to let them take her to the hospital. She was admitted on the same day and referred to the Social Service Department.

On February 15, Ninay was given medical tests. The diagnosis was "multiple STD" (Sexually-Transmitted Disease). However, no one explained this to her. During a medical round on February 16, a group of doctors "visited" her. They examined her genital area, carrying on a discussion as they did this. At the end of that "visit", one of the doctors told her in Filipino, "Masama ang sakit mo, may tumubo na parang mga ubas sa ari mo, nakuha mo iyan sa mga lalake." (Your illness is serious. You have grape-like growth in your genital area which

you got from men). Two hours later, Ninay was missing in the ward. Worker was able to locate her at Aling Cora's stall that afternoon.

Aling Cora said Ninay had been crying and she could not understand what she was saying except that she had left the hospital and did not want to go back.She said something must have happened in the hospital that frightened the girl. Worker tried talking to Ninay but she just kept on sobbing. Worker carried on a "monologue" and explained the nature of her illness as she understood it from her doctor. She said one gets this from living in the streets and being abused, especially when one is a child and cannot protect herself. She said Ninay was lucky that her illness was discovered, but that she needs to be treated immediately. She assured Ninay of her help during her stay in the hospital and in finding a place and people who would care for her so that she no longer had to live this way. Aling Cora urged her to go with the worker and promised to visit her. Worker told Ninay she would not leave the place without her because she cared for her. Ninay stood up only after Aling Cora told her she would not be at her stall the next day because she had to visit her daughter in the province. She kept her head bowed and did not say a word during their trip back to the hospital.

Ninay stopped crying but withdrew some more in the next three days, and hardly touched her food. Most of the time she just kept looking down, even when being given medication. Worker saw her at least once daily and continued to conduct a "monologue." She encouraged Ninay to

eat and told her repeatedly that she was looking for a suitable place where she could live after discharge. Worker learned from one of the nurses that Ninay was very "stiff" during the medical rounds especially when touched. Worker explained to her why the medical rounds were necessary, but also explained Ninay's "crisis" to the doctors who did the "ward rounds." She sensed that it might help Ninay if her condition could be explained to her gently and very simply because she seemed to be overwhelmed by her fear of her condition.

On February 20, a medical consultant declared that her lesions were healing and that Ninay was responding well to the treatment. (Worker saw a picture of Ninay's infected genitalia. There was a bunch of grape-like growth in her vulva and worker realized what discomfort and fear she must be suffering). He said she might be able to leave after another week and just return for follow-up on an "out-patient" basis. Worker cheerfully explained this development to Ninay. She also told Ninay that she had found a home for her. The nuns who took her to the hospital run a home for children like her and they would like to have her stay with them. Ninay started to "come out of her shell" and to regain her appetite. Worker started asking about her family and her life in Ermita but Ninay was hesitant to give details about how she got the STD. She admitted that she got very scared when the doctor at the clinic told her to go to the hospital. She knew of an illness that one gets from foreigners that could no longer be cured once you have it. She thought this was what she had. She felt the "grapes" between her legs getting worse but she just tried to "forget" them. In the hospital ward she found that

she was the only child, everyone else was old ("puro matanda") and she was frightened by the way some of the patients looked, "like they are dying." She panicked ("ninerbiyos") when the doctor in the hospital used the word "masama." She thought he meant she was going to die. She could not remember how she ended up in Aling Cora's stall.

Ninay was discharged on February 28. Worker accompanied her to the Children's Home in Batangas. She has recovered from her disturbed condition quite well. All the necessary information about Ninay was given to the institution's social worker for their own work with her. Ninay promised to "visit" the worker each time she would come to the hospital for her treatment.

THE PROBLEM-SOLVING MODEL

Helen Harris Perlman, the main proponent of the Problem-Solving Approach (or "Model") in social work, acknowledged that although many individuals and theories influenced her thinking it was the social psychologist and educator-philosopher John Dewey who spurred her interest in the matter of how people think and manage to cope.[16] She, in fact, adopted Dewey's term "problem-solving" as the name for a different concept of social work practice, that is, a departure from the (then) already established Freudian-based psychodynamic "diagnostic" school of thought in social casework.[17]

> There was among us an all-but unquestioning acceptance of the iron determinism of the person's past, and very little

recognition of the moving forces in his current life experiences. There was over-emphasis on his "sickness" or failures, little observation or grasp of his "health." Our interviewing focused upon the client's recounting of his problems, his history, along with the ventilation of the emotional freightage that accompanied them; our responses were compassionate and supportive, which often served some healing purposes, to be sure, but scarcely prepared the client for grappling with his present-day difficulties. In many instances the client's sense of psychological dependency grew.[18]

Elements of the Problem-Solving Model

As Perlman[19] states, the usual active elements of the model are: a *person* beset by a *problem* seeks help with that problem from a *place* (either a social agency or some other social institution) and is offered such help by a professional social worker who uses a *process* which simultaneously engages and enhances the person's own problem-solving functions, and supplements the person's own problem-solving resources.

The Person

The person is viewed as a product of inherited and constitutional makeup in continuous transaction with potent persons and forces in life experiences. The person is thus a product of the past, but in no sense is viewed as a finished product. Each is seen as a product-in-process of becoming.

Among the important perspectives of this model is its view of the personality as an open system, continuously responsive to "input" and "feedback" from outside itself. Another is the recognition that while the person is a living "whole," a biological-psychological-social system, the social worker does not set out to either diagnose or treat the person wholly. Based on this perspective, *partialization* (*i.e.*, centering of attention on relevant and selected parts of what is presented to view) becomes necessary for purposes of action. A third perspective is that which takes the person as more than a personality disturbance or psychosocial problem. This "more" consists of the motivation and capacities for being engaged in working in some new way on problems.

The Problem

The model is based upon the presence of a problem, and its identification between a help-seeker and helper for which help is being either sought or offered.

The issue is simply a problem in the current life situation of the help-seeker which disturbs or hurts the latter in some way. This is usually some difficulty in person-to-person or person-to-task relationships. This problem must be defined early and made clear before the eyes of both help-seeker and helper, between client and caseworker; and that it should be circumscribed enough so that an already overwhelmed ego need not retreat from it. It should also be current and accessible enough so that the client's effort to cope with it in some new way learned within the casework interviews, has some chance of making a dent in it or in feelings about it.

Another important perspective on the problem is "partialization" and focus. A piece of what is often felt as an overwhelming problem is less threatening to a person who has it; it seems more manageable.

The Place

This model takes into consideration the place which utilizes casework as a mode of helping people with problems. This means the particular organization, agency or social institution, the purposes of which define its functions, services, and its areas of social concern (All models/approaches share this perspective).

The Process

The problem-solving process consists of the following operations:

1. The problem must be identified by the person, *i.e.*, be recognized, named, and placed in the center of attention.
2. The person's subjective experience of the problem must be identified, *i.e.*, how it is felt, seen, interpreted, what it does, and what is being done with it – to cause, exacerbate, avoid, and deal with it.
3. The causes and effects of the problem and its import and influence upon the person-in-life space must be identified and examined.
4. The search for possible means and modes of solution must be initiated and considered, and alternatives must be weighed and tried out in the exchange of ideas and reactions that precede action.

5. Some choice or decision must be made as a result of thinking and feeling through, what means seem most likely to affect the problem or the person's relation to it.
6. Action taken on the basis of these considerations will test the validity and workability of the decision.

These operations comprise what Perlman described in 1957 as the steps of Study, Diagnosis and Treatment.[20]

Relationship, Diagnosis and Goal

Two factors are important in the problem-solving approach – relationship and the involvement and effect of "significant others" (persons and social circumstances within the help-seeker's problematic network). These two determine the nature and outcome of the caseworker's problem-solving efforts. Relationship is used by Perlman to mean all relationships between caseworker and client. She points out that whatever is the problem, the helping relationship should combine caring, concern, acceptance, and expectation of the client with understanding, know-how, and social sanction.

A central assumption in this model is that the person's inability to cope with the problem independently is due to some deficit in or absence of one or a combination of the following problem-solving means:

1. The *motivation* to work on the problem in an appropriate way;
2. The *capacity* to work on the problem in an appropriate way;
3. The *opportunity* available and applicable to the presented problem.

Diagnosis in this model focuses on (1) the person's motivation, capacity and opportunity, including an assessment of what factors and forces deter or thwart these; and (2) the persons in the client's problematic role network.

There is no special "target group" of persons or problems that is addressed by the problem-solving model. This model does not distinguish between treatments of environmental problems from treatment of psychological problems because, in its view, it is always the person who is being helped in relation to what is found stressful.

The primary goal of the model is to help a person cope as effectively as possible with problems in carrying on social tasks and relationships which are perceived, felt as stressful, and found insuperable without outside help. The hoped-for by-product of this is seen as also one goal in the model – the goal of equipping a person with a way of coping with problems that may arise in the future.

ILLUSTRATIVE CASE

Maricel

The Agency

Kanlungan is a two-year old private social agency that reaches out to street children in the tourist district of Manila. It operates a Drop-In Center that provides food, temporary shelter, medical care, counseling and a basic literacy program to the children. It also runs two separate group-living facilities for up to twenty males and twenty females in Calamba, a suburban town thirty kilometers away from Manila. The homes are supervised by houseparents and a live-in social worker and part-time psychologist. They are assisted in case management by the Drop-In Center social workers. Volunteers help with the skills training and recreational programs. When indicated for a child, attendance in the community public school is arranged. The newness and "smallness" of the agency and its particular purpose have inspired and encouraged the staff to perform well even if they are aware that Kanlungan, like any other social agency, has resource limitations.

The Client

Maricel, a fourteen-year old second year high school student came to Kanlungan on January 10 accompanied by Mrs. L, her classmate's mother. She had been staying with the L family since she ran away from home on January 2. Looking upset and very emotional, she narrated that in the early

morning of January 2, she was awakened by her father, Mr. A, trying to pull down her panty. She sprang to her feet and ran out. Her father tried to run after her with a knife in his hand but her mother blocked him. She ended up in Mrs. L's house as she had nowhere else to go.

Maricel said her father had been touching her and her older sister Vangie's private parts for the last two years. They resisted his advances but he would tell them he was just fond of them, and that anyway it was his right as their father to do this. Their mother would ask him to stop these acts but he dominated her and she was afraid of him. Maricel described her as a battered wife who supports the family by washing dishes in a restaurant. She would come home very late at night and was usually too tired to attend to them or do house chores. Mr. A. was described by Maricel as a drunkard ("lasenggo") who used to take drugs. He is lazy and irresponsible and spends hours just watching TV in a neighbor's house. He works only occasionally as jeepney driver ("pa-extra-extra lang"). They rent a one-room wooden house in the vicinity of the public school where she and her siblings study. Besides Vangie, 16, who is in third year high school, she has three younger siblings, ages 11, 9 (girls) and 7 (boy). The three are also frequently abused by their father ("sinasampal, inuuntog"). All of them are close to their mother.

Maricel hates her father and wants "to kill him." She no longer wants to see him or return to their house. She is afraid of getting raped; she is worried about her three female siblings, especially Vangie who is quiet and passive. Maricel wants to

finish high school and then find a job after graduation. She believes that if she, Vangie, and her mother all have work, they can manage and live as a family without her father. She is willing to work as a housemaid for her room and board and schooling expenses but thinks that if she does this she may end up dropping out of school. She sounds very mature and in earnest about what she wants to do.

The Problem

Worker and Maricel carefully reviewed the situation she presented. Worker helped her see the larger picture—the family's socio-economic condition, the nature of her mother's job, her father's unemployment and drinking, and the negative influences of the environment on him, including television. It was pointed out that her father also needs to be helped.

We agreed that what should be attended to first was Maricel's need for at least temporary living accommodations so that she can meet her basic needs and also continue going to school. She emphasized that her sister Vangie should also be helped. We agreed to facilitate the transfer of Maricel to the agency's Home for Girls in Calamba, to do the same for Vangie, and to work out the necessary arrangements with their school so as not to disrupt their present studies. Worker asked Maricel to bring her mother soonest to the Center as she has to be involved in the planning. Worker said she would consult with the government's social welfare office about the legal aspects of the case and would see Mr. A about it.

The Helping Process

Mrs. A, Maricel's mother, was sick and could not come immediately but verbally authorized Mrs. L to plan with worker whatever was necessary to help her two daughters. Mrs. L agreed to have Maricel stay with her for another week until the transfer to the Home could be realized. The transfer could be done only after the matter of the girls' school attendance had been resolved. On January 15, Mrs. A saw the worker to reiterate her appeal for help. She had talked to Vangie who was passive but expressed willingness to go with Maricel. Her husband who did not know what was going on was very angry and was blaming her for Maricel's courage to run away because she was always siding with her.

From January to April, worker handled the case of Maricel and her family. The following is a summary of the actions that were undertaken:

- *Maricel and Vangie were admitted to the Kanlungan Home for Girls on January 25. (The transfer was effected without the knowledge of Mr. A. He later learned about it from worker who told him that the agency had to help the girls or they would end up sleeping on the street. She did not tell him where they were but assured him they were safe. She informed him about the law that punishes child abuse, but also offered to arrange help for him if he was interested.)*
- *Worker and Mrs. A were able to persuade the girls' school principal to allow the girls to be excused from classes after their*

transfer to the Home. The principal authorized this and also the special examinations for the girls to take after a month which would already be the end of classes. (Mrs. A and the two girls went to the school first to present their appeal but worker also had to see the principal to explain/justify it).

- *Worker arranged for the temporary accommodation of the three younger children at the Home as Mrs. A reported that their situation became unbearable after the two girls left. The couple quarreled all the time about the girls' absence. Mr. A was drinking heavily and had become more physically abusive towards Mrs. A and the other children.*
- *Worker provided support to Mrs. A during the difficult months of February and March when her five children were all away in Calamba while she continued living with her husband. Their hostile relationship had a one-week break in March when Mrs. A agreed to give Mr. A. one "last chance" if he would accept his mistakes and change. Worker arranged for the couple to see a marriage counselor as she thought this would help in solving the sexuality-related aspects of their relationship. Things did not work out as Mr. A kept scolding and threatening to kill Mrs. A for telling "outsiders" bad things about him. Mrs. A kept a knife under her pillow during this*

time. She finally made up her mind to leave Mr. A.

- Worker helped facilitate the younger children's return to Mrs. A and to their classes after an absence of two weeks. (Mrs. A was able to trace an unmarried female cousin living with a teenage niece and to persuade her to allow her and the three children to stay with them until classes ended as she was missing them and she wanted them to continue their schooling.)
- Worker helped Mrs. A through her period of doubt and anxiety about her situation leading to her decision to relocate in Zambales with her children. (Mrs. A's maternal relatives live in Zambales and she wants all of them to live there, away from Mr. A. She said it was a good time because the children would be on vacation from school and would have time to adjust to the new place. She had saved some money and her employer of 6 years who knew about her problem offered to give her P5,000.00 "separation pay" and loan her the same amount if she wanted it. Worker assured her that she could also be referred to several public and private agencies in Zambales that provide interest-free loans for livelihood projects.)
- Worker was able to get free bus tickets for Mrs. A and her three children to relocate in Iba, Zambales. They were able to leave without Mr. A's knowledge. Mrs. A signed

a "declaration of temporary surrender" of Vangie and Maricel, giving Kanlungan temporary custody of the sisters

- Worker saw Vangie and Maricel weekly at the Home until February. They were adjusting well and participating in the Home's different activities for its wards. Starting March, the Center worker started to see them less frequently so that they would not be confused as to who their worker was. The Home social worker had also been doing counseling with them separately and had included them in separate groups with whom she met weekly.
- Worker guided Vangie and Maricel, enabling them to obtain clearances and transfer papers from their school. They were admitted to the public school in Calamba, where they planned to finish high school (Maricel would be in the third year, Vangie would be in the fourth year of high school). They both realized that their mother may not be ready to have both of them for some time yet and the current arrangement was the best that they could have. Plans were made for the members of the family to visit each other.

THE TASK-CENTERED MODEL

The term "task-centered" is used to describe many different social work interventions. However, what will be presented here is a model of practice developed through research at the University of Chicago in the 1970s under the collaboration of Laura Epstein, Professor Emeritus in this school, and William J. Reid, Professor of The State University of New York at Albany.[21]

The Task-Centered model is a "technology for alleviating specific target problems perceived by clients, that is, particular problems clients recognize, understand, acknowledge, and want to attend to." Epstein explains this further:

> Ordinarily a client has a target problem: this may be a state of distress, uneasiness, upset, turbulence, malfunction, handicap, or perplexity, or perceives a threat to goals and expectations. The client knows or believes that a particular event or occurrence is the center of the trouble. The target problem is what the client thinks is the problem, what should be alleviated, and what should be worked on. In task-centered practice, everything begins and may end with the client's target problem.

A "task" is defined as what the client is to do to alleviate the problem, which makes the task both an immediate goal and at the same time the means of achieving the goal of alleviating the problem.

The following are the distinguishing characteristics of this approach: (1) it is brief and time – limited; (2) its interventions are concentrated on alleviating specific problems which the client and practitioner expressly contract to work on; and (3) work on the client's problem is organized around tasks or problem-solving actions the client agrees to carry out.

This approach to practice can be used with many types of clients in many social work settings. Its main target is the people whose problems are in the area of:

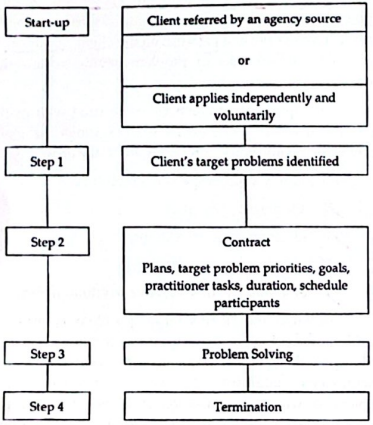
(1) family and interpersonal relations;
(2) social role performance;
(3) effecting social transitions;
(4) securing resources; and
(5) emotional distress reactive to situation factors.

Although the client's target problem is primary consideration, the explicit willingness of the practitioner to focus upon that defined problem is necessary. If, in the practitioner's judgment, the client's selected target problem is wrong, or work on it is not feasible, the expectation is for the practitioner to advise the client and help the latter to consider other options.

THE PROCEDURES/STEPS IN TASK-CENTERED PRACTICE

Task-centered practice as conceived by Epstein consists of a set of procedures for alleviating the specific target problem which, by agreement of the worker and the client, will be the focus of their work. More specifically, this practice model consists of a start-up (for involuntary clients or clients required to use the service) and four sequential

but overlapping steps. Figure 8 shows the basic steps in the approach.



Epstein, Laura. The Task-Centered Approach. Merill Publishing Company; 1988, p. 55.

Figure 9. Basic Steps/Procedures in the Task-Centered Model

The regularity of the steps is considered as very important because orderly systematic processes minimize waste of time, effort, and money and encourages effective practice.

FEATURES OF THE MODEL

The problem-solving process is germane to all social work practice models and approaches. This is evident in the task-centered approach to practice, with Epstein's description of four of its important features.

- **Assessment.** In the initial phase (usually the first two sessions with a client), the practitioner makes a rapid early assessment. This consists of finding out the problem (*i.e.*, exploration) and classifying and specifying the problem. The practitioner also identifies the influential conditions in the environment, the problem context (the real conditions shaping the problem), and takes note of the client's special traits, talents, abilities and problem behaviors. It is expected that throughout the case, the practitioner will continue to obtain information and refine the assessment. Reassessment occurs if and when the target problem has to be changed, in which case the practitioner may decide to alter the treatment plan and strategy.
- **Case Planning.** The general strategy for a case plan consists of assessment and a problem-reduction program of action. The focus is on client target problems. The practitioner constructs a program by making judgments about what changes can be expected to reduce the problem. To make this judgment, the substance is considered and the direction of action the client is willing to undertake, the available formal information (*i.e.*, published,

reported in official channels, communicated in official supervision and consultation) indicating actions expected to have greatest impact on the problem, and the resources and rules of the agency responsible for the case.

- **Implementation**. A contract is made to shape and organize the problem-solving work. Tasks state exactly what the client and practitioner are to do. To overcome obstacles to the client's performance, the practitioner concentrates on providing clients with the resources for getting the tasks done. The client is also instructed in the skills needed for accomplishing the stipulated tasks. Goals, problems, and tasks are set firmly but with flexibility. The practitioner's responsibility is to create a favorable climate for task performance. The practitioner procures resources, instructs the client in relevant social skills, negotiates resources and favorable attitudes (with other agencies and with the family, peers, and important others), reviews progress on problem alleviation, and arranges to terminate, extend, or follow-up (monitor) the original contract.
- **Tasks**. Tasks state what the client is to do. A task may state a general direction for the client's action, but general tasks are broken down into more specific tasks. Tasks change in form and contents as intervention proceeds. Some tasks are dropped out; others are added. Target problems change sometimes. The practitioner's tasks are commitments to clients

for actions to be taken on their behalf by a representative of the agency.

The Task-Centered Model With Groups

The Task-Centered Approach is also used in work with small groups, including families. The problems dealt with in the task-oriented one-to-one mode of helping are also dealt with in task-centered groupwork. What makes task-centered groupwork different is the worker's use of group process in helping members formulate and attain tasks.

The task-centered approach with groups involves the following steps:[22]

- *Preliminary Interview*. Problems are elicited, explored and clarified in individual interviews. Worker and client agree on the problem which will be addressed and if the social worker thinks the client can be helped to attain tasks through group processes, the idea is presented to the client who may accept or reject group membership.
- *Group Composition*. The social worker decides who should be in a particular group, and the size of the group.
- *Group Formation*. The members share the problems that they will seek to reduce or eliminate by formulating and accomplishing agreed-on tasks.
- *Group processes for task accomplishment*. Once the tasks have been agreed upon among the members, the practitioner works with them so

that they can help each other to accomplish the tasks within the time frame agreed upon.

According to Epstein, the Task-Centered Approach can be adapted to better fit particular settings, particular client groups, problems, and the comfort and convenience of the practitioner.

ILLUSTRATIVE CASE

Oscar

Oscar, 20, a student in a state university, was referred to the social worker-counselor in the Guidance Office by his faculty adviser. Oscar needs advice because he has received his grades in the five courses he enrolled in during the previous semester. He passed two of the courses, received "Incomplete" in two others, and failed in one course. He was not interested in pursuing the 5-year Civil Engineering program anymore. He said he did not have the motivation to go back to the university in June for a fourth year in this program. He has accumulated four ratings of "Incomplete" (two from the first semester) and he did not care about these courses anymore. His grades were not unexpected. He had been absent too many times and failed to submit requirements for lack of interest. This last month he has been thinking about the "rut" he was in: he enrolled in a course he really did not like but which his half-brother "told" him to take. He said the first two years of General Education courses were "good," his grades were above average. It was when he

went onto his "major" (Engineering) when his problems started.

Oscar is the only son of his biological parents. His father was already married with three children when he had an affair with Oscar's mother who was then his secretary. She got married to another man when Oscar was ten years old. Oscar's father died five years ago. One of his (legitimate) children, an engineer – businessman in Davao sent for Oscar to attend his father's funeral. It was at this time that he told Oscar to take up Civil Engineering and made a commitment to spend for his education. Oscar said he was not only too young then but was also too awkward about his status to say anything. He, however, felt grateful for the offer.

Oscar said that what really interests him is Mass Communications. He wants to go into advertising and envisions himself being successful in this line of work in the future. He had apprenticed the previous summer in an advertising company. He received only transportation allowance but thoroughly enjoyed the experience.

No one knows about his situation except for a few close friends in the dormitory. He said everyone is expecting him to graduate with an Engineering degree after two years.

Oscar's mother has three small children by her husband. She has stopped working but gives Oscar pocket money regularly. Oscar thinks she cares about him but he feels he is "out of her life right now because she has her own family." He thinks he should handle his own problem. ("Ako na lang; talaga namang ako lang ang nagpapasya

tungkol sa aking sarili.") He has no conflict with her mother's husband but he generally ignores Oscar so he tries to be "out of the way." Oscar spends at least one weekend each month in their house. He also occasionally visits his 72-year old maternal grandmother who lives with another daughter now. She practically raised him from the time he was born until high school as his mother was working and could not attend to him.

He has no contact with his father's family except for the half-brother who sends him money through a bank at the start of each semester. The amount Oscar receives from him is just enough to pay for school fees, food and lodging, and incidental expenses. The money always arrives on time and Oscar always writes promptly to thank him. Oscar said he has never expressed to him any concern or problem as they are "not really close." He has not seen this half-brother since he went to Davao City for his father's funeral five years ago.

Steps in the Task-Centered Approach as Illustrated in the Case of Oscar

Start-up	1. *Oscar was referred by his faculty adviser to the school social worker because of lack of motivation and interest in continuing his Engineering course.* 2. *His faculty adviser wanted Oscar to resolve his problem before the next academic year.*

	She understood his situation and she recognized other professionals in a better position to help him.
Step 1. Client's Target problems identified	1. *Oscar is not interested in Engineering. His interest is in Mass Communications.* 2. *He is very anxious about his family's expectation (particularly on the part of his half-brother and mother) that he would graduate with an Engineering degree after two years.* 3. *He is distressed about the prospect of continuing with Engineering next school year only to fail in meeting requirements as what already happened during his third year.* 4. *He does not know how he can pursue Mass Communications unless his half-brother and his mother provide him the necessary support.*
Preliminary rapid statement	*Oscar has enrolled in a degree program which his fund sponsor (half-brother) told him to take but which after three years, he now openly admits, does not interest him. His interest is in another field (Mass Communications), but he is*

worried about his family's expectation that he would graduate with a degree in Engineering and that they might not support him should he change to another degree program. His main strength is his certainty about what he wants to do and his awareness of the problems he must hurdle to realize his plans.

Step 2. Contract

(These nine items comprise the basic structure of the intervention plan.)

1. *Priority Target problems*
   - *Oscar does not want to continue with Engineering and wants to shift to Mass Communications.*
   - *Oscar is worried because his mother and half-brother expect him to graduate with an Engineering degree after two years.*
   - *Oscar cannot enroll in Mass Communications next school year unless his half-brother and his mother continue to provide him support.*
2. *Client's specific goals (accepted by practitioner)*

   - *Make a decision about shift to Mass Communications.*
   - *Obtain understanding and support of mother and half-brother in relation to change in degree program.*
   - *Plan alternative action if family refuses to provide support.*
3. *Client tasks*
   - *Seek guidance from University Testing Center: request earliest appointment to take appropriate tests (IQ, aptitude etc.); take tests as scheduled; return to Testing Center to get test results/advice based on results; bring copy of results/advice to school social worker.*
   - *Make mother and half-brother understand decision to shift to Mass Communications: explain situation to maternal grandmother and seek her help in presenting his predicament to his mother before he goes to see her; talk to mother and explain his decision (career plans, supporting test results, advice*

from Faculty Adviser, Psychometrician, Social Worker); explore what support mother can give; write half-brother about some things taken up with mother; express appreciation /gratitude for all support given by half-brother and appeal for understanding and continued support; follow-up letter with telephone call to half-brother.

- *See instructors in courses with ratings of "Inc." and seek advice to avoid failing grades which can jeopardize transfer to Mass Communications.*

4. *Practitioner tasks*

   - *Provide emotional support/ facilitate access to resources necessary to be able to make decision to change degree program: write referral letter/ telephone Testing Center to explain urgency of client's need for tests and career guidance; review results of test and recommendations of Testing Center staff; provide counseling to Oscar for full understanding of test results and implications of shift to Mass Communication;*

   - *Guide/help Oscar on how to handle the situation with his mother and half-brother: discuss Oscar's plans and make appropriate suggestions; rehearse/role-play presentation to grandmother and mother; guide Oscar on approach and content of letter to half-brother and rehearse/ role-play possible telephone conversation with him; make one's self available to talk to mother and half brother.*

5. *Duration*

   - *Two months*

6. *Intervention schedule*

   Sessions 1, 2, 3

   (First three weeks of April) Oscar takes tests and is helped to understand results; Oscar is guided in obtaining all necessary information pertinent to Mass Communications and in complying with other academic rules and requirements to effect smooth transfer to Mass Communications program ("Incompletes," etc.)

   - *Sessions 4, 5, 6, 7, 8*

   (Last week of April and first three weeks of May) Help Oscar in dealing with mother and half brother.

- *Sessions 9, 10*

  (Last week of May) Review and evaluate work together; plan forward.

7. *Interview Schedule*

   April 5, 12, 19, 22, 28; May 4, 10, 16, 22, 29.

8. *Participants*

   Oscar and worker (but tasks will involve his grandmother, mother, and half-brother).

9. *Location*

   Social worker's office in the University Guidance Office.

Step 3. Problem solving; task achievement, problem reduction

This step is essentially the implementation of solving what is contained in the contract (Step 2). Alternatives re: Oscar's case if mother and half-brother refuse to commit support to Oscar's shift to Mass Communications.

1) Oscar works part-time and takes part-time student load in Mass Communications.

2) Oscar works for a minimum number of hours, his limited funds supplemented by some form of financial assistance and enrolls on full-time basis.

3) Oscar goes on Leave of Absence from the University to work until he has saved enough Money to support his Mass Communications studies.

Any one of these alternatives will require worker and Oscar to revise their contract (goals, tasks, etc.).

Step 4. Termination

In the last two interviews:

Review with Oscar what (in relation to the target problems and goals) he and practitioner have accomplished; did not accomplish; and what each one did.

Point to the future and assure Oscar that he can come back if he feels he needs to.

THE PSYCHOSOCIAL APPROACH

The Psychosocial Approach in social work used to be associated with the Freudian theory of personality and was often referred to as the "organismic approach" and the "diagnostic school of thought." Today, however, it is essentially a systems theory approach in social work which can be applied to individuals and groups with actual or potential problems in their psychosocial functioning. (Florence Hollis's writings on this theory are the main sources of materials for this presentation.)[23]

The approach is a systems theory approach because it is concerned with both the inner realities of human beings (hence, its continued use of Freudian and other personality and ego psychology theories) and the social context in which they live. Diagnosis and treatment are addressed to the person-in-situation gestalt or configuration. The person being helped or treated is seen in the context of interactions or transactions with the external world and effort is taken to understand the segment of the external world with which the person is in close interaction. Another emphasis of the approach is that treatment must be differentiated according to the client's need, hence, the term "differential treatment" approach. It requires the worker to understand the client's need and to respond accordingly.

The client's inability to function adequately is viewed as being caused by inadequacies either in the person, or the situation, or both. Thus, the worker must engage in *fact-gathering* and come up with a professional opinion called *diagnosis* or *assessment*.

The help provided in this approach is a process which will enable change to occur in the person or in the situation, or both. This process involves communication among the client (or clients), the worker, and significant others, and the provision of certain concrete services that may be needed.

Phases in the Psychosocial Approach

A. Initial Phase. The following components can proceed simultaneously or in sequence depending on the client's need and the worker's judgment:

1. Understanding the reasons for the contact;
2. Establishing a relationship which will enable the client to use the worker's help;
3. Engaging the client in the treatment (two primary aspects of this are motivation and resistance);
4. Beginning treatment itself (writers who identify with this approach submit that treatment begins on the first interview);
5. Psychosocial study (gathering the information needed for the psychosocial diagnosis and guidance of the treatment).

B. Assessment of the Client in His Situation. Throughout the history of the Psychosocial Approach, its emphasis has been on both the individual and his situation as factors to be understood in diagnosis and as elements in which change can be brought about. The diagnostic process consists of a critical scrutiny of a client-situation complex and the trouble concerning which help is sought or needed for the purpose of understanding the nature or the difficulty with increasing detail and accuracy.

Three types of diagnosis are used in this approach:

1. *Dynamic:* an examination of how different aspects of the client's personality interact to produce his total functioning; the interplay between the client and other systems; the dynamics of family interaction.

2. *Etiological:* the cause or origin of the difficulty, whether preceding events or current interactions; usually multiple factors in the person-situation configuration.

3. *Classificatory:* An effort to classify various aspects of the client's functioning and his place in the world including, if possible, a clinical diagnosis. This may include classifying individuals according to socio-economics class, race, ethnic background and religion; social class status by way of education, occupation and income; by intelligence; area in which the problem exists such as "parent-child adjustment problem;" classifying the situational aspect of the person-situation complex, such as in terms of degrees of adequacy and inadequacy of various aspects of the situation or situation systems, *e.g.*, housing/school system, employment system, as it impinges on the client.

"Clinical diagnosis" refers to classifying based on personality disturbance, *e.g.*, psychosis, psychoneurosis, character disorder, etc. ("Clinical Social Workers" in the United States are trained to use this diagnostic classification and to treat clients accordingly. Clinical social work practitioners are licensed to do private practice just like psychiatrists and clinical psychologists, but unlike psychiatrists, social workers cannot prescribe medication). Hollis states that the combination of dynamic, etiological, and clinical diagnosis gives the fullest possible guidelines to what treatment steps are most likely to be effective.

Goals and Treatment Planning. This aspect of assessment is concerned with how improvement can be effected. Goals are seen as the composite of what the client sees and desires for himself and what he sees as possible and helpful. The worker takes into consideration the factors of time, agency, function and worker skill.

Goals may be ultimate, which may mean they are vague or general at the start, or proximate, *i.e.*, clear and specific, involving the themes to be worked on and the specific objectives to be attained in the immediate future.

C. Treatment. The ultimate objective of social work in the Psychosocial Approach is to alleviate the client's distress and decrease the malfunctioning in the person-situation system.

The dysfunction in the person-situation gestalt is primarily interpersonal so that the aim is to bring about better interpersonal adaptations. Therefore, attention should focus on both the interpersonal system (*e.g.*, parent-child, husband-wife) and the personality system of the individual(s) who compose the interpersonal system.

The Treatment Process. Change in the Psychosocial Approach is brought about in two ways: *Indirect Treatment* and *Direct Treatment.*

1. *Indirect treatment.* The worker intervenes directly in the environment of the client by:

   a. Obtaining needed resources which can involve her in the following roles: resource provider; resource locator; interpreter of client's needs; mediator; advocate; resource creator; and/or

(b) Modifying the client's situation when change in the client's situation or environment is necessary.

2. *Direct treatment.* This involves direct work with the client himself, or what Hollis describes as "the influence of mind upon mind."

Hollis developed six procedures of intervention:[24]

1. sustaining (supportive remarks)
2. direct influence (suggestion and advice)
3. catharsis or ventilation (discharge of pent-up feelings and emotionally charged memories)
4. reflective consideration of the current person-situation configuration (helping the client understand better present functionings in current relationship)
5. encouragement of client to reflect on dynamics of his response patterns or tendencies (helping the client to think about behavior causes)
6. encouragement of client to think about the development of response patterns or tendencies (helping the client understand the contribution of the past on current functioning).

Treatment is conducted sometimes entirely through individual interviews, sometimes in interviews in which two or more of the individuals involved are seen together and interact with each other as well as with the worker. Both modes are now often used in the same case.

Family treatment is an approach used by workers who belong to the psychosocial school of thought but it is not included in this introductory material about the Psycho-Social Approach.

Helen Northen describes an approach with groups called "Psychosocial Practice"[25] which she considers to be most congruent with the psychosocial formulation of casework theory, *i.e.*, that which has just been presented. Her conception also emphasizes diagnosis, planning, and treatment. In addition, the use of group structure and process is an important aspect of psychosocial practice with small groups. Northen submits that unlike other approaches which has prerequisites for group membership, the approach can be used with any group (except task groups) and in any field practice setting as long as there is a service designed to meet an established need for enhancement, prevention, or treatment of problems in psychosocial functioning.

ILLUSTRATIVE CASE

Nilo

Nilo is a 16-year old third year high school student who was found guilty of theft by a Quezon City court on January 6. He was put on "probation" because this was his first legal offense and a worker was assigned for his "rehabilitation." He was arrested for stealing a large chunk of meat from a meat stall in a wet market.

Nilo said he is not a thief; he was told to do this as part of the "initiation" for membership into a peer group in his neighborhood. He wanted to

belong to a gang of boys who all live in their housing subdivision but he was required to do something "anti-social" and not get caught as a condition for acceptance. He described the group as "older" and "good boys" who just agreed on this kind of requirement for membership. Worker was able to confirm this to be true.

Nilo belongs to a middle class family. Both his parents are college graduates. His father, Romulo de la Paz, is a 42-year-old manager of a trucking company. His mother, Irene de la Paz, 40, runs an RTW clothing shop in the middle-class suburban community where they live. The couple's combined earnings is approximately ₱180,000 a month. The family lives comfortably on this income. The parents have been married for twenty years. In two years they expect to have completed amortization payments on their modest three-bedroom house which they acquired eight years ago.

Nilo's parents could not believe he would steal because while they do not pamper him, he is not wanting for anything. They attributed the incident to the influence of older boys who found him easy to manipulate. Mrs. P said it could also be "a need for attention." Mrs. P volunteered that she thinks Nilo is a little jealous of his sister Vivian as she has caught him a few times giving Vivian a resentful look. Each time this happened, she would tell him to understand because his sister is the youngest and the only girl.

Mr. and Mrs. P's older son, Mike, died three years ago, at the age of 17. He was learning how to drive when he met with a fatal accident.

Nilo is the middle child. They have a daughter, Vivian, 13, who is in sixth grade.

Mr. P said they have not recovered from Mike's death. The boy was everybody's favorite. He was the first grandchild from both sides of the family and Mr. P. said he was the "hardest hit" because they were not just father and son but also "best friends." The two had common interests and hobbies; they took karate lessons on Saturdays and went bowling on Sundays. Mike was an athletic-minded, outgoing boy who had been wanting to learn how to drive a car since he was twelve. Mr. P. finally relented when he turned 17. Mr. P continues to blame himself and to grieve over the boy's death. Mrs. P said she feels just as bad except that she is probably spiritually stronger than her husband.

Mrs. P told worker that her husband cares about Nilo but she admitted that he has not been giving attention to Nilo since Mike died which she considers understandable. She also said that Nilo does not have the same interests as Mike. In her case, she has no problem with her daughter as they are very close. She prayed countless novenas during her last pregnancy in order to have a daughter and she got what she wanted.

Nilo told the worker that he feels very bad about the incident. He only did it because it was the way to be accepted in the group. He felt so ashamed when his parents were made to appear in court although it showed that at least his father was concerned about him. However, he hardly said a word. It was his mother who talked to the judge

and it was she who gave Nilo a bad scolding. She made him promise not to join the group anymore.

Nilo said they were a happy family until Mike died and everything changed. He did not mind that Vivian was his mother's favorite because he and Mike were close to their father. They always did things together, although he was more a follower or a kibitzer because he was younger. He sounded like he was really missing Mike whom he described as a "giver." They shared a bedroom and hardly quarreled. He said that a few years before Mike died he and his father were often out on weekends and he sometimes went with them. He was beginning to be interested in bowling but not karate which Mike and his father were "crazy" about. He has been wanting to learn to drive also but does not dare even mention it at this time.

Nilo said his parents provide adequately for their needs. He goes to a private school and has average grades. He has a few friends in school, mostly older boys. There is no one really very close to him, but he recalls he was a favorite of their "Yaya" who lived with the family for twenty years until she retired one year after Mike died. Nilo said he misses her also. He described Mrs. P as a "good" mother but she is too busy managing her store even on Sundays.

Nilo spends his leisure time watching TV or browsing in the shopping mall near their residence. He sometimes joins a cousin who lives nearby but he is much younger and has his own group so Nilo feels awkward with them.

He and his sister get along well. He said she is "pampered" being a girl and also the

youngest. She is always in her mother's shop when not in school. His father sometimes joins them, otherwise he stays home and reads or watches TV. Nilo said they sometimes have their meals together but they only exchange a few words.

Nilo said his father is still brooding over Mike's death and he wishes the incident never happened because it is another "cross" for his father. He wishes he could just erase what happened as he now has a bad image and he is also afraid others will learn about it.

Worker explained the meaning of probation to Nilo. He understood that this means the court recognized the circumstances that led to the incident in the wet market and he is not being punished by putting him in a correctional institution for juvenile delinquents. However, because he committed the legal offense, he has to be "supervised" by the worker who will guide him to avoid a repetition of what happened. Nilo agreed to see the worker every week during the first month, and then he and the worker can agree how often he needs to come in the ensuing months. There is no limit to the period of their work together; the worker will recommend to the court when it is time to terminate the "supervision" of Nilo. His parents will also be involved in the probation process.

Summary of Interventive Work

The following summarizes the probation worker's helping interventions with Nilo and his parents within a period of four months:

I. With Nilo

- *Provided Nilo the opportunity to express/ventilate his feelings and concerns about himself and his situation, i.e., his relationship with members of his family, schoolmates, and others.*
- *Explained and clarified the meaning of Mike's loss particularly the effects of this on his father and his relationships with others, particularly with Nilo.*
- *Helped Nilo understand the dynamics of the relationship between his father and the first/oldest son (Mike) and its unintended consequences for Nilo.*
- *Helped Nilo understand the meaning of his own need for the company of older persons (i.e., the desire to re-live his previous positive relationship with Mike and his father).*
- *Provided advice and encouragement for Nilo to take initiatives to reach out to his family, particularly his father who is obviously not able to deal properly with such emotionally threatening events as Mike's death and recently, Nilo's "problem."*
- *Provided a helping relationship by giving time and attention to Nilo, an experience "corrective" of the deficiency in the mother-child relationship.*
- *Helped Nilo acquire some degree of self-understanding, i.e., the normal need, at his age, for peer acceptance and belonging, made more pronounced because of his family's "absence" to meet his emotional needs.*

- *Helped Nilo realize that there are more acceptable ways of meeting his emotional and social needs. Referred Nilo to a Youth Center that provides a variety of wholesome leisure-time activities, including supervised volunteer work during weekends.*

II. With Nilo's Parents:

As a result of separate as well as joint interviews with Nilo's parents, worker was able to do the following:

- *Provided Mr. P and Mrs. P the opportunity to ventilate all their pent-up feelings about the loss of their son and provided them support and understanding in their grief.*
- *Helped them reflect on the effects of Mike's death on each of them, how they have coped with the death, and its effects on their relationships, particularly with Nilo.*
- *Enabled Mr. and Mrs. P to understand the dynamics of their own relationships with Mike (when he was alive) and Vivian, respectively, and the unintended effects on Nilo.*
- *Interpreted their two children's developmental needs, particularly Nilo's, whose need for peer acceptance and belonging, aggravated by his family's neglect of his own emotional and social needs, led him to his recent "problem."*
- *Helped the couple to separately reflect on the quality of their relationships with one another in the family, their role performance as*

mother and father, and what they can do to "save" their family.

- *Advise Mr. P to "open the door" to a relationship with Nilo which, in his grief over Mike's loss, he is missing out on.*
- *Obtained the couple's support of Nilo's involvement in wholesome leisure time and supervised volunteer work offered by the Youth Center to which he was referred by worker.*

THE FUNCTIONAL APPROACH

The functional approach to social work was first developed in the 1930s by the faculty members of the University of Pennsylvania School of Social Work, principally Jessie Taft, Virginia Robinson, and Ruth Smalley. It was Taft who introduced the concept of "use of agency function" as basic in social work helping, resulting in the "Pennsylvania School" being identified as the "functional school."[26] During that period the "diagnostic approach" was the only clearly formulated theoretical approach to social casework, for which were also such terms as the "organismic approach," the "differential treatment approach," and later, the "psychosocial approach."

This writer thinks the functional approach has particular applicability to the Philippines because of the countless social agencies servicing very varied client needs. It is also an approach that the beginning social work practitioner can learn to use skillfully based on a clear understanding of what it involves.

The functional approach has three characteristics which differentiate it from diagnostic social work.[27]

1. It works from a "psychology of growth" and not from a "psychology of illness," with the social worker engaging the client in a helping process which releases the latter's own power for choice and growth. While not denying the unconscious, and the powerful effects of life experiences on the individual, the functional approach sees the human being as capable of modifying both himself and his environment in accordance with his own purposes and within the limits of his own capacity and his own environment.
2. The purpose of the agency guides the social worker's overall purpose, giving focus, direction, and content to the worker's practice. The worker's goal is to realize the purpose of her agency in the interests of the client, the agency, and society.
3. Social work is viewed as a helping process through which an agency's service is made available, with the social work method "having to do with the initiating, sustaining, and terminating of a process in human relationships." The client's problem is not "diagnosed" as a particular pathological condition for which a type of "treatment" is defined in order to achieve an envisioned goal. Rather, the client and the worker will agree on what the former can do with the service that is being made available.

Five principles guide the functional approach:[28]

1. Understanding of the phenomenon served (diagnosis) is most effective when related to the use of a specific service, which is developed in the course of giving the service, with the participation of the client, which is subject to continuous modification as necessary.
2. The effectiveness of the social work process is enhanced by the worker's conscious use of time phases in the process, *i.e.*, beginnings, middles, and endings. Each time phase has its own particular characteristics that should be utilized to the maximum for the client's benefit.
3. The use of agency function gives focus, content, and direction to the helping process. Accountability to the agency and to society is derived from the use of agency function.
4. A conscious use of structure, *i.e.*, time, place, agency policy and procedure in relation to agency function and the helping process introduces "form" to the work being undertaken which furthers the effectiveness of the social work process.
5. To be effective, the social work process requires the practitioner's use of relationship to engage the client in making and acting on choices or decisions as central to the accomplishment of a client – identified purpose within the context of the agency function.

The functional approach has a psychological base. It has also drawn from the natural, social, and behavioral sciences. The approach has also been enriched by the experiences of its proponents on what have worked in the process of helping clients use social services.

Instead of presenting another case to illustrate the application of the functional approach in social work practice, let us use the case of Maricel (p. 358) which was presented earlier as an example of the use of the Problem-Solving Model.

Kanlungan is a private social agency, authorized to take into its custody children who are in need of protective services. In the case illustration, the social worker was able to help Maricel's mother see the family situation and not just the fact of Maricel's being "at risk" given the father's sexual advances. Because of this, the worker was able to engage her in a problem-solving process that resulted in the mother and children being freed from the abusive husband and father, with a temporary placement of the two older girls (Vangie, 16 and Maricel, 14) in Kanlungan's home facility until the mother is in a position to have all the children live with her.

This case shows that after Maricel ran away from their house because of the father's attempt to sexually abuse her, efforts to help Maricel and, later, the rest of the children, were kept secret from him. The case study informs us that: Vangie, the older sister, was already being sexually abused (it was only three weeks after Maricel had run away that Vangie joined her at the Kanlungan's Home for Girls), while Mrs. A and the three younger children were being physically abused. The couple had quarreled all the time after the two girls were taken away; with Mrs.

A being blamed for this, thus exposing her and the three younger children to possible violence on the part of Mr. A. (She was left alone with him for two months after the younger children were also moved to the Home.)

The helping process, if the social worker were to apply the Functional Approach, would involve the following steps:

- The worker will recognize the problem as Mrs. A and all the children being "at risk" in terms of violence by Mr. A. so that there is need to respond to the situation promptly. Kanlungan's "agency function" will be explained to Mrs. A. (*i.e.*, what is involved in using the agency's services, policies and procedures, expectations from both client and worker), who should be helped to understand the family's "at risk" situation.
- If Mrs. A. accepts the help offered, the worker will then immediately obtain the necessary accurate information about the situation and undertake the needed rescue of Mrs. A. and her children. A familiarity with the law that applies to the situation is necessary (R.A. No. 9262 defines the forms of violence against women and their children, and also provides temporary and permanent relief to women suffering from abuse by allowing the issuance of a "Protection Order" to prevent further acts of violence against a woman or her child).
- The *Kanlungan* social worker will observe the necessary procedures relating to the rescue of the family. She will coordinate with the

government agency (Department of Social Welfare and Development) social worker in her district because the latter is familiar with the legal procedures and requirements for rescue or for taking children into custody. Together, they report the matter to the Barangay Chairperson (Punong Barangay/Kagawad) who, on the same day, issues a Barangay Protection Order (BPO) free of charge and without notice or hearing. Working as a team, they will now proceed to the Women's Desk of the Police Department in the community to discuss and plan the rescue.

The beginning phase clearly shows the "agency function" being applied – a child protection agency responding to a case of physical and sexual abuse, as mandated by law. This phase will include explaining to the entire family the purpose of the rescue and the meaning of custody, and what the helping relationship with the Kanlungan social worker will involve.

The middle and ending phases will develop on the basis of the helping goals and action plans that will be defined/agreed on between the client and the worker in the course of their work together. This may or may not be exactly the same as what were presented in the case where the Problem-Solving Model was used.

One characteristic of the Functional Approach is that the worker does not select a type of "treatment" which she deems appropriate for a particular client, in order to achieve a certain goal. Instead, worker and client, in the relationship process, will discover what the client can do with the help being offered.

Like all other social work helping approaches/ models, the functional approach requires a good grasp of the generic principles of social work practice.

Although the approach was first developed in the context of social casework, it can also be applied in work with groups and communities.

BEHAVIORAL MODIFICATION

Behavioral Modification is an approach intended to improve the social functioning of individuals, families, groups, and organizations by helping them learn new behaviors and eliminating problematic ways of behaving. Knowledge about this approach is very important for social workers because most of their interventive efforts are undertaken in order to change or modify some aspect of the behavior of their clients or the behavior of others who are participants in their professional activities.

The approach is based on behavioral theory, the key premise of which is that people repeat behaviors that are rewarded and abandon behaviors that are not rewarded or for which they get punished. The theory is that because behavior is shaped and patterned by its consequences, then the client's immediate environment can be modified so that desired behaviors result and are rewarded while dysfunctional ones are eliminated.

Understanding of the three elements of social learning is essential to the practice of Behavioral Modification.[29]

1. *Target behavior:* the behavior that will be the focus of the intervention; it is important to know what behavior needs to be strengthened/increased or weakened/ decreased in terms of frequency, duration, or intensity. Thus, the approach emphasizes observation, data collection, and careful measurement before, during, and after the intervention.
2. *Antecedent behavior:* the behavior(s) and event(s) that occur prior to the problem behavior.
3. *Consequent behavior:* the behavior(s) and event(s) that occur after the problem behavior.

The antecedent and consequent behaviors are the ones controlling or maintaining the problem behavior. These antecedent and consequent behaviors can be altered through the use of specific behavioral techniques. Among these techniques are the following:

- *Conditioning*: the learning of a behavior on condition that it is associated with another event. This comes in two forms:

1. *Classical conditioning*: the learning of a behavior because it is associated in time with a specific stimulus with which it was not formerly associated (*e.g.*, a child who has been hospitalized shows fear when, brought to a health center, he sees someone in a white coat which, formerly a neutral object, he now associates with pain).

2. *Operant conditioning*: refers to learned behavior which takes place because it operates upon or affects the environment (*i.e.*, a behavior that is followed by a response or outcome that is pleasurable to the person is likely to be repeated, but less likely to be repeated if the response is not pleasurable or is unpleasant, *e.g.*, a shy person who is praised for expressing his views during a group discussion is likely to speak again, but if ridiculed, is not likely to speak again).

   - *Reinforcement*: anything that strengthens a target behavior, or that increases the likelihood that a target behavior will occur more frequently than in the past. There are two forms of reinforcement: (a) *positive reinforcement* which involves adding, presenting or giving something to the client for the purpose of increasing the target behavior (*e.g.*, reward points, certain privileges, recognition, praise, appreciation) and (b) *negative reinforcement* which involves subtracting or removing something that is unpleasant or aversive to the client which will result in strengthening or increasing the target behavior.
   - *Punishment*: the presentation of an unwanted or unpleasant stimulus (*e.g.*, criticism, blame, being ignored) that will have the effect of suppressing or reducing the strength of a target behavior. The use of certain forms of punishment is discouraged, and even prohibited by some agencies (*e.g.*, physical punishment) because of ethical and legal considerations.

Punishment is not the same as negative reinforcement which strengthens the target behavior; punishment weakens the target behavior.

   - *Extinction*: refers to the withdrawal of whatever reinforces a target behavior, which will tend to discourage the occurrence of the behavior.

The practitioner can choose from a large group of behavioral modification techniques depending on her objective, *i.e.*, acquisition of desired behavior (*e.g.*, response shaping, classical conditioning, behavioral rehearsal, model presentation), strengthening already existing behavior (*e.g.*, positive reinforcement, rule making, stimulus shaping, position structuring), or reducing behavior by weakening or eliminating it (extinction, punishment, systematic desensitization, flooding and satiation).

The worker's use of behavioral modification involves attention to certain procedural details:

1. Initial socialization. Some behavioral practitioners explain to the client the procedures of their modification regimen and the principles of behavioral modification.
2. The contract. Most behavioral practitioners make explicit what is to be worked on, with written contracts which are better than general implied agreement or no agreements at all.

3. Commitment. The client's commitment to cooperate fully in the modification regimen will encourage client compliance with the requisites of assessment and modification, thereby increasing the likelihood of achieving success.

Social Worker Roles

The social worker can perform any of the following roles in her use of behavioral modification techniques:

1. *Direct modifier.* The worker is the agent of modification in which she herself directly uses a technique like positive reinforcement to increase a child's behavior relating to observing rules.
2. *Behavioral instigator.* The worker arranges or influences a situation so that behavior will be modified, such as introducing a point or rewards system to encourage task performance in a youth home.
3. *Teacher.* The worker teaches behavioral modification techniques to clients, parents, related professionals and other professionals.

ILLUSTRATIVE CASE

Joel

A. Background Information

Joel, 16, was admitted to the government's Rehabilitation Center for Drug Dependents (RCDD) after being detained for three weeks at the city jail for violation of Section 8, Article II of R.A. No. 6425 (Possession and Use of Prohibited Drugs). His father (Rodolfo, 43, high school graduate, a tailor) was able to obtain a Court Order for suspended sentence and transfer of custody of Joel to the RCDD (Center) for training and rehabilitation over a period of six months. He has been previously apprehended (three times) for bag snatching but could not be criminally charged because he is a minor.

The client is the third of the four children (ages 21, 20, 16, and 15) of Rodolfo and Elisa. The latter died when Joel was seven years old resulting in the children being separated from each other and left in the care of paternal relatives. Joel was left in the care of a paternal aunt who was living in another city. At the age of twelve Joel started to have friends who spent most of their time in the streets and began using prohibited drugs (marijuana and shabu).

When Joel was thirteen, Rodolfo took all his children back and settled in their own place near the house of the paternal grandparents who sometimes provided financial help to the family. Joel continued to use prohibited drugs with street friends, and got involved in bag snatching so he would have money

for smoking, drinking, gambling, and drugs. Joel dropped out of high school after completing the first year to work in a gambling house in order to earn money which he used for drinks and drugs with his street friends. He said he tried many times to stop doing these "bad things" but could not say "no" to his friends. He knows his father disapproves of this, and says he longs for his father's approval and affection. He also thought that he is no longer important to the family, but realized he was wrong because they visited him regularly when he was detained in jail and his father exerted effort to have him transferred to the RCDD.

Joel said that his being in the Center now gives him the chance to correct all his past wrongdoings which cause his family, especially his father, a lot of sufferings. He wants to "get well" so that his father will be proud of him and he can be of help to his family. He is aware that he has a pending police case and he understands that he has to "behave" and show positive progress so he can be released with a "clean record." He is afraid of the implication of a police record.

Joel admitted having engaged in fights with other inmates in the jail where he was detained previously because the other inmates teased and made fun of him. He confirmed a police report that he is short-tempered, has difficulty submitting to authority, and has little regard for rules and regulations. Though he admitted that he finds it difficult to be tolerant and to control his temper, he has, however, been able to get along well with others in the Center. After two weeks he has adjusted to his new environment. He observes

the rules and does his assigned tasks although he thinks the staff is very restrictive and controlling. He stressed that he was trying to do well as he has come to a realization that what he did to his life in his craving for independence was not acceptable. He now wants to compensate the love and sacrifices of his father by changing his ways. He displayed some insight into his behavior and seemed sincere in his expression of his desire to change; he promised to use the chance now given to him to do this. He admitted however, that there are moments where he again feels a craving for drugs but he diverts his attention to more productive activities. He said escaping the Center sometimes enters his mind.

He described his relationship with his family as distant, i.e., not close or affectionate because of the time he has spent away from them. He identified self-control and self-discipline as traits he needs to learn to avoid trouble.

He also hopes to enroll in a vocational course, specifically, automotive mechanics so that he can be gainfully employed after his discharge. He thinks he can achieve this considering the continuing support his father has been giving him.

B. Problems and Plans

Joel is required to undergo training and rehabilitation by virtue of the Court order imposed on him for a minimum of six months at the Center. The following problems and plans were identified by both the worker and client as the focus of the client-worker working agreement:

Problems	Plans
1. Fears about the implications of his police record (he has a pending case for snatching and illegal use of prohibited drugs and substances)	1) Psychological support/ preparation re: the legal aspects of his case
2. Anxiety/insecurity about his ability to maintain his current positive behavior/ attitudes without going back to his old and ineffective ways of dealing with his weaknesses, i.e.; inability to control anger, temper outbursts, craving for drugs and vices; difficulty in submitting to authority and following rules and regulations; thoughts of escape from the Center to be with his peers	2) Consistent, organized and systematic scheduling of reinforcements to help him keep track/monitor his progress in the following areas: • self-control and discipline for anger management • appropriate behavior patterns and attitudes toward compliance with rules and regulations; • ability to redirect/refocus his cravings and drives (such as use of drugs and to be with street peers) into productive activities • problem-solving, dialoguing and assertiveness skills to be able to differentiate between positive and negative influences of peers as well as other people

	• Support and cooperation of Center staff and his family in consistently directing him toward the strict implementation of the rehabilitation program
3. Limited education and lack of life skills necessary for his life after discharge from the Center, lack of appreciation for value of education	3) Vocational guidance and skills training Life skills training i.e., values education, self-awareness, responsible citizenship, community participation, etc. Motivate/develop interest to continue with formal schooling
4. Emotional distance from his father and siblings; very limited interpersonal relationships with them due to the long periods of family separation and inadequate communication among them since the mother's death and the absence/distance of father because of his work	4) Family counseling, dialogues; opportunities for interaction while Joel is in the center
5. Family's lack of: a. understanding of substance/drug abuse b. knowledge/ability to express their concern	5) Understanding of the nature and effects of substance abuse on the bio-psychosocial developmental of client and how these impact on the family, and what the family

for client and how to deal with client's need for a sense of belonging to and affection from his family	*can/should do to help in the rehabilitation of client* *Effective communication skills* *Relationship-building skills* *Review/define role expectations and performance (father, son, sibling roles)*

C. Goals

The ultimate goal is a rehabilitated Joel who is back with his family, determined to be drug-free and able to shun the influence of street peers.

By the end of six months in the center, Joel:

1. *clearly understands the nature and consequences of drug/substance abuse (including the meaning of a "police record") and is determined to stop its use;*
2. *communicates and relates positively with, and has a sense of belonging to his family;*
3. *has learned self-restraint/self-discipline and is able to control his temper/anger, follow rules and regulations, show respect for authority, and resist the bad influence of peers;*
4. *has made concrete and attainable plans for pursuing formal education or vocational training;*
5. *has developed/acquired positive values and attitudes which he needs to be able to deal with varied problems that may come in the future.*

The above will be the basis for determining the effectiveness of his rehabilitation and will be used as the evaluation reference for his pending court case.

Worker recognizes that client is in a complex problem situation and no single interventive approach will address all his problems. Client and worker have to agree on plans responsive to the problems they have identified, i.e., strategies, tasks and activities to be undertaken, and the time frame for achieving these objectives.

WORKER'S USE OF BEHAVIORAL MODIFICATION

For the purpose of illustrating the use of Behavioral Modification as an approach in social work practice, this writer decided to just present what were done in relation to #2 Problem identified earlier, specifically, regarding anger management, which, Joel said, he wants to work on first.

The following were taken from workers recordings on Joel:

Anger Management

Objective: Client will learn/develop self-control through effective anger management skills and techniques (Time frame: three months)

Given this, the worker asked Joel to describe:

1. *Specific types of people/situations that provoke him to anger (Joel said: people who are arrogant, domineering and bossy and situations where his shortcomings or limitations are criticized, ridiculed or laughed at)*

2. *Specific kinds of thoughts, feelings, and behaviors which are his reactions to people/situations that make him angry, and which can be observed and counted in terms of frequency, intensity, and duration (Joel: feeling self-pity, feeling bullied; negative/bad thoughts and a strong desire to retaliate/get even; use of swear words, curses, derogatory remarks, hitting the person with a fist blow or with any object within his reach, etc.)*

3. *Specific changes in his present ways of thinking, feeling and behaving so that he can deal with people/situations differently/more effectively than how he has been doing it. Worker and client identified/listed constructive thoughts, feelings, and behaviors that are desirable and healthy ways of responding to people and situations that provoke anger on client's part. They agreed on the following as the desirable responses from him:*

   a. *Ignore negative comments/reactions and avoid retaliating even when feeling dissatisfied or aggravated;*

   b. *Refrain from cursing, swearing, and using other derogatory remarks when conversing/interacting with people;*

   c. *Deliberately use positive expressions, remarks, and comments as substitutes for curse words, swear words, and derogatory remarks;*

   d. *Avoid/inhibit from peer altercations associated with unwholesome or destructive fun/play activities;*

   e. *Engage in wholesome and productive activities that make for the release of physical energies like sports, gardening, carpentry; seek social worker to ventilate feelings/concerns.*

It was agreed that if Joel observes and complies with the foregoing, according to prescribed schedules, rewards and "payoffs" will be given to him (Monitoring of behavior is done with the use of a chart to indicate daily, weekly, monthly performances until the three-month period is completed).

It was agreed that positive reinforcements and payoffs will be scheduled on a monthly basis, which can include: excusing him from a major responsibility, e.g., cooking, dishwashing, cleaning toilets; giving him extra hours for sports and other recreational activities; allowing him a short out-on-pass privilege to visit his family; an extra, scheduled visit of family members in the Center; and later, towards the third month, giving him some leadership role or responsibility in relation to his peers.

It was made clear that penalties will be imposed if a specific behavior agreed on is not performed by the client, such as the assignment of additional tasks, extending hours for particular assigned tasks, and withholding certain privileges.

Social worker and client agreed on holding regular sessions which may involve Center staff and family members of Joel to assess his progress, among other things.

A written contract was signed signifying understanding of and commitment to the agreements made between worker and Joel (This contract, not anymore presented here, states the problem, goal(s) and objective(s), activities to be undertaken and by whom, and the time frame for the work to be done).

D. Implementation

Joel kept a journal and regularly recorded data on a chart (not presented here) about his daily behavior/performance on each of the five (5) items being addressed relating to his need to learn skills in anger management. He did a frequency count on the number of times he was able to observe and attain the target behaviors. He monitored his expressions of anger in terms of time duration (intervals of behaviors and length of time he is able to sustain tempering his anger). He recorded daily the results of his experience when reflecting on his thoughts and feelings. He described the effects of "desired behaviors performed" on himself and on his relationships with peers, staff, and family (this process would be evaluated on a weekly basis with the worker over the three-month time frame).

The client and the social worker formulated a set of standards for performance that served as a guide in determining whether or not he is improving and growing from the behavior modification program.

On a daily basis, the client kept track of those conditions and situations where he was able to (1) observe desired behaviors, (2) unable to observe them, (3) perform the target behavior with difficulty but with much effort

exerted. He consciously identified those factors and conditions that promote or hinder/obstruct his performance of the target behaviors. Scheduling of delivery of rewards and payoffs depended much on the consistency of successes noted each week and cumulatively each month.

Worker held a helping/follow-up session with the client at the end of each week. Client was helped to reflect on his feelings and thoughts, clarify objectively his strengths and limitations and how he can be sustained in his desire to change. Each session ended with client consolidating the gains from the previous week's experience and concretely identifying action steps for sustaining his progress and improving his weak areas. Worker utilized several behavior modification techniques such as instruction, modeling, role play, role rehearsal, prompting, reducing of reinforcement, etc., to assist client in his progress.

Simultaneously, outside of the direct client-worker relationship but still within the context of behavior modification, worker obtained the support and cooperation of Center staff and his family in consistently directing/monitoring his progress. Worker gathered feedback from them regularly. The worker made referrals to other service providers within and outside of the agency, so that client can be provided with vocational guidance and skills training, and services for life skills training, i.e., values education, self-awareness, assertiveness, responsible citizenship, and community participation.

Evaluation and Termination

Periodic evaluation was done as part of monitoring. At the end of the third month, Joel's target

behavior change had been reached: the client has become more aware of his behaviors; is able to limit/control those conditions/stimuli that provoke undesirable behaviors (inability to control anger); has developed positive, and constructive behavior patterns in dealing with situations that used to provoke him to anger; feels comfortable with carrying out these patterns or new modes of behaving effectively and desirably. Client has been able to sustain changes with limited supervision. However, he would still need monitoring as he tries/tests out his new set of skills outside of the Center.

Termination is not possible yet because there are other areas in which Joel needs to be helped: i.e., developing appropriate behavior patterns and attitudes toward compliance with rules and regulations; use of strategies for resisting his cravings and drives (such as use of drugs and joining his street friends); skills in problem-solving, dialoguing and assertiveness in differentiating positive and negative influences of his peers.

FAMILY INTERVENTION

Primary learning takes place within the family and social workers recognize the very important role of the family in the individual's development and functioning.

The "social" in the description of the individual as a "biopsychosocial being" refers to the individual's relationships, the bases for which are laid down in the family that is given the main task of socializing him. Past, present, and continuing interactions and events in the family affect the behavior of its members, which is why

practitioners have to involve the family in most of their professional helping activities.

Social casework, focused on the individual, was the prevalent method of social work practice until the 1950s when the development of family therapy as a therapeutic model was started based on the recognition that there are human situations and problems which require that the family should be the unit of attention for study and treatment.[30]

The literature today presents essentially two forms of family intervention; family therapy, and family-focused work with an individual client.

Family therapy, which relies heavily on psychoanalytic personality theory and systems theory is a clinical approach designed to modify or change elements of the family relationship system that are interfering with the management of the life tasks of the family and its members. The worker has to undertake a careful assessment of the nature of family relationships and their conscious and unconscious implications for the individual members.[31] This approach which involves direct intervention into the family system itself requires a high degree of professional knowledge and skills on the part of the practitioner. There are different models of family therapy that are in use today - communications, Bowenian, strategic, and structure, all of which utilize systems concepts.[32]

Family-focused work with an individual client or family-focused treatment (referred to also as "family casework") is undertaken with focus on the individual family member, with the family members being involved in the helping process, individually, in pairs (*e.g.*, both

parents), or as a group (the whole family, the extended family, including "significant others" in the household).

The worker should be able to tell when family-focused work with an individual client is indicated. A review of some of the case illustrations in this chapter (Maricel, Oscar, and Joel) will show that family-focused treatment would have been very appropriate and helpful to the client and the family. In one case – Nilo, we are informed about the worker's efforts to involve the parents and the positive results from these efforts. We hasten to add, however, that there would be a clearer demonstration of family-focused treatment in this case if the participation of Vivian (Nilo's sister), had been engaged through separate sessions with her, and if sessions were conducted with all of the family members present. Home visits would have facilitated the conduct of family group sessions, and would have given the worker a view of the family dynamics and physical lifestyle of the family which will provide a better understanding of Nilo's problems.

The two forms of family-oriented social work practice does not rule out a shift in treatment, which means family-focused work with an individual, to family therapy, or vice versa.[33]

Techniques which are applied in the one-to-one mode of helping can also be applied in both forms of treatment. These techniques would include support, reassurance, guidance, advice, suggestions, clarifications, interpretations, reflection, and counseling.

Assessment and treatment are two major phases of the work with families that have to be undertaken by the worker. The worker will find that the client and the family members are at different points in the life cycle, with

corresponding tasks that need to be accomplished, and which require family support. Certain developmental crises have to be resolved during each stage. The following Life Cycle Matrix[34] graphically depicts the developmental stage of all members of a family. Its use by the worker will help her understand the physical, psychological, social, and spiritual needs associated with each life cycle stage. In the case of Nilo, the worker's knowledge about where each member of Nilo's family is in the life cycle, her understanding of the tasks that have to be mastered as well as the developmental crises that correspond to each member's stage in the life cycle, will make for more effective helping.

The Life Cycle

Stage	Common Developmental Tasks	Developmental Crisis
Prenatal (conception to birth)	• In utero physical development	
Infant (birth–2 years)	• Bonding and attachment • Differentiation of emotions • Maturation of nervous and motor systems • Concept of object permanence • Beginning understanding of causality	Basic trust versus mistrust of others
Toddler (2–4 years)	• Fantasy and play • Language • Self-control • Locomotion • Use of symbols in thought	Basic sense of worth and autonomy versus shame and self-doubt
Early school age (5–7 years)	• Group play • Early gender identification • Beginning moral standards • Learning of classification, combination, and other basic intellectual skills	Taking initiative versus only reacting to or imitating others

Middle school age (8–12 years)	• Cooperation with others • Team play • Same sex peer identification • Introspection	Self-confidence and industry versus inferiority
Early adolescence (13–17 years)	• Physical and sexual maturation • Membership in peer group • Boy-girl relationships • Abstract thought processes • Coping with strong emotions	Group identity versus sense of alienation
Late adolescence (18–22 years)	• Dating and mate selection • Sex-role identity • Internalization of moral principles • Career choice • Separation from parent	Individual identity versus role diffusion and confusion
Early adulthood (23–34 years)	• Marriage • Childbearing • Work • Developing lifestyle apart from parents	Intimacy versus isolation
Middle adulthood (35–60 years)	• Childrearing • Career development • Management of home and financial resources	Expansion of life experience and concern for society versus stagnation and self-absorption
Late adulthood (61+ years)	• Coping with physical change and health problems • Acceptance of one's own life choices • Redirection of energy after retirement • Developing a perspective on one's death	Integrity versus despair

Figure 10. The Life Cycle

There are two tools for assessment and treatment-planning that the worker can use—the eco-map (appendix 6) and the genogram. The genogram is a diagram very similar to a family tree. It presents historical and

contemporary data on the main figures in the client's interpersonal environment (*e.g.*, births, deaths, separations, mental illness, family occupations, etc.), thus helping the worker understand the client's/family's current situation.[35] The eco-map is a diagram of the family within its social context and includes the genogram. It pictures the family or individual in the life space, presents the supports and stresses in the environment, and points to "conflicts to be mediated, bridges to be built and resources to be sought and mobilized." The primary value of the eco-map is in its visual impact and its ability to organize and present concurrently not only a great deal of factual information but also the relationships between variables in a situation.[36]

Family-focused treatment involves the application of necessary generic social work knowledge and skills during the beginning, middle, and ending phases of the helping process. However, the worker can also use any of the social work helping models and approaches that she thinks would be appropriate in a given family situation. In the Nilo case (p. 386), the Problem-Solving Approach seems appropriate. Spivak, et al.,[37] submit that the problem-solving approach can be divided into a number of stages which, in the Nilo case, would mean the following:

Assessment

1. Pinpoint the problem. In the course of the assessment, it may emerge that the problem is Nilo's loneliness, due to his lack of any meaningful communication/ interaction with family and peers.

2. Gather all the relevant facts about the problem. Nilo is on a Court-imposed probation order for theft, his first offense committed as part of initiation into a peer group. He attributes this and their changed family situation to the death three years ago of older brother Mike who was "everybody's favorite." Except for his mother and sister who continue to be close, there is very little communication in the family. Nilo is neglected but the family is oblivious to this. He feels ashamed of the theft he committed and feels guilty about this added burden on his father and the family.
3. Formulate the difficulty in terms of problem-to-be solved. The worker should help the family to state each difficulty in the form of a problem which may have a solution.

Examples:

- "Nilo is lonely and wants to have friends but ends up with the wrong company" may become, "We can help Nilo find the right friends."
- "We have not been the family we used to be since Mike died" may become, "We should communicate more and enjoy each other's company like we used to."

Planning

4. Generate potential solutions by "brainstorming" in which ideas are put forward; criticism is deliberately withheld.
   - Plan/arrange for Nilo to make new friends of his own age, *i.e.*, sons of neighbors and relatives, youth in the parish church organizations, hobby and sports groups in the community.
   - Plan and schedule regular activities which Nilo and his father can do together.
   - Plan and schedule activities the whole family can do together.
   - Assign and schedule specific tasks Nilo can/wants do in his mother's shop.
5. Examine the potential consequences of each solution. How well does each one solve the problem? Agree on the best strategy/solution.

Implementation

6. Plan how to implement the strategy/ solution.
7. Support the family in putting the plan into effect by negotiating an easily attainable goal—one for which success is virtually inevitable.

Review and evaluation

8. Review, monitor, and evaluate the effectiveness of the plan; if necessary, reassess.

SOCIAL WORK COUNSELING

In the Philippines, Counseling is one of the key interventions in social work with clients who have needs and problems for which they need to be given help. Similar to other social work models of intervention, it involves a relationship between two parties, the counselor and the counselee(s) who get engaged in a special form of communication.

The historical roots of Counseling and Social Work are intertwined and interconnected, with distinct identities. Samuel Smiles in "The Barclay Report on Social Workers: Their Roles and Tasks" (December 1, 1982), identified counseling as one of the two main activities of social workers, the other being social care planning; and the report acknowledged the interlocking nature of these activities. The particular, perhaps unique challenge faced by social workers is to offer counseling in a way that is integrated appropriately with a variety of other approaches in the overall work with a given client often within the same interview[38]. Counseling and social care planning as the two main activities of social workers acknowledged in the Barclay Report is affirmed in the definition of Social Casework (one of the three traditional methods of social work):

> *Social Casework*: a helping process which consists a variety of activities that may include the giving of material assistance; referrals to other community facilities; rendering emotional and psychological support through sensitive listening; expressions of acceptance and reassurance; making suggestions; appropriately advising and setting limits, encouraging the individual to express or suppress his feelings, likewise encouraging him to effect his plans; assisting the individual to narrate and examine his situation; and/or working out with him a consideration and better understanding of the casual connections between his present attitudes and mode of adjustment with past experiences. All these may be used in combination to respond to the person under stress, so as to enable him to meet his needs more fully and to the person under stress, so as to enable him to meet his needs more fully; and to function more adequately in his social relationships.
>
> The logical steps of study, diagnosis or assessment, and treatment are used. Four major casework processes or techniques are used: a) Environmental Modification, b) Psychological Support, c) Clarification, and d) Insight Development[39].

Indeed, unlike Counseling being done by counselors or therapists with higher/specialized education (*e.g.*, graduate degrees in guidance counseling, clinical psychology, clinical social work), training and experience, and whose work focus mainly on doing counseling, licensed social workers in the country learn the basic knowledge and skills of Counseling and apply them as one

of the helping interventions in their work with clients, as necessary and appropriate. Counseling is particularly helpful in social work with multi-problem individuals, families and groups in the country. It is done in all social work fields—rehabilitation, health, schools, business and industry, corrections, child and family welfare agents, etc.

Counseling done by specialists/therapists and counseling done by social work practitioners have much in common – both address the clients' problems, look into the root causes, and define the means to resolve them. Both seek to identify the clients' strengths and capacities for their own problem solving, leading towards enhancing their well-being. The difference lies in the fact that counseling specialists/therapists can function independently or as private practicing counselors who focus on one client problem at a given time and can go into an in-depth therapeutic relationship with the client usually with an agreed-on schedule of counseling session(s).

There are no known social workers engaged in the private practice of counseling in the country at this time. Social workers who engage in Counseling in the country function in an agency setting, and this is carried out usually in conjunction with other approaches. This is because most Filipino clients are multi-problem clients who are confronted with many of these problems: financial distress, family conflicts, and conflicts with the law, armed conflict situations, victims of abuse and violence, human rights violations, and others. Emergency situations caused by natural calamities and disasters often require immediate counseling support which is often done in evacuation sites. Some client problems require referral to counselors with advanced/specialist skills and this is done when necessary.

Besides the use of Counseling as an interventive model, often in conjunction with other interventions when working with multi-problem clients, many social workers have to do "on the spot counseling" because it is necessary, *e.g.*, a hospital patient's wife becomes very emotional on being informed that her husband has late stage cancer; the mother of a child who is approved for discharge after hospitalization is not allowed to leave the hospital for non-payment of bills, etc.

Definition of Counseling

Counseling is a face-to-face communication in which one person (the counselor) helps another (counselee) make decisions based on a consideration of alternatives, and acts on them. In order to do counseling, interviewing is an essential tool; counseling cannot be done without it. However, interviewing can be done without the conduct of counseling. Interviewing is a serious conversation between the interviewer and the interviewee for any of the following purposes: a) gathering of information, b) providing information and instructions, and c) assisting clients. When one does interviewing for the purpose of actually helping the interviewee, then one is already into counseling. For example, if a social worker interviews a distressed mother in an evacuation center who lost her home and cannot locate her child after a flash flood, asking her to trace back the incident as to when she last saw her child, help her express her fears, gives her emotional support, explains what can be done in her situations, makes her realize her strengths and capacity for handling the situation, informs her about resources that

can be availed of, then she is already doing counseling with the client[40].

Counseling is also defined as "a collaborative effort between the counselor and client. It helps clients identify goals and potential solution to problems which cause emotional turmoil; seeks to improve communication and coping skills; strengthens self-esteem; and promote change and optimal mental health[41].

Counseling is done when "one person, the client, has an issue or a problem, something that he or she cannot deal with alone. The client approaches the counselor for help in a formal, confidential relationship. The purpose of this relationship is to help the client address or deal better with his or her issues."[42]

Approaches in Counseling

Counseling approaches refer to the way a counselor handles a client's problem situation. There are three known approaches:[43]

1. *Directive or Counselor-centered*. The focus of counseling is the problem rather than the person. The counselor is the lead in the problem-solving process of discovering, diagnosing, and providing solutions to the problem. This is done by informing, explaining, interpreting, and sometimes providing alternatives to the client and deciding when the helping relationship ends.
2. *Non-Directive/Permissive Counseling or Permissive/Client-oriented*. The client and not the counselor takes the lead and active role in the counseling process. The client freely expresses and

the counselor simply directs, guides, and decides when to end the working relationship. The prevailing characteristics of the counseling session are active listening, empathy, acceptance (unconditional positive regard), and genuineness.

3. *Eclectic Counseling*. The counselor and counselee jointly work to solve the problem; the counselor uses a "mixed-method" approach, *i.e.*, directive and non-directive techniques used alternately depending on the situation.

= eclectic counseling...

Counseling Principles[44]

The following social work guiding principles are also applied in social work counseling:

1. **Acceptance:** respecting the client whatever the circumstances, which will lead the counselor to an understanding of the meaning and causes of his behavior. The counselor interacts with the client in a non-judgmental manner, recognizing his capacities and limitations.
2. **Individualization:** recognizing that each individual is unique and has his own reality; the counselor needs to know the specifics in every client's situation.
3. **Confidentiality:** protecting the client's privacy; includes all information obtained from the client and other sources of information. However, it is important for the counselor to explain to the client that there are limits to confidentiality, *e.g.*, information on the client may have to be shared with other professionals who are involved in the case.

4. **Self-determination:** This is the client's sense of empowerment in determining his needs and how to address them. The counselor does not decide or manipulate but guides the client to look at the problem objectively, to understand the choices or alternatives open to him, their implications and consequences.
5. **Controlled emotional involvement:** The counselor is sensitive and responsive to the client's feelings without being emotionally involved in order to maintain objectivity.
6. **Non-judgmental attitude:** The counselor should not have pre-conceived notions or premature judgments about the client nor allow personal prejudices to affect the professional relationship.

As a counselor, application of the principles in counseling is further influenced by two important factors – attitudes toward one's work and toward one's client. A counselor is enthusiastic in working with the counselee and is persistent in continuing with the counseling process despite difficulties encountered, *e.g.*, lack of a private space for conducting sessions or having to reschedule appointments due to the client's problems at home. These, and other situations, call for the social worker's patience to deal with problems that may occur rather than becoming annoyed or frustrated. Counselors are positive thinkers, focusing and choosing to see the good in any given situation.

Counseling Skills[45]

A counselor's professional skills factor greatly in her effectiveness in helping her clients. The following are the basic skills required of a social worker–counselor:

1. *Attending Skills* is giving the client your full attention – what they say or do; valuing the clients as worthy individuals; being comfortable with silence during the counseling sessions; allowing the client a sense of control over the pacing of the session.
2. *Reflecting and Paraphrasing* is listening and accurate feedbacking. Repeating the concise version of the narratives of the client back to them ensures that the client feels that they are being listened to.
3. *Clarifying and use of questions* to have the meaning of the narratives shared by the client be best understood according to the meaning and their interpretation; questions should be asked in a neutral and non-leading way.
4. *Focusing* is prioritizing which concerns the client wants to address first as a matter of criticality.
5. *Building Rapport* is establishing a sense of connection with the client to facilitate a professional helping relationship.
6. *Summarizing* is paraphrasing the meaning of what the client says or feels.
7. *Immediacy* is the key skill of focusing attention on the here and now relationship of counselor and client with helpful timing, in order to challenge defensiveness and/or heighten awareness; it means the counselor reveals how she/he is feeling in response to the client (it is not simply saying whatever comes into one's head, but a rapidly

calculated disclosure of the counselor's present experience in relation to the client).

Procedures of Intervention

Social workers who do counseling will find useful the following procedures of intervention which Florence Hollis developed to explain "direct treatment" in the Psychosocial Approach of social work, in order to alleviate the client's distress and decrease the malfunctioning in the person-situation system:

1. Sustaining (supportive remarks)
2. Direct influence (suggestion and advice)
3. Catharsis or ventilation (discharge of pent-up feelings and emotionally charged memories)
4. Reflective consideration of the current person-situation configuration (helping the client better understand present functioning in current relationship)
5. Encouragement of client to reflect on dynamics of his response patterns or tendencies (helping the client to think about behavior causes)
6. Encouragement of client to think about the development of response patterns or tendencies (helping the client understand the contribution of the past on current functioning).

Recognition of Social Workers as Mental Health Providers

In the Philippines, Republic Act No. 11036 passed on July 24, 2017, established a *"National Mental Health Policy to enhance the delivery of integrated mental health services, promote and protect the rights of persons utilizing*

psychiatric, neurological and psychosocial health services." Under Section 1, in the identification of Mental Health Professionals, social workers are named in the list of professionals qualified to provide mental health services. Given this, there is a need to promote advanced training for specialization in the conduct of social work counseling to increase both the knowledge and skill of social workers for the handling/management of more complex, specialized needs of clients.

ILLUSTRATIVE CASE

Mutya

Mutya, with three other girls, arrived at close to midnight (March 8, 2022), accompanied by two policemen who informed Children's Haven staff that they had "saved" the girls from a prostitution den fronting as a bar in the Ermita area.

The staff on evening duty did the Intake Interview with Nina. I was assigned to be Mutya's social worker.

I went out of my office at 9:00 a.m., greeted the four girls in the waiting room, and asked – "Mutya"? An attractive girl, her head bowed, stood up, took a few steps towards me and said, "Good morning po, Ate." Knowing why she is in the Haven, I said in a gentle tone, "Good morning, Mutya, ako ang social worker mo, ang tawag nila sa akin dito "Ma'am L" kasi Lesande ang last name ko (I am not comfortable being called "Ate" or "Mommy" but don't mind if

clients continue to use these terms), halika na, interbyuhin kita." Mutya followed me to my office.

I pointed to the seat across my office table, for Mutya to sit down, pulled a seat beside it for myself and placed a small table in front of us (I do this during intake in the Haven so the interviewee can see what I write on the form). Because she was very quiet, her head still bowed, I said, "Mutya, interbyuhin kita, para maintindihan ko ang nangyari sayo at kung paano ka naming matutulungan. Magtiwala ka, ang sasabihin mo ay sa ating dalawa lang. Ok ba, Mutya?" She turned her head in my direction and nodded. So I continued – "Itong Form, nakita mo kagabi, tama ba ito?" I let her read her name, address, age (13), education (5th grade), and reason for referral (saved by police from a bar in Ermita). She read the Form and nodded. I asked if she would like to tell me what happened. She placed both hands on her face and started to cry. "Kasi po nagtitinda ako ng tuwalya sa mga sasakyang nagdadaan, pero pag-uwi ko lagi ako'ng sinasaktan ng tatay ko dahil paano raw po kami kakain, eh konti lang po ang nabebenta ko; pinang-iinom pa niya." I asked how her father hurts her – "Tinutulak po niya ako, inuuntog, sinusuntok sa likod; nag-aaway sila ni Nanay – sinasaktan din po niya." Mutya was sobbing so I gave her a glass of water and said, "Pahinga ka muna" and gave her tissue paper. "Salamat po, Mam. Sorry po." I said, "Ok yan, ang pag-iyak nakakaluwag ng dibdib." She continued – "Kasama ko po 'yong isang nasa labas, niyaya ako na pumunta sa bar – inalok daw siya, madali ang trabaho, sasamahan lang daw po ang mga guest na umiinom doon sa loob, at maganda

ang kikitain, nahikayat po ako. Hirap na rin po ako – anim na buwan na naglalako ng tuwalya, kung minsan pot holders, tapos lagi pa akong sinasaktan. Ayoko na po umuwi sa bahay." I nodded and said I understand why she feels this way and said we can talk more about this later. To encourage her to continue, I said, "So, sumama ka sa bar?" She said yes, that she and her friend were asked some questions, made to turn around while two employees watched and said "puwede sila". They were told to report the next day for two days "live-in orientation" to observe and learn their tasks after which they will start getting paid ₱1,000 daily, or more if the business is good. Mutya said her parents were pleased when she told them about it, but she did not like what she saw on the first night she was there: "Magaslaw po 'yong mga babae na naka-table ng hapon, nagpapahawak po kung saan-saan. Ayoko po ng ganun." I repeated what she narrated – her parents approved so she was ready for the orientation but did not like what she saw the first night. I asked why the police took them to Haven last night, and she narrated that the bar was raided, that the guests were asked to leave while the Manager was arrested. She and the three other girls were accompanied by two policemen to Haven, and were "saved". They were told that the bar, for weeks, was being watched for being a prostitution house ("para sa mga babaeng nagpapabayad").

I asked Mutya how she feels about being in Haven now and what her thoughts are about what happened. She said she is grateful that she was saved, but she does not want to return home because of their situation ("nakaka-buang na Ate

sa amin"), but that she is very worried about them, how they will live ("walang pera, magugutom"). I told Mutya I was glad that she cares about her family, that their situation is very common especially because of the pandemic, and I will see what can be done to also help them. I then asked her to tell me about her family. Tearing up again, she said they are poor but not so bad; that she has an older brother, 18, who is a high school graduate but jobless; a sister, 11 years old who she fears will end up like her – selling things on the street; and another brother, 9 years old; the last two stopped going to school because of "Covid". Then she started crying again. I patted her arm as she continued – "tricycle driver po ang tatay ko, inalis sa trabaho, mahigit na po'ng isang taon, dahil sa Covid. Kaya po lagi na lang lasing. Nananakit na po palagi, hindi po naman siya dating ganyan". I asked if her father tried looking for another job and she said yes, but he failed so she helped by selling items being sold by a neighbor who has a small store near them. I asked Mutya if her father was "lasenggo noong tricycle driver pa siya" and she said, "hindi po, mabait po noon". So I asked, "Bakit kaya siya nagbago?" "Kasi po walang trabaho, hindi po sanay na walang trabaho at nakikita niya ang paghihirap namin – kaya po siguro nilulunod sa alak". I remarked, "Palagay ko Mutya, tama ang pag-unawa mo sa tatay mo. At hanga rin ako sa ginawa mo upang makatulong sa iyong pamilya, hanggang nahikayat ka na magtrabaho sa isang bar. Mabuti na lang at na-"save" kayo ng mga pulis." Then, looking worried, she asked, "Paano po kung dumating si Tatay dito, baka manggulo". I replied, "hindi nila malalaman

na nandito ka, safe ka rito sa Haven. Pero mamayang hapon pupunta ako sa inyo at paaalamin na nasa amin kang pag-aalaga at pananagutan ayon sa batas". I told Mutya that I would inform her parents about what happened last night, assure them she is safe, and they just have to trust us; and that I will introduce myself as a social worker who will help her and the family. Mutya thanked me – "Maraming, maraming salamat, Ate, tulungan din po sana ninyo si Milet, kapatid ko. Sana po dito rin siya, baka siya naman ang sasaktan ni Tatay." I told her that I will do what I can to help her and her family, and that I have to see them so I will better understand their situation and what needs to be done to help them. I then asked Mutya about her mother. She described her as very hardworking, does laundry work three mornings a week for female boarders in an apartment in the neighborhood; does all the house chores. "Ang sipag at ang bait po ni Nanay, tapos sasaktan pa ni Tatay, bakit ganun?" I replied – "Sige, Mutya, titignan natin kung paano malulutas ang problema ng pananakit ni Tatay." Since Mutya has opened up, I decided to ask her whether, like her two siblings, she dropped out of school also because of the pandemic. She answered, "ayoko po'ng mag-drop, kaya lang wala nang trabaho si Tatay, kailangan ko po'ng tumulong maski papaano." "Kung may paraan, mag-aaral ka pa rin?" I asked, and she replied, "Diyos ko, 'yan po ang pangarap ko – makatapos ng elementary, ng high school." I told her – "Mutya, pinupuri kita, 13 years old, pero mahusay ang pang-unawa mo sa sitwasyon ninyo sa pamilya. Bagama't nandito ka pero ramdam ko na ang isip at puso mo

ay nasa kanila pa rin. Tama ba ako?" She nodded and started crying again. I patted her head and, standing up, assured her again of her safety in Haven. I repeated that I will see her family in the afternoon, and will see her again in the morning. I advised her to attend all Haven's activities for the new residents, and to think about what we discussed, and we will continue "talking" some more. When she got up from her seat, I asked, "Ok ka ba, Mutya?" She replied, "Opo Mam, opo talaga, alam ko po tutulungan ninyo kami, marami po'ng salamat."

My plan (Case Management):

1. *Home visit to meet Mutya's family and assess family situation (consider brief counseling in the context of Mutya's experiences; if appropriate mention laws re: violence against women/children, etc.).*
2. *Consider community resources/social services the family can avail of ASAP because of financial distress/assist with their availment, and others – job opportunities, skills training (for older brother; mother?)*
3. *Continue counseling Mutya, to include guidance in decision-making re: her return to school; facilitate transfer to another school in case she will be staying in Haven.*
4. *Counseling parents of Mutya, to include decision on whether Mutya should stay in Girls' Haven or return home (to also include decision on 11-year old sister staying with Mutya in Girls' Haven based on my assessment of the family situation).*

5. *Facilitate, when necessary, the return to school of Mutya's two younger siblings (in the case of sister Milet, transfer to another school if she becomes a Haven resident).*
6. *If Mutya stays in Haven and continues schooling in the district school, arrange for her to join the weekly 2-hour group sessions over three months for girls her age (13-15) being conducted by another Haven social worker (her sister would be in another group, for ages 9-12).*
7. *If intervention in the family situation is helpful/effective, and Mutya and her sister stay with the family, I will do regular follow-up as necessary.*

THE CASE MANAGEMENT MODEL OF PRACTICE

Social work literature abroad during the last few decades has been enriched by reports of studies as well as articles about a concept – case management – considered useful particularly for at-risk population. It is cited for having transformed traditional practice (*i.e.*, the use of the separate methods of casework, group work and community organization) into a new and more useful model.[47] It involves the social worker in varied activities like linking, mediating, networking, coordinating, etc. in order to help bring about a resolution of the client's problem(s). Indeed, case management as a model of practice has received a lot of attention in the United States, Canada and England, which is not surprising since clinical or treatment-oriented social work has been the dominant mode in these countries for a long time.

The situation in the Philippines has always been different. The reality is that most of our social workers, regardless of field or setting, have to deal with multi-problem clients whose situations call for many different social work activities the composite of which is now called "Case Management." Unfortunately, in the Philippines, for many reasons, this mode of practice never got the attention it deserves as to be developed into a model of practice directly responsive to the situations of multi-problem clients. For example, resource mobilization, resource creation, referrals, and networking were common or "standard" social work activities with individual clients in the context of systematic problem solving. However, these activities were perceived only as routine tasks which were probably not sufficiently appreciated because therapeutic or treatment-oriented casework, especially during the fifties and sixties, were what many considered to be "professional" social work and so, more highly regarded. Besides this, the practitioners' limited knowledge and skills in these activities, along with their agencies' resource limitations, reflected in the non-attainment of client goals, did not provide sufficient encouragement or a sense of fulfillment that could have helped them recognize the value of their work.

Today, the picture has changed.

Case management is now accepted as a social work function that is very appropriate in the country particularly for clients in especially difficult circumstances like abused children and women, older persons, victims of armed conflict, victims of natural disasters, persons with disabilities, and the chronically and mentally ill. For this reason, it continues to be the subject of many public and private social agency in-service training programs, and

manuals as well as other references on this are already being made available to guide practitioners.[48] Thus, it is clear that the use of Case Management as a model of practice should be pursued vigorously because its main concern – to help clients resolve concrete problems in their everyday lives – is an area where the profession can make a significant contribution given the realities in the country.

The use of the Case Management Model complements the Generalist/Integrated Method that has been described earlier. It is certainly a social work function for which graduates of the professional Bachelor of Science in Social Work curriculum can be prepared to perform in their work with clients.

What then is the Case Management Model? What does it involve; how is it done?

Webster[49] says that the word "manage" means "to have charge of; direct; conduct; administer; control movement;" and so, management is "the act or manner of handling, controlling, directing, etc."

In the context of social work, therefore, case management is a way of delivering services where a social worker assumes responsibility for assessing with a client what services he needs, and helps obtain those services for the client. More precisely, Moxley[50] defines it as a service delivery system that:

> "organizes, coordinates, and sustains a network of formal and informal supports and activities designed to optimize the functioning and well-being of people with multiple needs. Through those activities, the case manager seeks to accomplish the following goals:

- to promote when possible the skills of the client in accessing and utilizing these supports and services;
- to develop the capacity of social networks and relevant human service providers in promoting the functioning and well-being of the client; and
- to promote service effectiveness while attempting to have services and supports delivered in the most effective manner possible.

Note the use of "formal" and "informal" supports in the above definition. Formal support is provided by formally organized agencies and organizations which are paid to provide services, while informal supports are provided by family members, friends, neighbors, co-workers, etc. with whom the client interacts in the course of everyday life, and to whom he may also give informal support. Formal social support comes from what is termed "social support system," whereas informal social support comes from a person's "social support network."[51]

The situation of multi-problem clients almost always calls for a variety of services that may or may not be provided by the social worker's agency. Usually, therefore, the social worker assumes the role of case manager, coordinating the work of other service deliverers, facilitating communication among them, thus, enabling them to work together. All the service providers comprise a case management system, which means that "a case manager of a case management team assumes total responsibility and is accountable for the well-being of the

client while avoiding doing for the client that which the client is capable of.[52]

The generic helping/problem-solving process is observed in this model, as reflected in the following major functions of case management:

(1) *Assessment*. This involves critical scrutiny of the client's situation in order to understand the nature of the difficulty with increasing detail and accuracy.[53] The client's fullest participation is essential here, including his strengths that have enabled him to manage thus far.

(2) *Service Planning*. The case manager and the client develop a Case Plan. They set a goal that is realistic, specific, and measurable. They have to agree on a time frame for the achievement of this goal; short term, task-centered work is emphasized and not long-term treatment. The case manager defines the tasks necessary to achieve the goal(s). A review of the client's strengths is done with the client, and those that may be helpful in achieving the goal(s) are identified. The case manager is expected to engage all involved parties in the development of the Case Plan, including the formal and informal sources of social support mentioned earlier.

In the Philippines, "contracting" is not yet an established practice in work with social welfare clients. This involves the social worker's (or the case manager) documenting, in the form of a contract, who will do what and when they will do it which can be very helpful to the problem-solving process. This contract should specify the following: (1) goals based upon the assessment of the client's situation or problem; (2) time limits of the contract terms; (3) actions that the client, case manager, and others will take to realize the stated goal; (4) the individuals who

are responsible for carrying out the action; and (5) costs for failing to carry out the actions.[54]

(3.) *Implementation of the Case Plan*. The case plan is now acted on. The network of needed services is mobilized on behalf of the client. The case manager works with the client by linking, coordinating, negotiating, and mediating services, and is frequently in touch with service providers in order to ensure that all service linkages are in place and sufficiently secured.[55] These activities demand a great deal of time for processing papers and communicating with service providers which implies the need for skills in verbal and written communication on the part of the worker/case manager. The delivery of services is monitored based on the Case Plan, which is modified if necessary.

(4.) *Evaluation*. Evaluation is done with the client to find out if the services agreed on were effective in solving his problem.

(5.) *Termination*. The helping relationship is terminated following evaluation. The client is informed of the conditions under which he may be accepted again for agency help.

(6.) *Follow-up*. This is done to ensure that the gains that have been achieved are maintained and that no new problems have emerged.

The question is often asked – should the case manager limit her work to coordinating and expediting service delivery by others involved in problem solving or should she also perform therapeutic functions?

In the Philippines, case managers have no choice but to also provide direct service which means performing,

when it is necessary, any of the social work roles presented in an earlier chapter (Chapter 7) such as resource provider, mediator, social broker, enabler, counselor/therapist, and advocate. Besides the case manager's knowledge or familiarity with the client's case history and the case plan, the primary reason for this multiplicity of roles is agency staff limitations, which means one social worker must assume full responsibility for the different aspects of problem-solving, including, necessarily, the performance of therapeutic functions. When this is done, however, the emphasis is on the outer rather than on the inner aspects of social problems, . . . on the system within which the individual must function . . . on changing the social system . . . clients are viewed as agents of change, not as victims.[56]

Finally, a word about an important indispensable task deserving of more thought and attention from the case manager/social worker —*referral*. Referral is the act of directing a client to another worker/agency or organization because the service needed by the client is not offered by the worker's agency. A referral, however, is not just a matter of informing the client what agency offers the service he needs, and where to find it. An effective referral demands that the worker does her best so that the act culminates in service delivery to the client.

Compton and Galaway describe four aspects of effective referrals:[57]

(1.) *Information about resources*. The worker should have a good knowledge of what resources and services are available, including where they are located, who provides them (auspices or sponsors), and who may avail of them (service eligibility criteria). This knowledge should always be updated.

The worker should know the key persons in the resource system and cultivate professional relationships with individuals in the system in the interest of clients.

(2) *Preparing the client*. This means discussing with the client what the referral will involve and what the referral agency expects, to enable the client to make effective use of the referral agency.

Preparation of the client also includes explaining the referral agency's policies and rules if the worker is familiar with them, clarifying the client's questions or concerns relating to the agency, preparing him for the bureaucratic intricacies that might confront him, and giving him instructions or tips on how to deal with them. In our setting, this may include giving him the name of the person in the agency whom he can approach in case he runs into some difficulty.

(3) *Preparing the referral agency*. This involves sharing information about the client with his consent. A telephone conversation with a staff in attendance and, if necessary, a meeting with this person, are part of the preparation of the referral agency.

The worker has to prepare a referral summary on the client. In addition, her recommendation or participation in the referral is usually helpful in facilitating the client's acceptance for agency service. Compton and Galaway recommend that the worker share a copy of the referral summary with the client.

(4) *Follow-up*. This provides the worker with an opportunity to review whether the client is receiving the expected services and is moving towards the objectives. It is expected that follow-up will be done shortly after the client makes initial contact with the referral agency, and as

part of one of the regular sessions if the worker is still seeing the client; if not, the worker may follow up with a client by telephone or some other appropriate means.

Follow-up may reveal client resistance to continuing the service, or the agency or organization may have resistance to continuing with the client. Whichever of these happens, the worker may need to adopt enabling, teaching, mediation and/or advocacy roles.

There is no other professional helping person in our society better equipped or in a more strategic position to do case management than the social worker. This being the case, she should exert every effort to perform this function well, knowing that it is clearly one of the ways by which the profession can contribute to the improvement of the human condition in our country.

Developmental Social Work

The term "developmental social work" has been a popular term in the country because of the thrust toward "developmental social welfare," which the United Nations started to advocate starting with the sixties – the first U.N. Developmental Decade.

In truth, especially in their work with groups, many of our social workers had been doing developmental social work, even if other than the generic helping process they probably were not using a specific theory on which to anchor their interventive activities. Emanuel Tropp offers such a theory which seems very relevant to our setting – the Developmental Approach.

THE DEVELOPMENTAL APPROACH

Webster defines development as "causing something to unfold, to grow, to change for the better, to be realized." It regards a certain entity as being endowed with certain potentials which society should discover and maximize. This basic idea about development is inherent in Emanuel Tropp's "Developmental Approach"[58] to social work with groups.

In the developmental approach, people are not seen as being sick or healthy, but on a scale ranging from socially functional (adequate) to dysfunctional (inadequate) to eufunctional (good functioning). . . continually able to move up this scale in a life-long developmental process of self-realization.[59] The practitioner who tries to help people who are striving for self-realization is concerned with tapping "the vast unused potential that resides within all people and which is generally used only fractionally—in the spheres of physical, intellectual, aesthetic, and interpersonal development, of which the last is the direct concern of social work."[60] This view holds the two essential features of developmental social work with groups: recognition of the human being as the main resource to be utilized, and interpersonal relationships, more specifically social role performance, as the focus of concern.

The following three major themes characterize the developmental approach:

1. It is humanistic. Its humanistic perspective means "a view of one human being by another." Tropp elaborates on this theme by describing how the worker functions and relates with the group. Among other things, the worker respects the group's common purpose

and integrity as a group, deals with the members for what they are and what they do, and respects the member-to-member helping phenomenon as the key principle to their growth. The worker is an enabler, and shows belief in people's ability to cope with their common task. In addition, the worker offers herself with openness, authenticity, mutuality, humility, respect, empathy, compassion, involvement, support, expectation, and assistance.

2. It is phenomenological. Its main concern is what is happening at present, whether in the group or outside of it, or both. The approach is reality-oriented, focusing on current group and individual behavior rather than on past personality diagnosis and interpretations of behavior.

3. It is developmental. It sees people as being able to move forward in a life-long process of self-realization or fulfillment of potential in social functioning. In sharp contrast with the treatment orientation, the developmental approach sees people as people, all of whom face difficult developmental stages, life situations, challenges, stresses, and crises with which they must cope.

Characteristics of the Developmental Approach

In addition to the three themes presented earlier, the Developmental Approach also has the following important characteristics:

1. *Specific kinds of group experiences are viewed as most effective in the attainment of enhanced social functioning.* The content of group experience, called *program* which emanates from the group's function which Tropp calls the "functional modes" in group work practice are the following: (a) the *counseling* group to discuss common life situations or common concerns; (b) the *activity* group to pursue a common interest; and (c) the *action* group, to effect some improvement in its social environment.

2. *Common-goal groups* (*i.e.*, a goal which members share for the group goal-achieving process and with each other in relation to this process) are viewed as the kinds of experiences that are most productive of enhanced social functioning. "Goal" is used in this theory not in the sense of ends that are expected to be achieved upon the termination of the helping relationship, but as a specific task agreed upon for a specific group session or series of sessions, *i.e.*, a "short-term" goal.

3. *The common goal may take the form of a common concern or common interest or common life situation, each of which results in a peer relationship among members.* Except for the family group in which the members do not have this distinctive peer quality because of its hierarchical structure, the approach may be applied to all other groups which has this characteristic and meets other membership criteria the worker deems necessary.

4. *The effectiveness of the group goal-achieving process is the primary target for both the members and the worker.* The events and processes occurring in the group as it pursues its common goal should be given careful attention since on this will depend the achievement of the members' individually needed gains. The worker's skillful guidance of the group towards the desirable structure and processes relating to its goal is considered crucial.

5. *The group members achieve different individual gains in social growth within the context of the group goal-achieving process.* These gains, which Tropp describes as the four "basic purposive processes" which common-goal groups go through, are the following: (a) release of feelings – anger, fear, guilt and affection – that tend to block effective social task performance if not unburdened, preferably in the presence of others who are in comparable situations; (b) support – which means a receiving of acceptance and affection through belonging and a group recognition of self-expression that is translated into achievement, which encourages the tapping of further strengths, with a resultant gain in self-esteem; (c) reality orientation wherein through seeing others in similar situations, seeing how they handle themselves, seeing how others see oneself, each member can gain a clearer orientation to his own behavior among peers; and (d) self-appraisal which involves attaining

from all the foregoing a clearer perspective of one's self and others, new option for handling situations, increased ability to make judgments, and a more responsible taking hold of one's own life in relation to the reasons for being in the group.

6. *The group becomes the medium for the members' actions, for the perception of each other's actions, and for the worker's perception of both.* All these create a base of commonly perceived behavior to which member and worker can relate their perceptions, evaluations, and actions. Tropp points out the importance of the worker and members' relating only to commonly perceived behavior, that is, any one person's (including the worker's) reading of a message may be inaccurate unless it is confirmed by at least a segment of the group.

7. *The group goal-achieving process is carried out on the basis of open agreements*, openly arrived at and openly pursued, resulting in a mutuality of understanding and effort between member and worker.

8. *The group is essentially self-directing*, within varying limits, and each member is self-directing in relation to what he wants to give and to get from the group. There is no intention to change anyone for it is seen as each member's right to decide how to lead his life and to then benefit or suffer from the consequences.

The Helping Process in the Developmental Approach

Tropp describes events and worker activities during the work with developmental groups which evidence group development and the basic social work helping process. Together, they present a Beginning Stage, a Middle Stage and an Ending Stage in the Developmental Approach.

1. Beginning Stage

Members:

(1) Become oriented to the new situation

(2) Understand reason(s) for group membership and the work to be done

(3) Experience some doubts or enthusiasm about membership.

Worker:

(1) Clarifies purpose and structure of the group

(2) Establishes a contract with the group

(3) Facilitates/supports task-selection

(4) Supports initial efforts of the group

(5) Facilitates climate conducive to unity/ cooperation.

2. Middle Stage

Members:

(1) More open expression by members

(2) Increasing understanding and acceptance of values of group experience by member

(3) Roles and statuses evolve

(4) Group demonstrates greater ability to plan and function

(5) Group shows greater stability and cohesiveness

(6) Group is working towards goal achievement.

Worker:

(1) Guides group toward its defined goals

(2) Clarifies tasks completed and tasks still to be done

(3) Provides continuing support to enable group to be self-directing

(4) Helps group to work within time frame

(5) Assesses gains in relation to goal achievement.

3. **Ending Stage**

Members:

(1) Show varying degrees of task accomplishment

(2) Inventory gains from group experience

(3) Show varying levels of satisfaction from accomplishment

(4) Show some concern/anxiety about ending group membership and being separated from members, worker and agency

(5) Accept the reality of ending group experience.

Worker:

(1) Helps the group with task-accomplishment

(2) Evaluates gains made from group experience

(3) Makes objective appraisal of any goals/tasks not accomplished

(4) Helps effect smooth ending of group membership

(5) Helps the group with post-termination plans as a self-help or mutual aid group.

ILLUSTRATIVE CASE

The San Vicente Mothers' Group

The Agency's Purpose

This social work group was formed because of the hospital's desire to provide opportunities for its poor client families to undertake activities that will result in improved health and family life. The hospital's decision to venture into this new outreach program was stimulated by the development thrust of social welfare in the 70s. The group program was initiated following the hospital Social Service Department's inventory of its services and the finding, among other things, that "casework treatment" which had been its main helping mode in almost two decades had not been very effective. The same client families were on the social work staff's caseloads and the hospital was burdened by the continuing staggering cost of maintaining its Outpatient Department which provides mostly

free medical services to the many poor families residing in the district.

The health problems were mainly due to poverty and its accompanying conditions: insufficient income because of unemployment or underemployment, ignorance because of lack of education, malnutrition, unsanitary environments, lack of resources, and apathy and a sense of hopelessness in relation to their condition.

The social work staff, with the leadership of a dynamic and committed director, decided to shift gears in its emphasis, i.e., from the one-to-one method to the group method of helping. Starting on the belief that poverty is not a pathology but a condition that can be changed and that the poor are human beings most of whom are victims of societal conditions and should be helped to overcome their poverty, the staff decided to work with its client groups in ways that would actually deal with their commonly felt concerns and problems, and in ways that would maximize use of their own resources.

The first social worker assigned to this group work program asked her co-workers to refer clients (whom they believe can benefit from a group experience) based on a simple set of criteria: they are mothers on their active caseload, preferably more than five years, 25 to 40 years old, have children, are unemployed, and willing to participate in weekly group sessions for two hours. The worker received 76 referrals.

The worker met all the mothers on their Food Ration Day, a monthly event when the hospital would distribute powdered milk, flour, bulgar wheat, etc. provided by its donor agencies.

Out of the 76 mothers referred, 52 expressed interest in participating in the group program during the meeting that served as a group intake session. The worker explained that she would have two groups of 15 each, so that 22 would have to wait for their turn after a few months since they could not all be taken in at one time. The group agreed to hold their meetings in the Social Hall adjoining the hospital chapel.

The Wednesday Group: Purpose and Program

Fifteen mothers comprised this first group. They all knew each other so that the Worker went directly into a discussion of the group program. She informed them of the agency's plan to help them more actively in improving their life conditions instead of just talking about them. She asked them to individually share their concerns and problems.

The members realized that while they had varied individual needs which they said could be met by the group (e.g., boredom with one's life and the opportunity to do something different once a week; the need to meet other people and make friends; the need to ventilate one's problems to others who care or have the same problems); they actually had many common concerns and problems.

After two sessions of sharing and discussion, the members agreed that they indeed had many common concerns and it would help all of them to meet regularly to address these concerns. They agreed to meet every Wednesday, 2:00 to 4:00 p.m.; and to come on time and avoid

being absent. They also agreed to listen to each other and to avoid monopolizing discussions.

The group agreed to undertake the following activities, with the worker helping in their sequencing and in identifying resources that are necessary and can be tapped:

1. Market bag-making project – hardware stores for donation of cement bags
2. Basic sewing lessons – St. Luke's Women's Auxiliary Board for free loan of sewing machines
3. Cooking demonstrations (cheap but nutritious meals; meals utilizing Food Ration ingredients); Nutrition Foundation of the Philippines for nutritionists - lecturers
4. Sanitary/health practices – hospital staff
5. Family planning – social worker and a doctor/nurse
6. Community resources for livelihood and skills training National Manpower Youth Council; Department of Social Welfare and Development.

It was agreed that the worker, whom they expected to attend the sessions, would guide and help them whenever necessary. The worker emphasized the concept of "self-help" and each time the members turned to her for advice or answers to questions she thought they could handle themselves, she stirred them into coming up with the group's own answers.

The group at first wanted to have an election of officers. The worker raised questions about whether this was necessary, the advantages and disadvantages of having a permanent set of officers for the life of the group. They finally decided on having volunteer leaders for planning the content and conduct of each planned activity.

The group implemented all its planned activities within eight months.

The members, using a letter of introduction signed by the worker, were able to convince the owners of ten hardware stores to donate their used cement bags (instead of selling them cheaply to a middleman). The group used two sessions to learn how to make market/shopping bags out of them, with a group member showing them how. After these two sessions, they agreed to divide the donated bags among themselves weekly and to continue the work in their houses so that even their children could be involved. The donations continued and many of the mothers reported getting supplementary income out of the project, with their children selling them in the markets when they were not in school.

The group was able to borrow three sewing machines from the hospital's Women's Auxiliary Board. The latter referred them to a volunteer sewing teacher who gave them sewing lessons in three sessions. After these three sessions, the group was allowed to choose three members in whose houses the sewing lessons would continue. Three sub-groups of five members each resulted from this project that lasted for three months. The members continued to attend the weekly group

sessions in the hospital premises. The sewing machines were returned promptly to the Women's Auxiliary Board at the end of the sewing lessons.

The group, with the help of the worker, was able to obtain the volunteer services of two nutritionists from the Nutrition Foundation of the Philippines who conducted cooking demonstrations during four sessions. The members brought their own cooking utensils for use during these demonstrations. The mothers learned two things from these demonstrations: (1) what palatable dishes they can make out of the food rations (as many admitted they only made "polvoron" out of the powdered milk and allowed many of the other raw food items to spoil because they did not know what to do with them); and (2) how to cook nutritious meals on a very small budget.

During the activity sessions, the worker facilitated interaction among the members and also between the members and the volunteers. In addition, when not everyone was actually involved in a particular activity, the worker made herself available for brief helping interviews with individual members or small groupings of members on varied aspects of family life.

The worker conducted four sessions on health and sanitation with a doctor as a resource person in one session and a nurse in another session. These were primarily sessions that focused on personal hygiene, cleanliness in the home and its surroundings, and practices to prevent contamination by a sick person.

The family planning sessions were information/education and counseling sessions held over five consecutive meetings. The worker conducted all the sessions by herself except for one session when she invited a hospital doctor to explain to the mothers, based on their expressed interest, how tubal ligation and vasectomy are performed.

During the sessions on family planning, the mothers realized that they had many misconceptions about family planning. Rumors they have heard were clarified. Their fears and doubts were explained. They were also helped to feel more comfortable in talking about things like menstruation, menopause, and other sexuality-related concerns. A few were told to go to the OPD for consultations with a doctor.

The group was able to borrow a mini bus from the proprietor of a school bus service for a whole afternoon and used it to visit the national government's social welfare agency branch office in Paco, Manila, where women were being trained on high speed sewing. They were given an orientation on various skills and livelihood-oriented programs of the agency and brochures to take home in case they wanted to avail of these services. There were also two sessions where representatives from the National Manpower Youth Council and the Philippine Business for Social Progress discussed with the group different opportunities for livelihood and employment for themselves and members of their families.

Evaluation, Extension, Evaluation

After five months the group was very pleased with what they had accomplished. An evaluation of what had actually taken place showed that the group had learned more than it expected at the start and, except for occasional absences by some members, there were hardly any problems encountered.

The worker told the group that they could now plan to terminate the Wednesday group since its goals had been achieved. The group however asked the worker for assistance in a final activity. Since they all came from the same area, they wanted help in putting up a health center with family planning as one of its main services. The worker agreed to extend the group until this project was realized.

In three group sessions and several home visits made by the worker, as well as office calls (on the worker) made by the group's leaders, the health center was planned and organized. The group was able to persuade a community resident who was better-off than the others to allow the use of an idle portion of his house including water and electricity for the purpose of a health center that would be open to the community from eight to twelve o'clock every morning, three times a week. Two members of the Mother's Group would act as receptionist and caretaker for the center on a rotation basis. A medical resident, a medical intern and a nurse would be available for consultations on family planning and simple medical treatment; cases requiring greater care would have to be attended to at the hospital OPD. The group was able to obtain

this hospital extension service upon presentation of their project proposal to the Medical Director. The latter approved it upon endorsement by its Social Service Department which viewed the health center as directly in line with the hospital's goals.

The worker decided to terminate its service to the group after eight months, when the health center was already operational. The group's last session lasted three hours culminating in a merienda-program where the mothers received individual certificates of attendance. During the session, they had a final evaluation of their work, and inventoried not only what were accomplished (almost all) and what were not accomplished ("the health center cannot be opened daily" and "free medicine cannot be provided by the hospital"), but also their strengths and weaknesses ("some were not as active on the health center project;" "some mothers failed to volunteer their time to taking charge of the health center"). The worker discussed the implications of a lack of cooperation in the group, particularly for the health center which they put up through their own efforts and which was already benefiting the entire community. Pointers were given on how to maintain their gains. Five leaders had emerged from the group after eight months. The worker agreed to hold weekly follow-up sessions with them in the hospital for at least one month. She also announced to the rest that they were all welcome to see her whenever they needed to do so.

THE INTERACTIONIST APPROACH

The group work theory that is called the "Interactionist Approach" was developed by William Schwartz who believes that the job assignment of social work in society for which it is held accountable is to mediate the process through which the individual and society reach out to each other through a mutual need for self-fulfillment.[61] The mediating function of the social worker is the key concept in this approach.[62]

THE MEDIATING FUNCTION

Social work has for its focus of concern the *person-situation interaction* which calls upon practitioners to direct their efforts not only to the person, or to the situation, but to the relationship between the two. According to Schwartz, "the function of social work is to mediate transactions between people and the various systems through which they carry on their relationship with society – the family, the peer group, the social agency, the neighborhood, the school, the job, and others." On the part of the worker, the skills are "fashioned by two interrelated responsibilities: helping each individual client negotiate the system immediately crucial to the problems; and helping the system reach out to incorporate the client, deliver its service, and thus carry out its function in the community."

The following diagram presents the relationship of the forces at play as viewed in the Interactionist Approach:

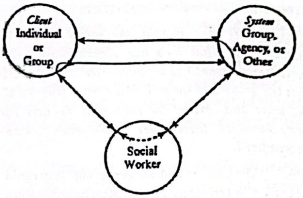


Figure 11. Relationship of Forces in the Interactionist Approach

The diagram shows the impetus of the client (individual or group) toward the system with which it is in interaction, and the system (family, group, school or agency) toward its member or client. The relationship between the two systems is seen as a symbiotic one, "with each needing the other for its own life and growth, and each reaching out to the other with all the strength it can command at a given moment." However, sometimes there are obstacles or difficulties which block the engagement between the two systems. The social worker is the third party whose skills are mobilized in order to help the client and the system overcome the difficulties which block such engagement. The worker uses skills to encourage the approaches that bring the two systems together. These approaches, according to Schwartz, may involve conflict, cooperation, confrontation, negotiation, or any other form of exchange emerging from the realities of the situation. It is also pointed out that the demand is for a realistic exchange between the client and the system rather than for conciliation.

The approach can be used practically with any group. It has no special requirements other than that the

people need each other and can work together with help on tasks they have agreed on. The group therefore is seen as a mutual aid group that is focused on a specific problem or problems, and the agency (represented by the worker) is there to help with problems. The group in the Interactionist Approach has four major features: 1) the group is a *collective* in which people face and interact with each other; 2) the *people need each other* for certain specific purposes; 3) they come together *to work on common tasks*; and 4) the work is embedded in a relevant *agency function*.

Phases of Work

Schwartz describes four phases of work in this approach, which can apply to both the entire life of the group and to a simple group meeting:

1. *The "Tuning In."* This is the preparation-for-entry phase which requires the worker to understand the group, *e.g.*, the members' feelings, doubts about their own selves, about each other, and about the worker. The valued outcome of this phase is the worker's ability to "tune in" to the coded messages and disguised meanings through which the members will be communicating their messages as they work together.

2. *The Beginnings*. This is the phase when the worker moves into the group and asks both the group and the agency to be clear on their conditions of work. The heart of this phase is the contracting process. The valued outcome of this phase is an opening consensus: from the members, on what they need, and from the worker, on what the agency offers. The worker wants a partialization of tasks (*i.e.*, breaking down the work to be done into some of its specifics) and assists the group in the establishment

of some of the ground rules and procedures designed to facilitate problem solving.

3. *The Tasks*. This middle phase of the work involves the following tasks:

   a) the search for common ground between the needs of clients and those of the systems they have to negotiate;

   b) detecting the challenging obstacles that come between the members and their systems;

   c) the worker's contributing ideas, facts, and values that may be useful;

   d) the worker's sharing of her own vision of the work, feelings about the process, and faith in the clients' strengths;

   e) the worker's defining of the limits and requirements of the situation in which the work takes place.

4. *Ending and Separation*. The valued outcome in this final phase includes the following:

   a) that the members make the ending a serious part of their work together, attentive to what is happening to them and learning from it as they have learned from the events of the previous phase;

   b) that the ending work should have substance as well as feeling, therefore an important aspect of their contract.

ILLUSTRATIVE CASE

Camp X and a Group of Political Prisoners[43]

A. Identifying Data

In 1983, a group of about 14 political prisoners were being detained at Camp X Stockade. All were male with ages ranging from 22 to 35. Four of them were married; one was still childless. Six of them were from Metro Manila, while the rest were from Central Luzon, Mindanao and the Visayas regions. They had been in the stockade for two to six years. All of them were suspected to be leaders or members of the underground movement, although some of the charges filed against them were criminal in nature. These included subversion (violation of R.A. No. 1700), rebellion, illegal possession of firearms (violation of P.D. No. 1866), murder, kidnapping, and arson.

B. Presenting Problem

Tension had mounted at the detention center because the political prisoners, who were planning to hold an indefinite hunger strike, and the military authorities in charge of the detention center were in conflict on how to resolve the demands presented by the political prisoners on the improvement of prison conditions/facilities and a better treatment of prisoners.

C. Background Information

The political prisoners described life in the military detention center as probably worse than

life in prison. To make their stay in the military stockade more bearable, they practiced what they called "collective life". They had "toka" system in doing household chores together – cleaning, cooking, washing the dishes, etc. Even in meeting with visitors, they also had their assignments. For them, matters that affected everyone became a collective concern, including finances and budgeting.

The group's main problem had to do with the conditions in the stockade. There was not enough water, food was unfit for human consumption, and the detention area was very unsanitary with poor lighting and ventilation. Furthermore, the detainees were not getting enough sunlight and their families had very limited visitation rights.

The group brought its problems to the attention of the detention authorities by sending a letter of appeal. The authorities looked into the matter, but said that the political prisoners would have to live with what was available because these were based on prison rules and regulations and funds were limited.

The political prisoners believed that authorities should at least adhere to standards set by the United Nations as regards treatment of political prisoners, so they made another appeal. The authorities said that they would see what they could do despite the budgetary limitations.

Two weeks passed and there was still no positive action on their appeal. The political prisoners then decided to go on fasting for two weeks with a noise barrage every noontime. The

authorities responded by padlocking the prisoners in their cells and suspending visitation rights. But the detainees were undaunted. They planned to escalate their action into an indefinite hunger strike.

D. Action Steps

After an assessment of the situation, the social worker in a human rights institution, Task Force Pagasa (TFP), whose primary concern is the well-being of political prisoners, (and whose work with the political prisoners was allowed in Camp X), tried to intervene to avert the dire consequences of a hunger strike.

A meeting was arranged with the 14 political prisoners and camp authorities inside the detention center. During the meeting, the detainees presented their conditions, problems and demands and asked the authorities to address them. On their part, prison authorities explained the policies on prison facilities vis-à-vis budgetary constraints. Having understood the parameters of their conflict, the meeting ended with hopes that something could be worked out.

After the meeting, the social worker met with the political prisoners and brainstormed on the possible follow-up moves. They agreed to push for their proposals, among which were the improvement of prison facilities, allowing group interaction and meetings, allowing tools to be brought inside the detention center for their handicraft projects, visitation rights to include conjugal visits (i.e., the spouse and the children are allowed to stay overnight at the detention center) which they asked to be extended beyond immediate

family members, allowing the political prisoners to manage and cook their own food, and longer "sunning" period.

The social worker also met with the camp's military officials to explain and interpret the group's demands and to better understand their side.

The social worker arranged and facilitated a second meeting. Both parties tried to listen to each other and were observed to hold a less hard-line position than before. The atmosphere was also less tense and less confrontational than the first. Each side was asked to write down their revised proposals.

The social worker met again with the political prisoners for a review of their original proposals. The social worker asked them about their minimum demands, or which of their proposals, if accepted, would make them reconsider their plan to go on hunger strike. The following were identified: visitation rights, longer "sunning" period, and managing and cooking their own food. A third meeting was scheduled to see what could be worked out and then to finalize the agreement.

After the third meeting, with proposals and counter-proposals from the detainees and the military officials, with the worker facilitating the dialogue/negotiation, the two parties reached the following agreement:

1. *The budget for food (₱10.00 per day per prisoner) will be given to the political prisoners in cash. They will manage the*

marketing and cooking of their own food. The agency offered to look for additional funding (₱8.00 per day per detainee) to supplement the budget. The detention authorities said they would support any appeal to higher authorities for an increase in the food budget for prisoners.

2. *The "sunning" periods of 9:00-10:00 in the morning and 4:00-5:00 in the afternoon will be extended. The political prisoners will be allowed to stay outside their cells but within the open space of the prison compound during the day (9:00 a.m. to 5:00 p.m.) if they want to.*
3. *Two drums, water containers, and buckets will be provided primarily by the authorities, and supplemented by the agency (TFP), so that the detainees would have enough water supply for the day.*
4. *Detention facilities will be inspected yearly and repaired or replaced when needed. The succeeding annual budgets of the detention center will provide for these necessities.*
5. *Visitation rights will be expanded to include other members of each prisoner's family and friends.*

The hunger strike was averted.

The dialogue process was resorted to every time there were problems that came up.

THE REMEDIAL APPROACH

The Remedial Approach is all about individual change through small groups. It focuses on the use of guided group processes in treating and rehabilitating individuals whose behavior is disapproved or who have been disadvantaged by society. This would include the physically or mentally handicapped, legal offenders, emotionally disturbed, isolated or alienated persons, and those lacking in effective socialization.

This approach is based on the theory of groupwork as "social treatment," which Robert D. Vinter and his colleagues at the University of Michigan first conceptualized and developed during the early 1960s. It is the "basics" of the original theory that will be presented here because, in the author's opinion, it is a simple and useful framework for a treatment or therapy-oriented approach to social work with small groups in our setting.[64] The "Organizational Model" that is also described in the social work literature is an offshoot of the Remedial Approach.

THE APPROACH

In this remedial or social treatment approach,[65] the group is conceived as a small social system whose influences can be guided in planned ways to modify client behavior. It is recognized that small groups generate social forces which can be utilized to effect change in the interest of clients.

Robert Vinter considers the group session to be of fundamental importance, and the group is both a means of

treatment and a context of treatment. As a means, it is the vehicle through which peer interactions and influences can be used to affect client participants. As a context, it provides opportunities for direct worker-client interactions which can help effect change. However, contact with or assistance to clients does not take place only within the treatment group. Workers see clients outside group sessions and engage in other helping activities on behalf of group members. Workers also intervene, directly or indirectly, as needed, in problematic social situations in which clients are involved, to ameliorate others' interactions with clients, to improve opportunities for clients, or to remove barriers and constraints. It is also held that the treatment group itself may be helped to change these external realities that adversely affect its members.

THE TREATMENT SEQUENCE

Vinter presents the following major stages of the treatment sequence in this approach:

1. *Intake*. This is the process by which a potential client achieves client status. For the client, this involves some kind of presentation of himself and his problem or "need" as he experiences it. For the worker, this involves some assessment of the client and the problem (a "preliminary diagnosis") and of the resources available to resolve the problem.

2. *Diagnosis and treatment planning*. This involves a more comprehensive and exacting assessment by the worker of the client's problem(s), his capacities for help and change, and of the various resources that might be

useful. This stage also involves a preliminary statement of the treatment goal (*i.e.*, the desired changes which can result if the intervention effort is successful) and a preliminary plan of the way the helping process will be undertaken and the direction in which it will be guided. This stage culminates in the worker's writing of a concrete statement that crystallizes the assessment of the client and makes explicit the objectives to be pursued and the ways by which they will be implemented.

3. *Group composition and formation*. The worker assigns clients to groups, putting together in the same group persons she believes can be served together. The purposes for the group are set in accordance with the treatment goals for the individual members. The worker begins the establishment of relationships with the group members and helps the group to start its program.

4. *Group development and treatment*. The worker seeks the emergence of group goals, activities, and relationships which can render the group effective for the treatment of its members. The worker guides the group's interaction and structures its experience to achieve the specific goals for each of its members. It is these individual treatment goals which determine the particular nature and degree of group cohesion, client self-determination, governing procedures, and type of program that the group will undertake.

5. *Evaluation and termination*. Services to clients in groups are usually terminated when it is apparent that the treatment goals have been substantially achieved. The decision to terminate necessitates a review of the progress made by each member, and an estimation of whether continuation of the group would be worthwhile. This requires the worker to return to the original diagnostic statements and treatment goals.

STRATEGY OF INTERVENTION

Vinter contends that the worker must not only know the expected treatment outcome but must also have approaches and techniques that will help achieve these outcomes. He calls this the worker's *strategy of intervention*. In the social treatment group, he sees the need for the worker to employ several modes of intervention or *means of influence*:

1. Direct means of influence. These are interventions to effect change through immediate interaction with a group member. The face-to-face worker-client contact may be in or outside the group sessions. The following are the four types of direct means of influence:

   a. *Worker as a central person – object of identification and drives*. The worker is a major source of influence because of her preeminence in the treatment group, both because of her position in the structure and because of her psychological effect on the members (*i.e.*, who worker is and how worker interacts with the members).

   b. *Worker as symbol and spokesman – agent of legitimate norms and values*. The worker personifies these values and norms. The worker speaks for them and sometimes creates them especially for newly formed groups in which group standards often have to be established. The worker also sets limits and controls on individual and group behavior and applies positive or negative sanctions, including ejecting members from the group, if necessary.

   c. *Worker as motivator and stimulator – definer of individual goals and tasks*. Work with the group provides the practitioner many opportunities to motivate and stimulate individual members toward specific ends or activities. The practitioner can also use the relationship with the client to motivate the latter to undertake certain tasks. Resources (*e.g.*, group activities, "props" or objects) can be controlled and incentives or rewards, as well as interaction techniques (*e.g.*, encouraging, suggesting, proposing, expressing enthusiasm) can be used to motivate and stimulate clients.

   d. *Worker as executive-controller of members' roles*. Each group develops its own structure of roles, responsibilities and positions and members have their distinct positions in these structures. The worker directly interacts with the members and the group to modify the

individual's role or position within the group's structure based on the treatment objectives. Worker also assists a member in the discharge of a given task, assists a member to perform more effectively or differently in a given position, or changes a member's role behavior by raising his/her self-esteem.

2. Indirect means of influence. There are practitioner interventions that modify group conditions which in turn affect one or more members. The worker here acts on and through the group, its processes, and its program.

   a. *Group purposes*. The purposes for which the group was formed (*e.g.*, activity group, orientation group, diagnostic group) have significance for the nature and development of each group and the experiences of the members. Among other things, the purposes set for the group determine worker actions which affect the group, shape the group's program and activities, and affect the client's attraction to and satisfaction with the group.

   b. *Selection of group members*. The worker's goals and purposes for the group serve as general guide for group composition. Why the group was established and what it is expected to accomplish are determinants of membership selection.

The worker also seeks the kind of group that can have maximum impact on its individual members. For this reason, the compatibility or complementarity of personality attributes and interests among members of the same group are given consideration in membership selection.

   c. *Size of group*. The worker must determine the approximate group size for the desired effects for clients as defined by their individual treatment goals. Workers are not always able to set the initial size of the group, but there are opportunities to influence the size of the continuing group as members drop out and others are added.

   d. *Group operating and governing procedures*. The worker can influence the group's operating and governing procedures. Treatment goals and other specific group characteristics warrant deliberate variations in the degree of autonomy given to each group, its procedures and formal organization, and in worker control practices.

   e. *Group development*. The worker helps the group develop through time as an effective instrument of treatment or service, with cumulative impact on its members. The worker must act continuously to effect treatment at any given moment and to facilitate the long-

term development of a cohesive and viable group.

3. **Extra group means of influence.**[6] This refers to the modification of the behavior or attitudes of persons in the client's social environment or large social systems within which both clients and other individuals occupy statuses which may in turn lead to positive changes in the group member's own behavior and attitudes. Such "extra-group means of influence" can be exerted on parents, teachers, employers, institutional staff, or anyone else whose influence is important to the client's social functioning. This intervention helps to make it more likely that client changes that are observed in the group will be carried over outside the group, and that the attitudes or behavior of significant others will produce new client behavior.

ILLUSTRATIVE CASE

The Bukang Liwayway Group

The Agency

The Center for the Prevention and Treatment of Child Sexual Abuse (to be referred to as NGO-C in this presentation), established in 1995, is a private, non-profit organization which offers, as one of its major programs, group services to children who are victims of sexual abuse. The

children attend group sessions conducted by its Group Worker either within its own premises, or within the premises of the agency or institution that requested NGO-C's group service.

The Group Program

Two agency social workers conceptualized and planned a groupwork program based on the agency mandate. It was decided that the target clientele will be sexually abused children and the purposes for this program will be to:

1. *Provide the children with an opportunity to express their thoughts and feelings about the abuse in a safe and accepting environment;*
2. *Help the children overcome their feelings of isolation, guilt, and shame;*
3. *Help the children develop skills in setting physical and emotional boundaries in order to prevent re-molestation;*
4. *Help the children learn about normal sexual development; and*
5. *Help the children develop self-esteem.*

After NGO-C approved the plan, letters and flyers were sent to different agencies working with sexually abused children. The social worker who was assigned to organize the first group visited

many of these agencies to explain the program. One of these agencies, Bukang Liwayway (B.L.) expressed its desire to avail of the program. The NGO-C social worker ("group worker") contacted B.L.'s social worker ("case worker") to work out the arrangements for implementing the program at B.L. It was agreed that the former will conduct weekly group sessions in the premises of B.L. for one-and-a-half to two hours over a period of three months. She will use the agency's "Group Therapy Module" consisting of structured activities for eleven sessions, with a theme for every session.

Session 1:	Getting started, orientation, and goal-setting
Session 2:	Discussing terms used in dealing with sexual abuse
Session 3:	Sharing and remembering
Session 4:	Sharing and remembering
Session 5:	Naming, sorting, understanding and expressing feelings
Session 6:	Developing self-esteem (The Positive Box and Building
Session 7:	A Constructive Body Image)
Session 8:	Guilt and responsibility
Session 9:	Understanding the physical changes during puberty
Session 10:	Teaching boundaries/abuse prevention skills
Session 11:	Setting personal contracts and evaluation

The "program package" which the NGO-C considered to be directly relevant to its purposes for the program was accepted by B.L. It was agreed that the B.L. caseworker will attend the group sessions as a co-worker and recorder. She will continue to work with the individual members outside of the group sessions, and also work with their families and others as necessary.

Intake, Group Composition and Formation

The group worker read the individual records of the girls who were referred to her for group membership. The caseworker at B.L. had conducted the intake with all the girls (all of whom had been with the agency from one to eleven months) and selected the prospective members based on the NGO-C criteria, i.e., ages 12 to 17, sexually abused, but not under psychiatric care. She also discussed each girl's situation with the caseworker. It was agreed between them that after reading the clients' files, the group worker will have the final say about group composition. The latter, however, agreed with the recommendations made by the caseworker of B.L. regarding membership.

The caseworker talked to the girls at B.L. and explained NGO-C's purpose for the group service, what would happen during the group meetings, and the role of the group worker.

The Group

Eight girls were selected to compose the group. They had been in B.L. for periods ranging

from one to seven months. Almost all of them had difficulty or fears about expressing their thoughts and feelings about the sexual abuse they experienced, and had poor self-esteem. Some of the girls had been observed to be impulsive and aggressive as well as defiant toward authority figures. Individual case assessments prepared by the caseworker were shared with the group worker.

The Initial Group Sessions

The girls were already acquainted with each other at B.L., but were asked by the group worker to give self-introductions since this was her first meeting with them, and to say anything they wanted to say. Each girl said something about herself, though mostly identifying information. One of them, Millet, was more open and said she was abused because she took drugs and that she did this because of problems with her parents. She stated that she is still angry with her parents. The group worker assured the group that it was alright to have negative feelings which she hopes they can discuss and resolve during their sessions.

The worker gave them a general idea of what they will be doing during their meetings. She pointed out that while the activities have been planned to help them, these activities will not be effective unless they participate. The worker cited the need to have some rules to guide everybody in the group, and gave the example of not discussing with anyone outside anything that was discussed in the group. She explained this as "confidentiality." The members agreed on the following rules:

- Makikinig sa nagbabahagi (listen to whoever is talking).
- Maging tahimik. Huwag umimik kapag may nagsasalita, hintayin siyang matapos bago magsalita (Keep quiet. Be silent when someone is talking, wait for her to finish).
- Huwag pagtatawanan ang kwento ng iba (Do not make fun of what others are saying).
- Irespeto ang bawat isa (Respect each other).

The group worker invited an adult survivor of rape and incest during its second session, an activity not included in the group therapy module. Her sharing helped the girls to realize that there are others who have been victims and that it is alright to talk about what happened to them in a group like this. By the fifth session, all of the members had overcome their fear of disclosure. One revealed that the agency's house father had been abusing her sexually while another girl disclosed that her guardian, a pastor, had also abused her. These disclosures led to the filing of legal complaints against their offenders (trial of the cases was still ongoing at the time the group was terminated).

The following is a process recording of the content of one of the group's sessions.

The Fourth Group Session

The social worker explained what feelings were: "ang ating damdamin, tungkol sa mga nangyayari sa loob at labas ng ating sarili at ito ang madalas na nagdidikta kung ano ang ating gagawin." A chart/checklist of feelings was given to each member. They went over the list with the group worker explaining and giving examples of some items in the list. They were encouraged to think about the different items by being asked what things make them feel happy, lonely, fearful, angry, etc. Most of the girls participated without prodding. However, when asked what changes had taken place in themselves and what feelings they have now after the abuse, the group became silent. Nobody seemed to want to start sharing. Worker said it is natural to not want to talk about past experiences especially of abuse and assured the group nobody has to talk about it if she does not want to or if she is not ready. She also reminded the group, however, that they had agreed on a rule that everything discussed in the group would be confidential. Then Millet, 16, and one of the older members, remarked that "Kailangan sundin iyon, kasi kung hindi ang ibig sabihin hindi tayo puede magtiwala sa isa't-isa, kaya bakit pa tayo nandito." Worker commended her for emphasizing the importance of the confidentiality rule and added that she appreciates Millet's sharing her life story with the group worker recently. Millet then remarked that she confided in the worker because she seemed very concerned about all of them and she could feel that the worker did not look down on them. She then proceeded to say "Kasi ang tingin ko sa sarili ko ay basura. Nandidiri ako sa sarili

ko." Worker told her that many victims of abuse also have the same feelings but that they should bear in mind that they are just victims, that they are human beings who have worth and dignity, and that they are important. After these words, three other girls – Issa, Isabel, and Lorie shared their own feelings. Isabel said she feels betrayed by people she had trusted – her stepfather and stepbrother and also her mother who refused to believe her. She hates them all and, like Millet, also feels dirty. Isabel said she feels guilty because she did not follow her parents' advice to stop going around with her "gang" who enticed her to try "shabu" that led to her abuse by two of them. Lorie said she was selling peanuts on the sidewalks but was made to sell shabu without knowing what it was. This led to her being abused until she was found by the worker who persuaded her to go to B.L. and see if she would like to stay there. Worker made encouraging and accepting remarks and made some effort to draw some reactions from the other members. Their reactions were limited to "Ganyan din ako," "Kasi parang wala ka nang kwenta," and "Kaya dapat huwag basta magtiwala."

Worker asked the four girls how they felt after their sharing. They all said they felt better, e.g., "Nakakaluwag ng dibdib," "Nakakagaang," and "Hindi ako nag-iisa." She told the group that they would continue with the sharing during the next session after which they would be talking about what they could do about their negative feelings. She reminded them about confidentiality and commented that she thinks all the other rules they set during the first meeting were being followed.

Evaluation and Termination

During their eighth session, worker started mentioning the matter of the group's ending. She not only wanted them to prepare for this but also to make them realize that they still had time to have meaningful experiences in the group.

The last session focused on a review of the group goals, i.e., whether these have been achieved or not. They all replied positively so they were asked to explain what they had learned or how they had been helped through their experience in the group. Their words were:

"I have learned to forgive but I also know now how to protect myself.

"What happened to me/us is not my/our fault so I/we can still save our lives."

"I still have worth even if I am not a virgin anymore."

"I will go back to my family."

"It's okay to tell. I'm not alone."

"Life must go on. I/we have to accept the help being offered to us."

After their sharing of insights and plans, the worker engaged them in an activity of giving positive feedback or positive "strokes" to one another. This seems to have resulted in an all around good feeling among the members so that they ended up sharing promises like:

1) *they will never go back to the streets (4)*

2) *they will always remember to keep and protect their personal boundaries (all)*
3) *they will tell/go back to their families (2)*
4) *they will be more selective of the company they keep (2)*
5) *they will agree to being transferred to a semi-permanent home and return to school until they can find a job and be on their own (2).*

Worker gave "closing remarks" reiterating that the girls were all victims of abuse but that if they remember the "lessons" they learned in the group and keep the promises they have made, they still have a bright future before them. She gave each of the girls a certificate of attendance not just in recognition of their participation, but as a reminder of their self-worth.

In addition to the group sessions, varied tasks were performed by B.L.'s caseworker on behalf of the individual group members. Among these were home visits and counseling interviews with parents and other family members, correspondence with relatives who live in the provinces, attendance at court hearings and consultations with legal/court staff, consultations/ conferences with B.L.'s house-parents, teachers, doctor, dentist, and nutritionist.

Three Models Of Community Organization: Community Development, Social Planning, And Social Action

Community organizing work is a very important field of social work practice in the Philippines. The interest in it was spurred greatly by the developmental thrust in social welfare that was advocated in the sixties and the declaration of Martial Rule during the seventies. These events made many social workers realize the need to shift emphasis from the one-to-one mode of helping people to more mass-oriented, community-based practice in order to reach a greater number of needy and disadvantaged people in society.

There are many different models, approaches and strategies that guide social workers in their work with communities. Three of these models will be presented here: Locality Development (Model A), Social Planning (Model B), and Social Action (Model C).[67] They will be presented as distinct orientations to bring about purposive community change. (During the 1950s and early 1960s, community organizing was associated mainly with Community Chest-related efforts in raising funds and coordinating the activities of its member agencies to avoid duplication of services).

Viewing these three models in their "ideal" form will facilitate better understanding of the activities being undertaken by a variety of CO agencies in our country today, *i.e.*, they may be characterized as reflecting one or another model. Jack Rothman who developed these models however recognizes that in reality there may be "variants or mixed forms which may constitute separate models."

Locality Development

Locality development presupposes that community change may be pursued optimally through broad participation of a wide spectrum of people at the local community level in goal determination and action. Its most prototypic form will be found in the literature of a segment of the field commonly termed community development. As stated in a UN publication, "community development can be tentatively defined as a process designed to create conditions of economic and social progress for the whole community with its active participation and the fullest possible reliance on the community's initiative." (Social Progress through Community Development, New York: United Nations, 1955). Themes emphasized in locality development include democratic procedures, voluntary cooperation, self-help, development of indigenous leadership, and education.

Social Planning

The social planning approach emphasizes a technical process of problem solving with regard to substantive social problems, such as delinquency, housing, and mental health. Rational, deliberately planned, and controlled change has a central place in this model. Community participation may vary from much to little, depending on how the problem presents itself and what organizational variables are present. The approach presupposes that change in a complex industrial environment requires expert planners who, through the exercise of technical abilities, including the ability to manipulate large bureaucratic organizations, can skillfully guide complex change processes. Planners, especially in

social work, are concerned with establishing, arranging, and delivering goods and services to people who need them. Building community capacity or fostering radical or fundamental social change does not play a central part.

Social Action

The social action approach presupposes a disadvantaged segment of the population that needs to be organized, perhaps in alliance with others, in order to make adequate demands on the larger community for increased resources or treatment more in accordance with social justice or democracy. Its practitioners aim at basic changes in major institutions or community practices. They seek redistribution of power, resources, or decision making in the community or changes in basic policies of formal organizations.

The Models of Community Organization Practice According to Selected Practice Variables

Jack Rothman specifies a set of practice variables to describe and compare the approaches when they are identified in the ideal-type form. Here is a brief explanation of these practice variables to facilitate a comparison of the three models.

1. *Goal Categories*

"Goals" in the community organization literature are almost always referred to as "task" and "process." Task goals entail the completion of a concrete task or the solution of a delimited problem pertaining to the functioning of a community social system — delivery of services,

establishment of new services, passing of specific social legislation. Process or maintenance goals are more oriented to system maintenance and capacity, with aims such as establishing cooperative working relationships among groups in the community, ..creating self-maintaining community problem-solving structures, improving the power base of the community, stimulating wide interest and participation in community affairs, fostering collaborative attitudes and practices, and increasing indigenous leadership. Murray Ross, another author, characterizes this set of goals as community integration and community capacity.

In locality development, process goals receive heavy emphasis. In the social planning approach, stress is placed on task goals oriented toward the solution of substantive social problems. The social action approach may lean in the direction of either task goals or process goals.

2. *Assumptions Regarding Community Structure and Problem Conditions*

In Model A (locality development) the local community is frequently seen as overshadowed by the larger society, lacking in fruitful human relationships and problem-solving skills and peopled by isolated individuals suffering from anomie, alienation, and disillusionment. The community may be seen as tradition-bound, ruled by a small group of conventional leaders, and composed of illiterate populations who lack skills in problem solving and an understanding of the democratic process.

In Model B (social planning), the planner is likely to see the community as comprised of substantive social

problem conditions, or a particular substantive problem which is of special interest to him, such as housing, employment, recreation.

In Model C (social action), the practitioner would more likely view the community as comprised of a hierarchy of privilege and power. There exist islands of deprived, ignored or powerless populations suffering social injustice or exploitation at the hands of oppressors such as the "power structure," big government, corporations, or society at large.

3. *Basic Change Strategy*

In locality development, the change strategy may be characterized as "let's all get together and talk this over" – an effort to get a wide range of community people involved in determining their "felt" needs and solving their own problems.

In social planning, the basic change strategy is one of "let's get the facts and take the logical next steps." The practitioner plays a central part in gathering and analyzing facts and determining appropriate services, programs, and actions. This may or may not be done with the participation of others, depending upon the planner's sense of the utility of participation in the given situation and the organizational context within which he functions.

In social action, the change strategy may be articulated as "Let's organize to destroy our oppressor..." crystallizing issues so that people know who their legitimate enemy is and organizing mass action to bring pressure on selected targets.

4. *Characteristic Change Tactics and Techniques*

In locality development, tactics of consensus are stressed, that is, discussion and communication among a wide range of different individuals, groups, and factions.

In social planning, fact-finding and analytical skills are important. Tactics of conflict or consensus may be employed depending upon the practitioner's analysis of the situation.

In social action, conflict tactics are emphasized including methods such as confrontation and direct action. Ability to mobilize relatively large numbers of people is necessary to carry out rallies, marches, boycotts, and picketing.

5. *Practitioner Roles and Medium of Change*

In locality development the practitioner's characteristic role is that of an "enabler," or "encourager." According to Ross,[68] the enabler role is one of facilitating a process of problem solving and includes such actions as helping people express their discontent, encouraging organization, nourishing good interpersonal relationships and emphasizing common objectives.

In social planning, more technical or "expert" roles are emphasized, such as fact-finding, implementation of programs, relationships with various bureaucracies and with professionals of various disciplines, and so on. Ross thinks that the expert role has these components: community diagnosis, research skills, information about other communities, advice on methods of organization and procedure, technical information, evaluation. In this model, the practitioner gears herself to the manipulation of

formal organizations (including inter-organizational relationships) and to data collection and analysis.

The social action model is likely to incorporate the "advocate" and "activist" roles. The advocate is "a partisan in a social conflict and his expertise is available exclusively to serve client interests." The roles in Model C entail the organization of client groups to act on behalf of their interests in a pluralist community arena.

6. *Orientation Toward Power Structure*

In locality development, the power structure is included within an all-embracing concept of community. All segments of the community are thought of as part of the client system. Hence, members of the power structure are considered to be collaborators in a common venture. One consequence of this might well be that in Model A only goals upon which there can be mutual agreement become legitimate or relevant. The goals which involve incompatible interests are ignored or discarded as inappropriate values and constraints narrow the goals to those upon which all factions can agree.

In social planning, the power structure is usually present as sponsor or employer of the practitioner. Planners are usually highly trained professional specialists whose services require a considerable financial outlay in salary as well as support in the form of supplies, facilities, and auxiliary technical and clerical personnel. Much planning is by "consensus of elites" who are employers and policy makers in planning organizations. Usually this consensus is clothed in strong factual data.

In social action the power structure is seen as an outside target of action, *i.e.*, the power structure lies outside the client system or constituency itself, as an oppositional or oppressive force vis-à-vis the client group. The power structure usually represents a force antithetical to the client or constituent group whose well-being the practitioner is committed to uphold. Those holding power, accordingly, must be coerced or overturned in order that the interests of the client population may find satisfaction.

7. *Boundary Definition of the Community Client System or Constituency*

In locality development, the total community, usually a geographic entity such as a city, neighborhood, or village, is the client system.

In social planning, the client system might be either a total geographic community or some area or functional sub-part of it.

In social action, the client is usually conceived of as some community subpart or segment which suffers at the hands of the broader community and thus needs the special support of the practitioner.

8. *Assumptions Regarding Interests of Community Subparts*

In locality development, the interest of various groups and factions in the community is seen as basically reconcilable and responsive to the influences of rational persuasion, communication, and mutual good will.

In social planning, there is no pervasive assumption about the degree of intractability of conflicting

interests; the approach appears to be pragmatic, oriented toward the particular problem and the actors enmeshed in it.

The social action model assumes that interests among community subparts are at variance and not reconcilable, and that often coercive influences must be applied (legislation, boycotts, political and social upheavals) before meaningful adjustments can be made.

9. *Conception of the Public Interest*

Glendon A. Schubert[69] classifies concepts of the public interest into three categories: the rationalist, the idealist, and the realist.

The *rationalist* view postulates a common good that can be arrived at through deliberate processes involving a cross section of interest groups within the population. The common goal is determined through expression of various majority interests. The *idealist* view holds that the public interest can be best arrived at through the exercise of judgment and conscience on the part of knowledgeable and compassionate advocates of the public interest. The *realist* position views the community as made up of a multitude of conflicting publics or interest groups which endlessly contend with one another in the public arena. Public officials respond to these pressures. Public policy decisions thus register the balance of power at a given point in time. Accordingly, the public interest exists only as a particular transitory compromise resulting from the conflictual resolution of group interaction.

In addition to these, there are the unitary and individualist concepts of pubic interest.[70] The unitary

concept implies a choosing process in which the outcome is derived from a single set of ends through a central decision. It implies legislators or administrators who are presumed to know the ends of the body politic as a whole and to strive in some central decision-making locus to assert the unitary interests of the whole over the competing lesser interests. The individualist concept acknowledges a valid place for these "lesser" interacting interests and holds that the public interest can come only through the "social choice" interplay of these forces upon one another. No single locus of authority or decision making can take the place of the free and open pluralistic interplay in arriving at the common good.

Applying these concepts to the three models of community organization practice, Rothman makes this conclusion:

> Locality development has a rationalist-unitary concept of the public interest. It would structure a broad cross-section of community groups, focused on the general welfare, utilizing a cooperative decision-making process.
>
> The social planning model tends to have an idealist-unitary view of the public interest. Planners, often in collaboration with social scientists, place great stress on the power of knowledge, facts, and theory in arriving at a view of the public interest which is free from the influences of political self-seeking or popular mythology.
>
> The social actionists in Model C are usually well-acquainted with the grueling interplay of conflicting forces in community change activity and, in the short run, take a realist-individualist view of the public interest. Having no control of and little access to a central decision-making apparatus in the community, and usually comprising a

small minority of the population, Model C can be effective only as a special interest group confronting others, sometimes attempting to make ad hoc coalitions and alliances in the community market place.

10. *Conception of the Client Population or Constituency*

In locality development, clients are likely to be viewed as normal citizens who possess considerable strengths which are not fully developed and who need the services of a practitioner to help them release and focus these inherent capabilities.

In social planning, clients are more likely to be consumers of services, those who will receive and utilize those programs and services which are the fruits of the social planning process – mental health, public housing, recreation, welfare benefits, etc.

In Model C, clients or constituents are likely to be considered as victims of "the system" (such as slum landlords), discrimination, employers, city government.

11. *Conception of the Client or Constituent Role*

In locality development, clients are viewed as active participants in an interactional process with one another and with the practitioner.

In social planning, clients are recipients of services. They are active in consuming services, not in the determination of policy or goals, a function reserved for the planner or some policy-making instrument such as a board of directors or a commission.

In social action, the benefiting group is likely to be composed of employers or constituents. The concept of the organizer as an employee and servant of the people is stressed. The client group, whether employers or constituents, is in a position to determine broad goals and policies.

Rothman points out another model of social action which is close to Model C. This involves activity by a group or coalition of interests which acts vigorously on behalf of some outside client group (community segment) which is at risk or at a disadvantage. Organizational activity and goal determination take place within the entities who act on behalf of others, not within the client group itself. Social actions to obtain social security legislation, child welfare legislation, etc., fall in this category. In social work, many social reform efforts follow this pattern.

Rothman calls our attention to the need to assess when a model is or is not appropriate, thereby taking an analytical, problem-solving stand and not becoming captive of a particular ideological approach to practice. This means that social workers should be attuned to the differential utility of each approach and should acquire the knowledge and skill which permit them to use the model which seems most appropriate and necessary.[71]

On the next page is a summarized comparative presentation of the three models of community organization based on Rothman's practice variables:

	Locality Development	Social Planning	Social Action
Goal Categories	Self-help; improve community living, capacity, and integration (process goals)	Use problem-solving with regard to substantive community problems (task goals)	Shifting of power relationships and resources to an oppressed group; basic institutional change (task or process goals)
Assumptions regarding community structure and problem conditions	Everyone wants community living to improve and is willing to contribute to the improvement	Social problems in the community can be resolved through the efforts of planning experts	The community has a power structure and one or more oppressed groups; social injustice is a major problem
Basic change strategy	Broad cross-section of people involved in determining and solving their own problems	Experts using fact gathering and the problem solving approach	Members of oppressed groups organizing to take action against the power structure, which is the enemy
Change tactics and techniques	Consensus; communication among community groups and interests, group discussion	Consensus or Conflict	Conflict or Contest; confrontation; direct action negotiation
Practitioner role	Enabler-catalyst, coordinator teacher of problem-solving skills and ethical values	Expert planner, fact gatherer and analyst, program developer and implementer	Activist-advocate, Agitator, Broker Negotiator, Partisan
View of power structure	Members of power structure as collaborators in a common venture	Power structure as employers and sponsors	Power structure as external target of action; oppressors to be coerced or overturned
Assumptions regarding interest of community subparts	Members of power structure as collaborators in a common venture	Power structure as employers and sponsors	Power structure as external target of action; oppressors to be coerced or overturned
Conception of the client/population or constituency	Citizens who have strengths and capabilities	Consumers of services	Victims of "the system"
Conception of client role	Participants in an interactional problem-solving process	Consumers or recipients of services	Employers, constituents, members

Fig. 12. Models of Community Organization

ILLUSTRATIVE CASE

Community Development in Sitio Pamingitan[72]

The Community Situation

Pamingitan is one of the seven sitios of Barangay Bolong in Zamboanga City. The area is approximately 40 to 50 hectares of flat terrain and 200 meters away from the coastline. Its population has rapidly increased from a few households to a total of 202 at the time of the project that will be presented here.

Fishing and farming are the primary means of livelihood in Pamingitan. The husbands are the main breadwinners although some wives help augment family income by raising farm animals. About 90% of the total households are poor, with an income of less than ₱1,000 monthly. All the families, however, own the land they are occupying, having inherited these from their ancestors.

The commercial center is at Barangay Bolong, two kilometers away. The market as well as basic institutions like the school, health center, and the church are all in Bolong.

Local officials have not been performing their duties as expected. For example, in connection with the perennial problem of lack of potable water supply, a blueprint for the provision of the necessary water system in the area has been pending for several years in the hands of local officials. The residents have to fetch water from the

NAPOCOR office one and a half kilometers away from their sitio.

The people had limited awareness of their needs and problems and what can be done about them. They were fatalistic about their condition and took an apathetic attitude towards their elected officials. Some existing government services like a day care center for children and loans for self-employment projects were accepted and utilized but, otherwise, the people were skeptical about the government's sincerity in its development objectives. This was the prevailing situation when the DSWCD social worker reached out to the community residents and conducted a dialogue. She was pursuing her agency's new program thrust – community development – and used as entry point the Day Care Service Parents' Group (DCSPG).

Problem-Solving Efforts

During the dialogue, the worker informed the DCSPG of her agency's intention to help the residents with needed resources and technical assistance for community-felt problems on condition that the residents would do their share. The residents identified insufficient income, health problems and lack of potable water as their concerns, with the last as their priority need. The worker underscored the need for their active participation in all the aspects of a project that are within their capabilities. The residents agreed. They decided to organize themselves and elected a set of officers.

In order to confirm the problems presented during the dialogue and to stimulate community interest in the projects to be undertaken, the worker prepared and conducted a community survey with the active involvement of the newly elected officers. The worker trained the officers on how to gather data using role play as major technique. The results of the survey were presented to the community in the form of a community profile. The lack of potable water was confirmed as the foremost concern of the residents, so it was decided that this should be tackled first.

The residents and the worker analyzed the water situation. It was recognized that since the area is near the sea and a mangrove swamp, it is impossible to have fresh and potable water. Their alternative would be to draw water from the river through the installation of a water pipe connection. However, this was going to be very expensive and could not be covered by the agency's Community Based Water Source Project. Finally, it was the consensus that the best plan would be for the officers to go to the NAPOCOR and seek permission to be allowed to tap a pipeline from their tank and connect this to the Day Care Center from where the residents of Pamingitan can draw potable water. The group did (July 6, 1988), and was referred to the sub-area manager to present its request. It was agreed that they (the group and the worker) will see him personally. The worker anticipated what the NAPOCOR official would ask the officers and helped them prepare for this meeting.

In a three-hour meeting, the officers presented and justified their request. The NAPOCOR official agreed to recommend the group's proposal to his agency's main office in Iligan city. The worker also wrote an official letter endorsing the request.

While waiting for NAPOCOR's approval of the people's water project, the worker exerted efforts to make home visits in the sitio to establish a relationship with the residents and to encourage them to participate actively in community activities.

The NAPOCOR's official approval of the project was received in late July. It laid certain conditions, e.g., the supply of the necessary equipment (pipes) and their installation would be the responsibility of the barangay council and the DSWD (agency); the sitio should provide for only a 100-gallon capacity water reservoir; there would be no "branching" of the pipes and water supply would be scheduled, i.e., two hours in the morning and two hours in the afternoon.

The group then began to plan their counterpart in the project. They defined their own rules – prospective beneficiaries of the planned water system should join the organization and pay a membership fee of ₱10.00 and a monthly fee of ₱5.00. The funds would be used to purchase the necessary construction materials.

After all the households had paid their membership fees, the residents met to formulate rules and regulations to apply to the water project. These were incorporated in the application form which each member was asked to accomplish.

The residents (now larger in number than the original group) listed the tasks to be done and the time frame. Seven committees were created among them, the Hollow blocks Committee (to obtain donation of hollow blocks from identified sources); Canal Digging Committee (to construct the canals for the pipes and to borrow a grader from the Department of Public Works and Highways); and the Sand and Gravel Committee (to produce the essential construction materials).

The following took place during the construction phase of the project: (1) The officers, with the help of the social worker, were able to persuade suppliers of materials to give them materials on credit because of a delay in the release of expected funds; (2) The committees in charge of actual construction work performed their tasks with the active participation of many residents; (3) Engineers from the DPWH provided technical assistance and supervision to the construction work; (4) The Food Committee prepared food from donations in kind given by residents.

It was estimated that 95% of the residents who joined the organization actively worked in the project. Although it was harvest season, many found the time on weekends to do their share.

The organization recognized that around 5% of its membership was passive and uninvolved. These were residents who said that all their time was needed in earning for their respective families. The DSWD worker assisted many of them in this area of need with the plan to interest them in community-felt concerns later.

Effects of the Water Project

The water project made the worker realize the leadership potentials of many of the residents. He explored and obtained their positive response to various opportunities for training which the DSWD can provide for them; e.g., leadership development.

The community, because of their positive experience with a community development undertaking, had become motivated to venture into other collective problem-solving endeavors. At the time of the completion of the water project in 1988 the residents were working on improvements on the facilities of the day care center and were considering income-generating projects with the assistance of the DSWD.

ILLUSTRATIVE CASE

Social Planning: The Pantabangan Dam Project

The National Government's Plan

An integrated infrastructure program is essential and part of the national government's overall development plan for the country. The areas covered by this program are transportation (highways, railways, airports and ports), power and rural electrification, telecommunications and water resources development (irrigation, water supply and sewerage, and flood control and drainage). The Upper Pampanga River Project (UPRP) is part of a four-year irrigation program calling for the construction and improvement of

irrigation systems with a total coverage of 574,300 hectares of ricelands.

The Pantabangan Dam Project (PDP) is a sector of the UPRP. This project was considered as a necessary response to the substantive problems of irrigation and flood control. The service that was required for problem-solving was technical expertise and the resources required for the construction of the dam.

The National Irrigation Administration (NIA), created by R.A. No. 3601 (1963) and implemented by Executive Order No. 98, was charged with the implementation of the UPRP. The NIA, together with the National Power Corporation, the Bureau of Public Works, the National Waterworks and Sewerage (now Metropolitan waterworks and Sewerage Authority), and the Rice and Corn Production Coordinating Council (now National Food and Agriculture Council) constituted the UPRP Coordinating Committee, which was mandated by the office of the President to handle the technical and financial requirements of the UPRP.

The planning and policy-making aspects were centralized on the UPRP Coordinating Council, with the NIA as the implementing agency. The NIA was the employer of the change agents for Pantabangan. These were members of its technical staff, professionals and experts in the field of dam construction who were convinced of the numerous benefits that would result from such a big scale development endeavor.

The social planners for the Pantabangan Project viewed the Pantabangan community as just one segment (province) of Nueva Ecija in the

perennially flood-plagued region that would have to be sacrificed in the interest of the national government's effort to control floods and solve the irrigation problems of the region. The goal therefore was directed at one concrete task – the construction of the same which to the social planners was the most efficient way to bring development to the region. This goal took precedence over other considerations, i.e., the resistance of the residents of Pantabangan. The planners expected the people to trust in their expertise, and exerted efforts to make them see that they would be the beneficiaries and users of the services that would be generated by the Project.

The Pantabangan Dam Project

Fact-gathering relating to the PDP started way back in the 1960s. Various local agencies and international bodies, namely the USAID, The US Bureau of Reclamation and the World Bank, pooled their resources. Their task was to identify strategic growth areas and undertake feasibility studies for harnessing the water resources of the Philippines. Based on these, it was found that Pantabangan was the ideal site for the construction of a multi-purpose dam. It was also shown that Nueva Ecija, the province of which Pantabangan is a part, has the greatest potential for development with a cost-benefit ratio of 4:51 which means that for every peso spent there could be an expected return of ₱4.50.

The PDP is a massive engineering project designed to provide year-round irrigation of rice and diversified crops, domestic and industrial water supply, generation of hydroelectric power,

mitigation of flood damages, recreation, and fish conservation. The expectation was that sixteen towns and cities of Nueva Ecija would directly benefit from the PDP. It was estimated that when completed, the project could generate economic benefits of ₱121,260 billion annually. With the signing of Republic Act 5499 by President Ferdinand Marcos in June 1969, authority to start construction and to release the necessary funds was given. It was expected that the dam would be finished by the end of 1975.

Initial conflicts with the Pantabangan residents were settled by the planners through dialogue and persuasion with the help of other government and some local agencies. The people were promised monetary compensation for all properties lost or destroyed, better facilities in a new community, and comprehensive government assistance. They appealed to the youth to accept and cooperate with the project, and to try to influence their elders to do the same. The declaration of Martial Law put an end to the community's resistance to the PDP.

The Pantabangan Dam was constructed to provide a reservoir with a storage capacity of 2,996 million cubic meters. This earth-filled dam is located in a canyon in the town of Pantabangan, downstream of the confluence of the Pantabangan and Caranglan Rivers.

The construction of the reservoir required submerging the town of Pantabangan and seven outlying barrios and sitios. These areas represented 7,000 hectares of land, 4,000 hectares of which were classified as residential areas. Creation of the

reservoir also required the relocation of more than 1,600 families. The UPRP planners and implementers had to deal with the issues relating to relocation: the effects not only on agricultural land a:id properties, personal possessions and livelihood, but on culture and human relationships.

Plan Implementation

The relocation of residents began in May 1973, only two months behind schedule. The construction of the dam was completed sooner than expected, so that an accelerated transfer of 1,000 families took place towards the end of 1973. More than 60% of the families originally targeted for transfer had to be relocated on a crash program basis. The transfer to the new sites – five were finally chosen – were carried out with all precautionary measures. The NIA provided the trucks to haul personal properties and community leaders were mobilized to supervise the transfer.

The government adopted a compensation scheme which covered six major areas: 1) payment of compensation for the loss of properties and work opportunities and provision of skills training; 2) housing assistance from the NIA; 3) distribution of homelots; 4) food assistance; 5) financial assistance in terms of interest-free loans for housing, subsistence, and projects; and 6) assistance in the organization of cooperatives.

The PDP was beset by many problems throughout the dam construction, relocation, and post-relocation periods. Many of the promises that

were described in the Project brochures such as facilities/amenities in the relocation areas and the compensations to be provided to affected residents were not implemented as planned for varied reasons. Economic and social dislocations were pervasive. The compensation schemes were inadequate substitutes for lost employment of many heads of households. Farmers who cultivated low-land farms in Pantabangan were not familiar with the highland areas where they had been relocated which required different methods of crop cultivation. In addition, their areas lacked irrigation facilities, and they also lacked planting tools and financing for their farm lots. Their loss of income was compounded by the increased prices of consumer goods, caused by the shortage of food supply as well as the amount of money in circulation because of the monetary compensations provided by the government to the residents. The latter, in turn, became more dependent on the government for their needs and loan payments were seldom complied with.

Most of the residents seemed unable to identify with their new environment and to plan their future in it. They longed for relatives and old friends from whom they had been separated because of the lottery system used in distributing lands. The physical form of the community, and the lack of facilities for communication aggravated social dislocation problems among residents.

Some of the relocation areas did not have clean water supply, electricity, transportation, medical, and recreational facilities. Social services by

government agencies were not well coordinated and were not provided on a regular basis.

Pantabangan was a controversial issue in the country for many years. That it did not become a problem of disastrous proportions for the government is attributed to the declaration of Martial Law. The issue has gradually quieted down and the residents are apparently beginning to make a go of life there. Meanwhile, many lessons can be learned from the Pantabangan Development Project, particularly in the Social Planning Model that it is illustrative of.

ILLUSTRATIVE CASE

Social Action In Silang

The Community

Silang is a squatter community of about two hundred families spread across a one-hectare stretch of sandy beach in Rizal City. Prevailing conditions in the place are characteristic of poverty-stricken slum/squatter areas – no light and water facilities, low levels of income, unemployment and poor health and nutrition.

People have established residence in the area long before the outbreak of the Second World War. Population has increased after the war. They earn their living by working as dock workers and cargadors in the pier area. Many are fishermen, others are market vendors and the rest are either self-employed in various trades (carpenters, shoe-repairers and the like), or unemployed.

The Issue

In December 1985, the Philippine Coast Guard Office prepared a proposal for the construction of a regional coast guard office in Silang. After meetings with representatives of this national government agency, the city mayor supported their plans and gave them a free hand in its implementation. The Department of Social Welfare and the Department of Health were assigned the task of finding a relocation site for the residents of Silang.

In the months that followed, the Philippine Coast Guard posted signs asking the residents to vacate the area. When the latter refused, the Philippine Coast Guard (PCG) started to harass and intimidate the people. Their men roamed around the area displaying their guns. They threatened to demolish their houses if the residents had not vacated them by the end of March 1986. Unable to leave the area for the simple reason that they had no place to transfer to, but frightened by the threats of the PCG, one local leader who knew the law wired the Presidential Assistance on Housing and Relocation Authority. The PAHRA sent a representative to Silang who assured the residents that they could not be evicted unless a relocation site had been prepared for them. This led the City Government to accelerate its efforts in finding a relocation site. The demolition was postponed to the end of May 1986. However, by May, the people were still in the dark about the relocation site and the threat of dislocation loomed larger than ever. Meanwhile, pressured by the city mayor and the PCG, the barangay captain of

Silang demolished his house to set an example to his constituents. Ten families did the same and were given food assistance to help them during their transfer to another place. The rest did not do anything but waited for what would happen.

Organizing Efforts

The priest of St. Nicholas Parish started to worry about the residents of Silang who were among his parishioners. He referred the matter to the Social Action Center, a private social agency in the city which assigned a social worker to help by organizing the residents. The social worker spent one week to get to know the people, their socio-economic needs and problems, their perceptions of the issue relating to relocation, and their ideas about what they could do through collective action. The following is a summary of the events that followed:

- *May 25*

  The residents met in a general assembly. The Parish priest attended this event. The residents agreed to go to the Mayor's office to ask for a copy of the minutes of the meetings called by the mayor to discuss the matter of demolition and relocation with other government agencies.

- *May 28 (First Mobilization)*

  Seventy residents of Silang arrived at the Mayor's Office and demanded copies of said minutes of meetings. The mayor's secretary refused to give the minutes but the residents who had previously prepared by role-playing

how they would handle the expected scenarios persisted. Emboldened by the social worker's insistence that the minutes of the meetings are public documents, the secretary grudgingly gave in.

The people discovered that of the relocation sites discussed by the city and national government officials the one being offered by the Bishop was the one most likely to be accepted by the government. The area, however, was too far from the pier where most of the breadwinners of Silang worked and therefore this was unacceptable to them. The group decided to go to Bishop Manere.

- *June 2 (Second Mobilization)*

  Eighteen local leaders presented to the Bishop of Rizal City a formal letter signed by all the residents of Silang requesting him to 1) withdraw his offer of Pag-asa as a relocation site; 2) write a statement of support for the people's stand—no demolition without relocation, and the relocation site should be near the place of work and acceptable to the residents.

  Bishop Manere responded positively to their request. His statement was mimeographed and distributed by the residents in all the churches in the city.

- *June 2 (Visit of the Papal Nuncio)*

  The Papal Nuncio was stopping by Rizal City on June 2, on his way to visit the clergy of Gomez Province. The Parish Priest of San Nicholas Parish included a short visit to Silang in his itinerary. The worker immediately seized the

opportunity to further highlight the issues and achieve another organization gain for the people. She was able to get the people to write a letter addressed to the Pope which they would give to his official representative, the Papal Nuncio, informing him of their situation, and asking him to help them. This letter was also mimeographed, distributed and read in all the churches in the city.

It was only after this action that the City Government really started to be more responsive to the plight of the people in Silang. The Mayor wrote a letter to the people saying he was trying to help them and that he was not as wicked as they had portrayed him. He furnished Pope Paul VI a copy of his letter.

• June 28 (Third Mobilization)

Sixty residents went to see the Mayor to ask him for a written statement of support and an assurance that they would not be moved until a relocation site was found. The mayor gave a verbal promise that he would communicate with the PCG to tell them to stop harassing the residents.

• July 6 (Fourth Mobilization)

Fifty residents walked into the Coast Guard Station at the pier area, unannounced. This action was spurred by the residents having received another letter of ejection from the PCG, signed by a high-ranking Coast Guard official in Manila. This was obviously the PCG's reaction to the Mayor's order that they stop harassing the residents, a promise he made to the latter.

The sight of 50 people walking down the streets attracted many curious onlookers and sympathizers in the pier area and soon the marchers swelled to 500. The group confronted the Coast Guard and showed them a copy of a letter they had sent to the Secretary of National Defense requesting an immediate investigation of the matter. Rattled and embarrassed, the Coast Guard Commander retracted and signed a statement expressing his sympathy for the people's cause. Soon after this event, the Coast Guard left the area.

• A Side Issue: The City Health Office

Silang residents complained that the City Health Office was charging the patients for the medicine that were supposed to be given to them free of charge. Talks with several residents revealed that a sizeable number of people were affected. In addition, not one was given an official receipt for any medicine that they paid for.

The worker held several meetings with the people. As a result, the people realized what to do the next time they went for their medicine: as each person came forward to the counter to receive the medicine, that person would point to the last man at the end of the line and tell the person who was giving out the medicines to charge the last man for the medicine. They would say "Siya and leader namin. Siya ang magbabayad" and the man at the end of the line would wave some paper bills in the air reassuring the person at the counter by saying "Eto ang pera, ako ang magbabayad mamaya." When it was time for the person at the counter to charge the last person in line, the latter

said, "sige magbabayad kami, nguni't bigyan ninyo kami ng official receipt." When the day came that this plan was executed, the City Health employee was completely taken aback. He knew he could not give them an official receipt because they could use it against him in an anomaly charge. The people then walked out of the premises with their medicine, a form of help from the government that they were not supposed to pay for.

- *August 5 (Fifth Mobilization)*

The residents realized that it was crucial for the Mayor to issue a public statement that their houses would not be demolished unless there was a relocation site near their place of work and chosen with their participation. They therefore invited the Mayor to come to Silang for a dialogue with them. They also invited the parish priest. The entire community of Silang came to the meeting. It was held in a small circular clearing in the area. The Mayor and his party of two were in the middle of the clearing with the people around them. A loudspeaker was provided.

The meeting started with a local leader giving a short talk and he expressed his own desire to help. It was at this point that the people began to tell the Mayor what kind of help they expected from him. They pressured him for a written statement promising that they would not be evicted without a relocation site near their place of work and of their own choosing. After much bargaining, the Mayor finally gave in and issued the statement. This was the culminating point of the action on the eviction issue.

INDIRECT MODELS OF INTERVENTION

All the preceding social work models and approaches require direct face-to-face helping relationships with clients, whether individuals, families, groups, or communities. The last three interventive models that will now be presented do not require concurrent direct problem-solving work with people. These interventions are employed on behalf of, rather than directly with clients. When utilized properly, however, these interventions – Working with the Elite, Documentation or Social Criticism, and Advocacy, can mean a lot, for more. Since the average Filipino social worker engages mainly in direct helping/problem-solving relationships, we have to advocate the use of these three models as practice situations require, in the context of the social workers' "maximum effort" principle in their professional work.[73]

WORKING WITH THE ELITE

This helping or interventive model involves worker activities aimed at informing and interpreting to certain sectors of the community, our welfare agencies' programs and services, as well as needs and problems, with the objective of enlisting their support and/or involvement in social welfare activities. This sector of the community called the "elite" is comprised of individuals and groups who are usually in a position to provide, in one way or another, the resources we need in our work with clients.

The elite in our community would be the professionals who constitute a well-informed group whose

ideas and activities can improve or enrich agency work; the politicians whose legislative acts have far-reaching effects on social welfare; the established leaders in most Philippine communities, many of whom serve as agency volunteers involved in policy making and program implementation; and the rich on whose financial support our agencies depend for their budgetary needs.

The impact of this model of intervention on large segments of the population cannot be underestimated. We know, for example, that the quality of institutional policies established by an agency's board can create the difference in the adjustment and, therefore, rehabilitation of institutional clients, or that the kind of policies set up by public assistance agencies can mean shorter or longer periods of dependency on the part of clients receiving material assistance. We also know that we do not get the kind of agency policies and services we want unless we have carefully and accurately interpreted our clients' needs to this same group, and that the effort we exert in explaining our agency's services can mean the difference between adequate and inadequate funding for our agencies.

Furthermore, there is a need to consider the factors that make for the elite's real involvement in and support of social welfare programs and services. A frequent feedback received from many representatives of this group is that agencies only think of them when they need funds, and also that many agencies neglect giving systematic reports on how these funds are used. In working with the elite, therefore, we should underscore not just the funds' proper utilization, but also the worker and the agency's credibility and accountability.

Every agency is dependent to some extent on members of the elite, because they indeed represent a significant part of the community's resources – human and material – without which social work practice would certainly be handicapped.

In the course of working with the elite, the social worker may be confronted by problems such as miscommunication, lack of experience or skill in dealing with specific situations including their personality characteristics, the elite's own lack of experience in performing their roles and/or responsibilities, or in dealing with an agency's bureaucratic setup, etc. The social worker should view these as challenges to which she should be able to apply her problem-solving skills. The reward for her positive response will come in many ways, such as the elite's "ownership" of the program in which they have been involved, their continuing involvement in it, and their efforts to enlist wider community support for the agency and its programs.

In working with the elite, the social worker should be guided by certain principles. Among these are the following:

1. *Need and resource determination and matching.* The agency's need, (*i.e.*, what program, project, etc. requires the elite's services or participation) and the resources that are appropriate (*i.e.*, what type or category of elite is needed, what competencies should they possess) have to be clearly defined and matched.
2. *Clarity of purpose or objective.* The agency should see to it that the objectives of the

program or project in which the elite will be involved are properly understood by and interpreted to them.

3. *Involvement in program/project planning and implementation.* Whenever possible and appropriate, the elite should be allowed participation and involvement in project planning and implementation. They should understand the "total plan" of the agency and how they fit in it, *i.e.*, their roles and responsibilities.

4. *Unitary accountability.* The social worker and the elite (individuals, groups) should share accountability for the project/ program. Thus, a project/program should be implemented as planned, and any modifications that will be made should be discussed and agreed upon with the elite who are part of this project or program.

5. *The social worker should treat the elite with respect and recognize their contribution to the agency.* They should guide and enable them to perform their tasks effectively not only for the success of the agency's project but also for the elite to have a sense of fulfillment in their own work.

6. *Professionalism in dealing with the elite.* The social worker's behavior and actions should leave no doubt on the part of the elite as to her being a professional. She should be able to demonstrate dedication, honesty, and competence, among many other qualities

necessary in a social worker. She should assume a stance of collaboration with the elite who are involved in her agency and never compete with them.

Indeed, given our country's very limited resources for meeting human needs, it is imperative that practitioners learn how to work effectively with the elite in order to harness their important contribution to national development.

Documentation Or Social Criticism

This model of intervention engages the worker in the documentation of the need for adequate social welfare policies and programs, based on her knowledge (gained from actual experience) of the inadequacies or deficiencies in these existing welfare policies and programs, as well as on her belief in the light of her professional values and goals, as to how they ought to be.

Social workers are employed by agencies for the purpose of translating agency policies into service to clients. Beyond this, however, they have an even more important responsibility – that of systematically studying their practice experiences and sharing them with others. Hence, practitioners may find that some agency services which look good in an agency manual may, in reality, be unresponsive to client needs; that a specific program may seem impressive, but in reality keeps clients on an unending state of dependency on the agency. Practitioners may also find that most of the agency's funds go to operational expenses leaving very little for actual service.

Many practitioners store away valuable knowledge and experiences about unmet client needs and unresponsive agency policies, programs, and services. Many are apathetic and indifferent to the actual act of preparing written proofs or evidences that would support their pronouncements and suggestions as to the necessary changes that should be made in their agencies so as to benefit clients.

Documentation as a form of intervention requires a good understanding of existing policies, programs, and services, accurate knowledge of data about their application or implementation, and the skill to analyze these data. Furthermore, it requires knowledge of how policies/ programs/services ought to be implemented. This knowledge is translated into concrete, specific recommendations as to what should be done or what policies, programs, services, etc. should replace that which has been shown, through documentation, as ineffective or unsatisfactory. When done properly, this has far-reaching effects on the lives of large segments of the population.

ADVOCACY

The advocacy model of intervention is based on the premise that the social work profession has a vital interest of its own; its success will ultimately redound to the welfare of clients. The pursuit of this vital interest dictates that the social worker be more than just an enabler, *i.e.*, one who helps or assists clients in solving their problems, which is the traditional concept of the social worker's role. The model is, in fact, the anti-thesis of the "enabler" role of the practitioner, for it requires her to be a "doer," instead. It means that the practitioner takes a stand regarding

important issues or causes affecting client populations, and defends or recommends her position. She does not only make clear her professional commitment but actually pursues it. "Social work, in principle and interest, is not separable from social reform . . . reform activities . . . must be introduced into professional thinking, organization and training."[74] The advocate usually addresses the power structure which "is viewed neutrally in 'gatekeeper' terms as decision-making centers that can be influenced through persuasion and/or pressure."[75]

In our second model of intervention (Intercession-Mediation, p. 330), we also used the term advocate, but in a different context. In that intervention, there is a client who needs to be linked to existing resources, who needs third-party assistance because existing policies, programs, and services are not responding to his need, or because his rights have to be protected. This model of intervention called "Advocacy" involves the social worker/profession in efforts to change policies and programs on behalf of sectors of the population, based on its own professional values. There is no client requesting for assistance. It is, in fact, an intervention that does not require face-to-face helping relationships with clients.

This model is personified by Jane Addams who founded Hull House in Chicago and who spent most of her life working for social reform. Believing that a national crusade for social justice had to be waged, she appealed for juvenile courts, public playgrounds, labor legislation, sanitation, and housing laws from the municipal government to the national legislature.[76]

In our country, the advocates in the social welfare field include Dr. Jose Fabella who espoused the "whole

child" concept in relation to children in public welfare agencies; and Josefa Abiertas, whose inspiring interest in unwed mothers led to the establishment of the Abiertas House of Friendship, Inc.

The advocacy of new ideas, beliefs, professional causes, techniques, forms of organization, procedures, etc., usually proceeds in either one of two ways given by La Pierre: "Either the advocate begins as a freelance, and if successful, builds an organization to implement his work . . . or else he works within an existing organizational framework and endeavors to persuade that the organization should adopt the innovation and assume responsibility for its further promotion and development."[77]

While every worker can be an advocate in her own right, there is always strength in numbers, so that the professional association can give fuller development and promotion to what is being advocated by its individual members, and thus be in a more likely position to influence change.

The more common form of individual advocacy is done by writing or making verbal pronouncements (as in public forums) and, of course, by adopting what is being advocated and therefore demonstrating its value, such as a professional social worker advocating the generalist or integrated method of practice and doing it, or a medical practitioner advocating and actually undertaking a community-based health program.

Examples of advocacy by a group or organization would be the professional association taking a stand on important social issues (such as what the Philippine Association of Social Workers did in relation to family planning services), working for the passage of a legislative

act (such as the PASW's lobbying for the Social Work Law or R.A. No. 4373), and recommending the involvement of social workers in programs related to housing, urban renewal, etc.

Whether done by one person or by a group, effective advocacy requires the advocate, as an agent of social change, to select her subject matter and know it well. If she is to convince others, she must first be convinced herself, and conviction can only come from a thorough knowledge of the subject matter. Since she is to move people, to bring about change in the status quo requires the advocate to be skilled in the ethics (the advocate, for example, does not just appeal to emotion but to reason, motivated by the justness of her cause) and techniques of persuasion (such as thorough use of facts and figures). Lastly, to be really effective, advocacy must be purposeful. The advocate must know to whom to address her advocacy and know what media of communication would be best to meet her objectives.

One or several of these foregoing models of intervention may be employed in relation to a particular client problem or situation. Just as a worker must decide with the client which among the client's problems need to be attended to first, so must she also decide with the client which intervention to use first, or which of them can be employed concurrently. Much earlier, we said that problems of social functioning may be due mainly to factors in the client, or mainly to factors in the client's situation, or to factors in both client and situation. If the worker has been careful and thorough in the first and second steps in the problem-solving process, then the task of defining where the problem mainly resides becomes easy, and the choice of the most responsive model(s) of intervention is facilitated.

This writer believes that although most social functioning problems are caused by factors in both client and her situation, one can further qualify this as to be able to say whether the problems are caused more by client factors or by situational factors, meaning, more of one and less of the other. Doing so makes it possible to identify the priority model(s) of intervention to use.

GUIDES FOR DISCUSSION/ACTIVITIES

1. Explain the helping models/approaches that can be used with individuals, groups, and communities.
2. Differentiate the Direct Provision model from "dole-outs." Give examples of the use of the former by social workers in the Philippine setting.
3. Choose a helping model/approach that is appropriate to use with a particular client system, *i.e.*, an individual, a group, or a community. Study the model carefully. Find a social work agency that you know is using or likely to be using this model. Ask to be allowed to document an agency social worker's experience in the use of this model (or ask permission to be allowed to use an available case illustration for the model). Present the case illustration in class.
4. Study the case illustrations used for the different helping models/approaches described in this chapter.
   a. Do the case illustrations explicitly show, or at least imply the use of the social work helping process? Explain your answer.

   b. Do the case illustrations portray significant differences in the social workers' handling of the case, *i.e.*, are the helping models distinct from each other?
5. Which of the helping models/approaches seem most appropriate/relevant to the situations/problems of people in the Philippine setting? Justify your choice(s). Write a short statement on the characteristics/qualities a social worker should have for the effective use of the models/approaches that you think are the most relevant for use in the country.
6. Is there any intervention model discussed in this chapter which you do not think/feel comfortable with, and/or prepared to use even as a registered social worker? Explain your answer.
7. Write a one-page essay on "Me and the Social Work Models of Intervention." Share in class; discuss.

EndNotes

[1] For other models of social work with groups, see Thelma Lee-Mendoza, *Social Work With Groups*. Quezon City: Megabooks (2003).

[2] This writer first presented these models (Direct Provision, Intercession-Mediation, Mobilizing the Resources of Client Systems to Change their Own Social Reality, Working with the Elite, Social Criticism and Advocacy) in her paper "Social Work Models of Intervention" during the Second National Workshop on Social Work Education held in 1968 at Silang, Cavite, sponsored by the Department of Social Welfare, the

Department of Education, and the United Nations International Children's Fund (UNICEF).

[3] Leonard Schneiderman, "Social Welfare, Social Functioning, and Social Work: An Effort at Integration," in *The Practice of Social Work*, ed. by Robert W. Klenk and Robert M. Ryan. Belmonte California: Wadsworth Publishing Co., Inc. (1974), 364.

[4] Max Siporin, "Situational Assessment and Intervention, in R.W. Klenk and R.M. Reyes, *Ibid*, 153.

[5] Schneiderman, *op. cit.* 365.

[6] Beulah R. Compton and Burt Galaway, *Social Work Processes*. Homewood, Illinois, The Dorsey Press (1979), 342-343.

[7] Rosita L. Fondevilla, "Social Welfare Administration Clientele Under Public Assistance in Manila, 1962-1963." Unpublished Master's Thesis, University of the Philippines (1965).

[8] Teresita S. Silva, "Social Development in the 70's: Areas of Priority Need for Social Work Practice," in *Social Work* (Oct.-Dec. 1971), 197.

[9] *Ibid.* 199.

[10] Ma. Corazon J. Veneracion, "A Training Program for Indigenous Farmer Leaders and Study Groups." Unpublished Report, University of the Philippines (1978).

[11] For this part of the presentation the author used mainly Howard J. Parad, Lola Selby and James Quinlan, "Crisis Intervention with Families and Groups" in Robert W. Roberts and Helen Northen (eds.), *Theories of Social Work With Groups*. New York: Columbia University Press (1976), 304-330.

[12] Naomi I. Brill, *Working with People - The Helping Process*. Boston: Allyn Harper and Bacon Row (2002), 153.

[13] For this part of the presentation about the Crisis Intervention Approach, the author used the writings of Naomi Golan in "Crisis Theory," in Francis J. Turner (ed.), *Social Work Treatment*. New York: The Free Press (1986), 296-340.

[14] Rapoport, Lydia, "Crisis Intervention as a Mode of Treatment," in Robert W. Roberts and Robert H. Nee (eds.), *Theories of Social Casework*. Chicago University Press (1970), 267-311.

[15] Jacobson, Gerald F., Martin Strickler, and Wilbur E. Morley, "Generic and Individual Approaches to Crisis Intervention," *American Journal of Public Health*, Vol. 58 (February, 1968), 338-343.

[16] After Helen Perlman, other authors have made significant contributions to the development of the problem-solving approach in social work practice: Among them, Louise C. Johnson (*Social Work Practice*. Massachussets: Allyn and Bacon, Inc., 1986) and Beulah R. Compton and Burt Galaway (*Social Work Processes*. Belmont, California: Wadsworth, Inc. 1994) have greatly influenced the author's own ideas about the social work helping process being essentially a problem-solving process, the theme in Chapter 7.

[17] Helen Harris Perlman, "The Problem-Solving Model" in Francis J. Turner (ed.), *op. cit.* 245-266.

[18] *Ibid.* 248.

[19] This material on the Problem-Solving Model is from Helen Harris Perlman, "The Problem-Solving Model in Social Casework," in Robert W. Roberts and Robert H. Nee (eds.), *op. cit.* 129-179.

[20] Helen Harris Perlman, *Social Casework: A Problem-Solving Process*. Chicago: University of Chicago Press (1957).

[21] My description of this approach is from Laura Epstein's latest book, *Helping People: The Task-Centered Approach*. Columbus, Ohio: Merill Publishing Company (1988). This is a revision of the 1972 publication *Task-Centered Casework*. W.J. Reid and L. Epstein, New York: Columbia University Press. A detailed "map" of the basic steps in the approach is offered in Epstein's 1988 book.

[22] The steps do not contradict the Basic Steps presented in Figure 8.

[23] *See* Florence Hollis, "The Psychosocial Approach to the Practice of Casework," in Robert W. Roberts and Robert H. Nee (eds.), *op. cit.* pp. 33-76. Read also Francis J. Turner's overview of "Psychosocial Theory" in Francis J. Turner's (ed.) *Social Work Treatment, op. cit.* 484-513.

[24] Florence Hollis, Casework: *A Psychosocial Therapy*. 2nd ed. New York: Random House (1972).

[25] *See* Helen Northen, "Psychosocial Practice in Small Groups" in Robert W. Roberts and Helen Northen, *Theories of Social Work With Groups, op. cit.* 116-152.

[26] The main reference for the Functional Approach is Robert W. Roberts and Robert H. Nee, eds. *op. cit.* 79-128.

[27] *Ibid.* 79-81.

[28] *Ibid.* 81-82.

[29] *See* Thomlison, Ray, J., *Behavior Therapy in Social Work Practice. Social Work Treatment: Interlocking Theoretical Approaches*, 3rd Edition. The Free Press, U.S.A. (1986). Readers interested in other references on this approach, see Edwin J. Thomas, "Behavioral Modification and Casework" in Robert W. Roberts and Robert H. Nee (eds.), *Theories of Social Casework*, University of Chigaco Press (1970), 181-218; Bradford W. Sheafor, Charles R. Horejsi, Gloria A. Horejsi, *Techniques and Guidelines for Social Work Practice*, Allyn and Bacon (2000); Gambrill, Eileen, "Behavioral Theory" in *Encyclopedia of Social Work*, 1997 Supplement to the 19th Edition, edited by Richard Edwards. Washington, D.C. NASW, 1997 (46-47); Bellac, Allan, Michael Hersen, and Allan Kazdin, eds. *International Handbook on Behavioral Modification and Therapy*, 2nd Ed. New York: Plenum, 1990; Thyer, Bruce and John Wodarski, *Handbook of Empirical Social Work Practice*. New York: Wiley, 1998.

[30] *See* Robert W. Roberts, and Robert H. Nee, *op. cit.* 223.

[31] *Ibid.* 235-236.

[32] Naomi I. Brill and Joanne Levine, Working With People. Boston: Allyn & Bacon (2002), 77-79.

[33] *Ibid.* 235.

[34] Bradford W. Sheafor, *et. al., op. cit.* 322.

[35] Beulah R. Compton and Burt Galaway, and Barry R. Cournoyer, *Social Work Processes*. U.S.A.: Brooks/Cole (2005), 351-352.

[36] *Ibid.* 352-See also Appendix 5.

[37] *See* Spivak G., Platt, J.J. and Shure, M., *The Problem-Solving Approach to Adjustment*. San Francisco: Jossey-Bass (1976). Cited in Carole Sutton, *Social Work, Community Work, and Psychology*. Great Britain: BPS Books (1996), 130-131.

[38] Shabeer Ahmed (2016), *Counseling Skills and Social Work Practice, International Journal of Indian Psychology*, Volume 3 Issue 4, No. 59, ISSN 23-48-5396(e) ISSN: 2349 (p), DIP: 18.01.077/20160304, ISBN: 978-1-365-26307-1).

[39] Viloria, Esther C., *"Social Casework"*, Philippine Encyclopedia of Social Work (1971), Philippine Association of Social Workers.

[40] Mendoza, Thelma Lee, Interview, March 10, 2022. (retired Professor of Social Work, University of the Philippines, former Trainor/Consultant of Department of Health, Population Center Foundation, and Family Planning Organization of the Philippines – 1980-1990; Psychiatric Social Worker and Group Therapist, Wayne Country General Hospital, Eloise, Michigan, U.S.A. 1960-1962).

[41] (See https://www.counseling.org/aca-community/learn-about-counseling/what-is-counseling).

[42] (Sally Aldridge, *A Short Introduction to Counseling* (18/01/2004). See https://uk.sagepub.com).

[43] *See* https://www.studyquirk.com/types-of-counseling-directive-non-directive-eclectic

[44] Mendoza, Thelma Lee, *op.cit.*

[45] Dryden, W. and Feltham, C. (1993) – *Brief Counseling, A Practical Guide for Beginning Practitioners,* Buckingham (England): Open University Press.

[46] Hollis, Florence, *Casework: A Psychosocial Therapy.* 2nd ed. New York: Random House (1972).

[47] Maria Roberts-De Gennaro, "Developing Case Management as a Practice Model," *Social Case-Work: The Journal of Contemporary Social Work.* Family Service America (October 1987), 466.

[48] *See,* for example: *Proceedings of the Skills Enhancement Training for Senior Social Workers in Handling Child and Youth Welfare Cases.*Department of Social Welfare and Development (November 15-24, 1994); *Proceedings of the Basic Course on the Management of Child Sexual Abuse/ Exploitation Cases.* Bureau of Child and Youth Welfare, DSWD. (May 22-27, 1990); *Proceedings of the Expanded Competency-Based Training for Social Welfare Officers II,* (December 13-16, 1994), Claret Formation Center, Quezon City, DSWD; and Jamias, Eugenia G., *A Casebook on Case Management,* Ministry of Social Welfare and Development, and "The Use of Social Welfare Indicators in Case Management: The MSSD Experience." *Social Work* 27, Nos. 1 & 2 (1982), 26-35; Paras, Emma, S. *Resource Mobilization, A Problem-Solving Process.* Quezon City; New Day Publishers (1982); and UNICEF, AusAID, National Project on Street Children. *Handbook for Social Workers and Psychologists on the Psychosocial Case Management Process* (1997).

[49] Webster's New World Dictionary, 3rd College Ed. New York: Simon & Schuster (1988).

[50] Moxley, D. P., *The Practice of Case Management.* Newberry Park, Ca: Sage (1989).

[51] Cameron, G., "The Potential of Informal Support Strategies in Child Welfare" in M. Rothery & G. Cameron (Eds.), *Child Maltreatment: Extending Our Concept of Helping* (Hillsdale,

N.J.). Laurence Erlbaum (1990), 145-168; Erickson, G. D., "A Framework and Themes for Social Networks Intervention," *Family Process,* 23(2), 187-204.

[52] Gary Miller, "Case Management: The Essential Service," *Case Management in Mental Health Services,* ed. Charlotte Sanbern. New York: Haworth Press (1983), 3-16.

[53] Florence Hollis, "The Psychosocial Approach in the Practice of Casework," *Theories of Social Casework,* Robert W. Roberts and Robert Nee. Chicago: University of Chicago Press (1970), 35-75.

[54] Martha Jones and John Biesecker, "Goal Planning in Children and Youth Services" (Child Welfare Grant, 90-C-1444, Millersville State College, Millersville, Pa., 1980) and Stein, Gambrill, and Wiltse, *Children in Foster Homes.*

[55] Maria Roberts-De Gennaro, *op. cit.* 468.

[56] Kermit Wiltse and Linda Remy, "Conceptual Statement on Case Management for Family and Children's Services." Tempe, Arizona: Child Welfare Services Grant 426, Arizona State University School of Social Work (June 1982), 3.

[57] Beulah R. Compton and Burt Galaway, "Case Management and Formal Social Support" in *Social Processes,* Sixth Edition. New York: Brooks/Cole Publishing Company (1989), 368-371.

[58] The presentation of the Developmental Approach is taken from Emanuel Tropp's "A Developmental Theory" in Robert W. Roberts and Helen Northen, *Theories of Social Work With Groups, op. cit.* 198-237.

[59] *Ibid.* 205-206.

[60] *Ibid.* 206.

[61] Schwartz, William, "Social Worker in the Group," in National Conference on Social Welfare (ed.) *Social Welfare Forum.* New York: Columbia University Press (1961), 150-151.

[62] The rest of the theoretical material in this approach was taken from William Schwartz, "Between Client and System: The

Mediating Function," in Robert W. Roberts and Helen Northern, (eds.) *op. cit.* 171-197.

[63] This case illustration is based on the experience of a social worker in Task Force Detainees of the Philippines, a church-based human rights organization founded in 1974 by the Association of Major Religious Superiors in the Philippines. It was presented by Gloria Ester M. Catibayan to the Social Work Practice I Class of this author during the second semester, SY 1994-1995, College of Social Work and Community Development, University of the Philippines, Diliman, Quezon City.

[64] This writer was an avid "follower" of the Remedial Approach, having been a classroom and fieldwork student of Dr. Robert D. Vinter (1959-1960). Even as she later learned and used other social work helping approaches, she found the University of Michigan model appropriate for client groups whose members are experiencing a breakdown in their social functioning.

[65] Most of the material in the text was taken from Robert D. Vinter, "An Approach to Group Work Practice," and "The Essential Components of Social Group Work Practice," in Paul Glasser, Rosemary Sarri, and Robert D. Vinter, "*Individual Change Through Small Groups*. New York: The Free Press (1974), pp. 3-33.

[66] *See* Paul H. Glasser, "Group Work Intervention in the Social Environment," Ann Arbor, University of Michigan School of Social Work, 2-3 (Mimeographed, 1959). *See* also "Extragroup Relations and Approaches" by Robert D. Vinter and Maeda J. Galinsky, in P. Glasser, R. Sarri, and R. Vinter, *Individual Change Through Small Groups. Ibid,* 281-291.

[67] The description of the three models is from Jack Rothman, "Three Models of Community Organization Practice," in Fred M. Cox, John L. Erlich, and John E. Tropman, *Strategies of Community Organization*. Itasca, Illinois: Peacock Publishers, Inc. (1979), pp. 20-26.

[68] Murray G. Ross, *Community Organization: Theory and Principles*. New York: Harper and Brothers (1955), pp. 80-83.

[69] Glendon A. Schubert, *The Public Interest*. Glencoe, Illinois: The Free Press (1960).

[70] Martin Meyerson and Edward C. Banfield, *Politics, Planning, and Public Interest*. Glencoe, Illinois: The Free Press (1955).

[71] Rothman, *op. cit.* 35.

[72] *See* Oldarico S. Fabian in "Water!" Stories on Community Organizing, The Community-based Water Source Project in Zamboanga City: A DSWD Experience. DSWD-UNICEF, Asian Institute of Journalism, ed. (Quezon City, 1992), pp. 31-39.

[73] *See* Thelma Lee-Mendoza, "Social Work Models of Intervention for the Philippine Setting" in *Report of the Second National Workshop on Social Work Education: Department of Education, Department of Social Welfare, and the UNICEF*, Silang, Cavite, 1968: 117-147. *See* also, Thelma Lee-Mendoza, *Social Welfare and Social Work: An Introduction*. Cebu City: Cornejo & Sons (1981), pp. 161-216.

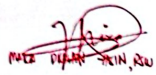
[74] Donald S. Howard, "Social Work and Social Reform," in *New Directions in Social Work*, ed. by Cora Kasius. New York: Harper and Bros. (1934), p. 159.

[75] F. Cox, *et al., op. cit.* 42.

[76] Jane Addams, *Twenty Years at Hull House*. New York: The MacMillan Co. (1938).

[77] Richard T. La Pierre, *Social Change*. New York: McGraw Hill (1965), p. 150.

بسم الله الرحمن الرحيم



9

GENERIC TOOLS IN SOCIAL WORK PRACTICE

The practice of social work involves the use of certain tools which facilitate the achievement of the worker's goals and objectives. Among the most important and commonly used in work with all kinds of client systems are the interview, social work records, communication, community resources, and program and activities. These tools, if they are to be used effectively, require certain technical skills from the practitioner.

INTERVIEW

An interview is a face-to-face meeting between two or more persons, directed towards a purpose, such as to obtain information, to give instructions, and to help.

How an interview is conducted greatly depends upon its purpose. Hence, an interview conducted in connection with a survey will probably be limited to getting the information needed for the study. In a social work interview, the social worker often goes beyond merely getting information. While interviewing applicants requesting a particular agency service, the worker usually would also give information or instructions, provide

guidance and support, give suggestions and make necessary interpretations, all of which are already aspects of helping.

An interview involves both verbal and non-verbal communication which will be discussed separately under the tool "Communication."

The social work practitioner makes use of the interview throughout the helping process, in her work with individuals, groups and communities. In community work, one more frequently hears the term "conference" which, essentially, involves the same process.

Interviewing is both an art and a technique which requires knowledge and skill. It is an art because while interviewers may follow the same principles, it allows for the expression of one's personality. The following are among the skills required for an effective interview:

1. *Skill in relating with the interviewee.* A social work interview is guided by the professional principles applied in working with people, which include the following:

   a. accepting people as they are, regardless of whether the interviewee is passive, resisting, aggressive, suspicious, condescending, etc.

   b. individualizing people, knowing that they have different physiological and psychological makeup, and also different cultural characteristics.

   c. protecting the confidential nature of the interview, setting limits on herself with regard to what kind of information to obtain from the

client, or what to obtain such as when there are other people present. Gossip and rumor-spreading are cultural realities that require the social worker's exercise of certain precautions when conducting interviews.

d. exercising discipline in the use of one's self, cognizant of the worker's holding certain powers which can be used for or against a client, or to suit her own needs or ends. Unless she has self-discipline, a practitioner may resort to using pressure; or she might impose, advise, and exercise other forms of control just because a client is a "client."

e. allowing the interviewee to participate and become self-determining, *i.e.*, providing guidance, direction, support, clarification, but always keeping in mind that the client, regardless of his problem or situation, has capabilities and potentialities.

2. *Skill in observing the interviewee.* A skilled interviewer is very observant, is sensitive to what his eyes can see: the physical appearance of the interviewee, his facial expression, gestures, body movements, and the like. When with other people, how does one client behave and react? How does he respond to the worker — is he anxious, or comfortable, or annoyed? Is the interviewee patronizing? Is he enthusiastic, or is he merely forcing himself? An interviewer should also be aware of her own limitations in observing, that is, an interviewer may see only what she wants to see. She may have her own prejudices and interests, of which she should be aware.

She may also find meaning or significance in something which should just be accepted for what it is. For example, an interviewee who comes in wearing a bright red dress may have worn the dress for lack of anything more decent, and not because she is in an aggressive mood.

3. *Skill in listening.* A good interviewer is a good listener. She listens before she talks, or starts the interview usually by giving its purpose, and then lets the interviewee talk. She picks up important points for elaboration or discussion. Brief relevant comments or questions will not only show that the interviewer is listening or following the interviewee's account, but will encourage the client to express his feelings. The following illustrates this point.

The interviewee says, "Everything I do is wrong." The interviewer can respond in any of the following ways:

— Everything you do is wrong. . .

— "Everything?"

— What do you mean . . .

— I am not sure I understand what you mean .

— Perhaps you would like to tell me about it . .

— Tell me about the "everything."

— Silence (just being silent, with a waiting expression on one's face, can encourage the interviewee to continue talking.)

(These brief comments, with some modifications, can be used in most interview situations. Try using them in response to such client remarks like "this group is going in the wrong direction." Or "Nobody in this community cares.")

④ *Skill in asking questions.* An interviewer would do well to remember that a friendly manner in asking questions can make the difference between her getting correct or wrong information, and a responsive or hostile reply. An accusing question arouses a fearful and defensive attitude. When an interviewer is genuinely interested and concerned about helping, she will have no difficulty with her manner and tone of asking questions; this will come naturally, and the interviewee will sense it and will respond accordingly. Leading, rather than pointed questions, are generally preferred. For example, to a community resident who complains that "The government is insensitive to our needs," the interviewer can say, "I can feel you are upset about something?" instead of asking "Why?" It is also advisable to avoid questions that call for a yes or no answer, as this is not conducive to client self-expression. The matter of asking personal questions also deserves our attention. What is a "personal" question varies from culture to culture. In the Philippines, asking a person about his age, civil status, or income, is usually accepted and, in fact, often interpreted as a reflection of interest in the other person. Asking the same questions of a person from another country may, however, be taken for rudeness or imprudence. In interviewing, a professional person should be guided by the principle of privacy. In social work interviewing, asking personal questions can only be justified if it is required by the helping process; and, even then, one must ask only necessary questions.

For example, one social worker found it relevant to ask her client (who wanted to know what she could do about her husband's desertion of his family) whether she was legally married. When the client said yes, the worker next asked whether she was married in church. This second

question, of course, was not only personal, but irrelevant to the client's problem. Moreover, it tends to show a possible religious bias, where one would recognize a marriage only when it took place in a church.

⑤ *Skill in answering personal questions.* Just as asking personal questions requires skill, so does answering personal questions. The Filipino social worker should realize that she, too, is entitled to her privacy and she must not feel obliged to answer every question her client asks. We have observed that young social workers, especially when they are younger than their clients, have difficulty handling personal questions. They end up entertaining all of them, only to regret this later, when the relationship becomes uncomfortable because it has become too personal. The Western model of the professional worker-client relationship probably can not be fully applied in our setting, but we think that one can still maintain a professional relationship which may require setting certain limits so that the personal character of the relationship does not go out of bounds. Thus, an old man in the community can call a female worker "Hija" or "Ineng" and the worker can call him "Tatang," but she certainly does not relate to him like a daughter. She defers to him because the culture expects this. Should the same old man start asking a personal question, she begins to set limits by giving a brief and truthful reply, and then skillfully changing the subject matter. The worker should also be sensitive to the motive for asking personal questions. If need be, a little "white lie" may be given. When a male client asks "Do you already have a boyfriend?," a worker may choose to be on the safe side and just say "Yes, I have," then change the subject, "You were telling me

about. . . ." Similarly, questions like "Do you have a telephone," and "Can we visit you at home," are not difficult to handle if the worker is not emotionally involved and is secure in her helping relationship with her client. We must, however, underscore the need to understand the reason for a client's question. In a remote rural village, a group of residents who ask their worker "May we take you home,?" may be merely expressing a concern for the worker's safety.

6. *Interpreting the client's response.* The interviewer gives meaning to the client's words, expressions and behavior. The worker should exercise care in order to arrive at objective and accurate interpretations. "Know yourself" is a good motto for the interviewer. Unless she understands herself well enough, she might be ascribing to the other person's ideas, feelings, or fears, which are really her own.

There is also a need to understand the client's culture, when making interpretations of his responses. In a social work course I once attended in a foreign country, the instructor discussed and analyzed the role play of a family interview, spending much time interpreting such matters as who spoke first, sat first, where, how, etc. At that moment it occurred to me that a Filipino client would have entered the room, remained standing, made a polite bowing motion, and waited to be told to sit down. All these are part of the culture, particularly for people who come from the rural areas. If one does not understand our culture, such gentleness and courtesy may be interpreted as weakness, or even a feeling of inferiority.

Conducting the Interview

One does not become a skilled interviewer overnight. Practice, along with a consciousness of the techniques we have presented, will help a worker become a more effective interviewer. The following are additional suggestions for conducting an interview:

1. *Prepare for the interview.* Anticipate the usual problems and situations presented by people, considering the particular nature of your work.

2. *Always start by making the client feel comfortable.* The interviewer should feel comfortable herself since anxiety, tension and nervousness can be sensed by the client and can affect the interview. With Filipino clients, the use of amenities is very helpful, *e.g., "Kumusta ho kayo," "Namumukhaan ko yata kayo,"* are casual remarks that can put a client at ease. However, the worker should watch against overdoing this.

3. *Use your intuition or "sixth sense."* The worker should be sensitive to certain signs that tell her when or how to start with the interview. A client who comes in seemingly upset should be allowed time to collect himself before the interview starts.

4. *Exercise care in the use of interview instruments like intake and survey forms.* The worker should explain these instruments to the client, as the latter can become suspicious or uncomfortable, especially once the worker starts writing down his responses. Note-taking in the course of an

interview sometimes has to be done. The worker cannot remember all that the client tells her, and sometimes must write down words or phrases that she will need for later reference, for recording, etc. Then, too, information like date of birth, address, place of work, etc. are too important to be left to the worker's recall later on. Taking down notes is all right as long as the client is told why the worker has to do this. Clients sometimes have to fill out certain forms themselves. A worker in such cases should be very sensitive to clients' needs — they may need help in understanding the forms, in expressing themselves, but may be too embarrassed to ask for assistance.

5. *Be conscious of time.* An interviewer should realize the need to set time limits on the interview. By this we do not mean that she decides on a definite length of time and rigidly abides by it. Rather, she keeps in mind what she wants to accomplish during the interview, has some ideas as to how long the interview should last, and does not allow it to go in all directions, unnecessarily wasting time in the process. The worker is the one who gives direction to the interview, so that she should learn how to focus the discussion, and how to re-direct it should an overly enthusiastic or loquacious client get out of topic. When the purpose of the interview has been accomplished, the worker should take the move to terminate the interview, or adjourn the conference.

6. *Do not rush into direct action or help without fully understanding the client's situation.* We reiterate what we said earlier in our discussion of the steps in problem-solving. A worker should carefully assess the client's situation based on accurate or reliable data she has gathered, which makes for a definition of the nature of the client's problem, which, in turn, becomes the basis for the worker's action.

7. *The interviewer should have proper deportment.* The way an interviewer acts or conducts herself is very important. In our society, a worker will find it helpful to learn the norms in a particular community if she wants to be accepted by the people. What may be acceptable in one community may be offensive to another community, *e.g.*, dancing with clients, joining them in serenades, accepting a male community leader's luncheon invitation (if the worker is a female) even if it is to discuss a community project, etc. Time and again, questions like "Is it proper for a worker to join 'drinking sessions' of clients," or "Should the worker talk and dress the way the clients do," are asked, especially by students who want to know how they should carry themselves when they go to the field for their practice experience. We have seen extremes in the way workers conduct themselves. There are workers who spend hours drinking and even getting drunk with their clients in the hope that this will make for rapport with them, and workers who go to work wearing

worn-out blue jeans and slippers because they want to make their clients feel they are all equal. On the other hand, we have seen workers conducting interviews overdressed, over-coiffed, and wearing too much jewelry. A professional person should have, or at least try to develop, a sense of propriety, carrying herself in such a way that she maintains both her self-respect and the respect of others. In our culture, it is so easy to get carried away in the name of "pakikisama." Acceptance by clients is not to be gained at any cost. Such acceptance can also come by demonstrating firmness and self-control. Clients, after all, do "test" and manipulate their workers, and the latter should always be conscious that once they allow themselves to be manipulated or controlled, they begin to lose their effectiveness.

COMMUNICATION

Communication is a term derived from the Latin word **communis** which means to make common, and the word **communicare**, which means to share or to impart.

Communication is a two-way process (which starts with the source initiating the communication and the receiver responding) and method (a way of helping people learn, through varied forms) by which a source purposively shares messages with a receiver directly or via a channel and both learn from each other.[1]

Knowledge about communication — a growing branch of study that is now also referred to as a science — can be extremely helpful to the social worker who will undoubtedly have many occasions to use such knowledge to effectively influence people and help bring about change.

Elements of the Communication Process

Based on the preceding definition, the communication process has four essential elements: source, message, channel, and receiver. We shall now discuss these elements.

1. **Source.** Communication may originate from an individual, a group or an institution. When applied to social work, this means that communication could be initiated by a social worker, with her client, her co-worker, her agency, or with a worker in another agency. The agency worker, however, is not always the source of communication, as it could be the client or an outside agency. However, as a tool to be used consciously and purposively, we may have to think here mainly in terms of the worker's being the source of a message that is to be communicated. We grant, however, that in the course of the helping process, the giving and receiving of communication messages becomes a continuing pattern, with worker and client assuming both roles at different times. When the worker becomes the receiver of a message that starts from the client, then the worker's role as interpreter of the message assumes great importance.

As far as communication source is concerned, Mercado, who has done many local studies, cites credibility as an important factor in influencing an

audience.[2] According to him, the more credible the source as perceived by the audience, the more effective it is in changing attitudes immediately, and he lists the factors that make for credibility, *e.g.*, being an older person, sincerity, ability to explain clearly, and frequency of contacts with the receiver (audience).

2. Message. The "message" of a communication could be knowledge, an attitude, and/or behavior which the source wishes to convey to the receiver. This message can be conveyed in various ways: verbally, non-verbally, and through symbols.

Verbal communication involves the use of words, whether spoken or written. Contrary to what many people think, verbal communication can be a problem. The availability of words does not always make us "say what we mean and mean what we say." Many of us have a limited vocabulary, which prevents us from expressing ourselves clearly and candidly. Some words have different meanings and usages to different regions, a problem compounded by our having numerous dialects, making communication difficult. For some people, there is a problem with their inability to use certain words due to personal inhibitions or fears that the receiver may find them offensive. Thus, such words like *"ano"* and *"kuwan"* (expressions equivalent to "this thing" or "you know what I mean") are in common usage. For example, in family planning work, these words are sometimes used to refer to the sex organs, or in community work, to refer to a confrontation, or to a demonstration. We also tend to take for granted words that are familiar and we forget their effects on the receiver. In this connection, we can learn from the experience of the International Institute of Rural Reconstruction with the use of words. Describing the

agency's family planning programming in the rural areas, Dr. Juan M. Flavier, the project director, relates the problem of terminology: "We pretend to have the words by either coining new words or hispanizing English terms and calling them Pilipino, the national language. Thus, *'ovario'* used for ovary, *'ovulacion'* for ovulation, 'fertilizacion' for fertilization, etc. An extreme example is one family planning worker who hispanized sperm into *'esperma,'* not realizing immediately that *'esperma'* does not mean male seed but candle."[3] Because of these, as well as from his experiences with rural people, Dr. Flavier and his team sought parallelisms between agriculture and family planning; using words that can be understood by the rural resident. Capitalizing on the rural people's fondness for the *balagtasan* (debate in verse) and the *duplo* (couplets), they have come up with verses like the following, which are used as captions for charts that depict (through drawings — symbols, a communication form which in this case is used together with words) an agricultural situation and a family life situation:

Iyang punong mangga na hitik sa bunga	("A mango tree laden with fruits
Madalas mabali't masapok ang sanga	Has branches that break easily
Tulad din ng tao na maraming anak	The same is true with people with many children
Kung maigapang man ay malaking hirap.	If they survive at all it is with great difficulty.")

Indeed, using the right words can make a world of difference. In the Philippines, a worker can almost establish instant rapport with an individual, a group or even an entire community by speaking their language, such as by a non-Ilocano learning Ilocano and speaking in Ilocano, even if only in her opening statement on the initial contact with the client.

Euphemisms, or the use of a word or phrase which expresses something unpleasant or offensive in a more pleasant way, is almost a norm in our society. Thus, words like "*Baka sakali*" (Maybe), "*Titingnan ko*" (I'll see), "*Seguro*" (probably), etc., are substituted for "No," or "I can not." Workers not only have to learn to interpret the client's message when he uses such words, but sometimes she, too, may have to use such euphemisms. She may, for example, use euphemisms as a technique in expressing disagreement, such as with a client. For example, a worker who knows her client is very sensitive, will not directly disagree or object to the client's opinion, but will use phrases like "*mahirap yata*" (that may be difficult), "*medyo delikado yata iyan*" (that may pose a problem), accompanied by the appropriate facial expression, and the client will likely get her message. Courteous language, especially to an older person, or one in an authority position, can also serve as a euphemistic device, *e.g.*, "*Kayo ho*" (That's up to you, sir — "sir" would be closest in meaning to "*ho*" or "*po*" which are added to show respect or courtesy).

For social workers, we should also underscore the importance of communicating properly through the written form. English and Pilipino are our official languages[4] and we think a worker should write in the language of which she has a better command keeping in mind that it is a tool she can use to her or her client's

advantage or disadvantage. The following letter sent by a social worker to the director of a youth agency illustrates what we mean:

Dear Mr. Morato:

I am writing on behalf of twenty youth, all males, their ages ranging from fourteen to twenty, who are all members of a group in our agency. This group meets weekly for activities that meet the needs of the members especially their problematic economic situations.

In this regard, we have heard about the work of your organization. We know you provide skills training and other help to young people in need of such help.

We therefore hope you will give our request your favorable consideration. Thank you.

Yours truly,
Amelia Vergara
(Social Worker)

This letter is quite satisfactory, until, of course, one goes down the line and finds that the "request" referred to is non-existent. It gives the impression that the letter was done hurriedly and carelessly. Such a letter is likely to be ignored by the receiver, or set aside (waiting perhaps for the source to follow up and clarify his request), while the writer is left waiting for a reply.

Non-verbal communication is communication without the use of words. It is conveyed through the person's physical appearance, dress, facial expression, behavior, gestures, sounds, silence, touch, eye contact, and so on. A physical setting can also communicate messages. For example, the appearance of a yard can tell us if it is well-kept or neglected; the general climate of a house can convey whether it is comfortable, lived-in, or just for display. Non-verbal communication, which conveys attitudes and feelings, often accompanies verbal communication. However, they often stand by themselves, so that social workers should learn to be observant and sensitive. The ability to understand people can be improved by forming the habit of knowing where to look, what to listen for, and what to sense. At the same time, one should be careful not to interpret every gesture or movement of another person, for this can make the latter feel uncomfortable. A client, for example, can look nervous or anxious on the initial meeting with a worker. His behavior does not have to be interpreted or explained to him. A skilled worker will not talk about it but, by her own conduct, will try to put the client at ease.

Symbols are essentially a non-verbal form of communication, but because of their own unique characteristics, they will be discussed separately.

Symbols come in the form of pictures, diagrams, posters, logos, etc., and can stand by themselves, or with words. Symbols are chosen for different reasons—to appeal to the intellect and/or to the senses, to correct or to promote a bias or a prejudice, to raise hopes or to create dissatisfaction, and to foster unity. The symbol of justice—a blindfolded woman holding a balanced scale—is displayed in courtrooms, a reminder to the judge as well as to the

public that justice is devoid of bias. In social work practice, a poster depicting *"bayanihan"*–a group of men carrying a nipa house – is used to symbolize the need to shoulder common problems together, and to work cooperatively towards their solution.

With imagination and creativity, there are limitless opportunities for workers to use symbols to communicate with their clients.

3. Channel. Channel refers to the proper course or "channel" of transmission of communication, that is, either interpersonal communication or mass media, or both.

Interpersonal communication involves face-to-face contact with people. This can be on a one-to-one basis, such as the communication that takes place during office interviews and home visits. It can also be on a group level, such as the communication that takes place during small group meetings, community assemblies, etc., between the worker and clients.

Mass media as a channel of communication comes in two forms—printed material such as leaflets, pamphlets, posters, flip charts, comics, magazines, newspapers, etc., and electronics like radio, television, and films.

The choice of communication channels is made usually with effectiveness as the main consideration, although other factors like controllability, economy, and speed come into the picture. Coller in his study of the social effects of radios on rural life found that "the people felt that the really important news was obtained and transmitted on a person-to-person basis."[5] Similarly, Feliciano's study on the adoption of farm practices revealed that "a key person in the human communication

network was the *tininti del barrio*, now kapitan del barrio," and six out of ten of the farmers who adopted a new or improved practice did so "because my neighbor convinced me to accept it."[6] These findings are supported by other researchers like Katz and Lazarsfeld whose studies have shown that interpersonal communication is "the one source of influence that seemed to be far ahead of all others in determining the way people made up their minds."[7]

Mass media, on the other hand, offer certain advantages. They can reach a bigger audience within a shorter period of time, and are easier to control than interpersonal communication. In addition, we must concede, that at times they can be more effective in achieving our objectives. In one case we know of, a social worker used the newspaper to rally public opinion against a factory which did not have an anti-pollution device, causing pollution of the rivers and destroying sea life which was the main source of livelihood for the people in the area.

4. **Receiver.** The person, group, or population segment/total population that is the intended audience of a communication is called the "receiver." In effective communication, the receiver is the first consideration. Mercado gives us the following guidelines to remember, with respect to this very important element in the communication process:[8]

a. The more homogeneous the audiences, the easier to communicate with them.

b. The more we know about the needs of our audience, the easier for us to influence them.

c. In general, women are easier to persuade than men. This is because women in our culture are encouraged by parents to be more submissive than men.

d. In general, the higher the educational attainment of a person, the more open he/she is to new ideas. This is because education, *per se*, broadens a person's perspective.

e. In general, the younger the person, the more open he/she is to new ideas. This is because the existing knowledge or attitudes of younger persons are not yet deeply ingrained.

In addition to these, we think it is very important for the worker to recognize the role played by the client's attitudes and feelings, (as well as the worker's) and how these affect communication, and for the worker to seek feedback in order to know whether the message communicated was properly understood.

RECORDINGS

Virtually all social work agencies keep some form of records which identify the clients they serve and the kind of service rendered to them. They are kept for as long as the agency thinks they are still needed. Agencies vary in their practice of record-keeping. The most common is to, at least, keep the client's application/admission/intake form (in cases where it is an individual or group who is the client), and a community study/survey findings and/or problem-assessment report based on initial community meetings. Some records of interviews or conferences held and services

rendered, and significant activities undertaken in the course of the helping process, are often also available.

Why write records?

Agency records serve many purposes. Among these are the following:

1. Records, particularly those that dwell on actual activities undertaken to solve the client's problem serve as tools that guide the worker as he and the client proceed with the task of problem-solving. They show the "process" as it has developed, and help the worker keep track of the significant events that have taken place so far.
2. These records will be useful in evaluation. They will show the significant problems and obstacles encountered, as well as the growth or change in the client, and the success or failure in achieving objectives.
3. Records can be valuable to the social worker who wants to improve her knowledge and skill in helping people.
4. Records provide an account of what have taken place, which is needed when one worker must replace another, or when, in an emergency, one worker must take over for another.
5. These records provide important information to the agency especially where it has to make decisions about expanding, changing or terminating programs and services, and for reporting to the community on how funds have been used.

6. Records are supervisory tools. The review and analysis of their content during supervision help improve the skills of the worker.
7. Social work records, such as case studies, are used as basis for learning in professional schools of social work, and for this reason, serve an important educational purpose.
8. Records are a source of statistical information about agency operations, and provide data for various research projects.

Types of Records

The present trend is to keep record-keeping to a minimum so that every agency will have to decide which are necessary; and once this decision is made, the expectation is that those records will be done properly. In the author's experience, the following are the major types of records prepared by agency social workers:

I. Intake Forms (also called Face Sheet, Admission Form, Application Form)

II. Summary records/entries of data obtained as part of the information-gathering stage in problem solving (usually indicating date, place, and source of data)

III. Survey Report (contains findings about the community situation, indicating date, place, and source of data)

IV. Case Study (brief identifying information, a synthesis of the data obtained from various sources; the definition of the problem for

work; the goals/objectives to be achieved; and the specific means to their achievement)

V. Summarized Process Recordings (The term may sound like a contradiction, but the reason we added the word "Summarized" is because a real process recording is supposed to contain considerable detail about the content of interviews, conferences and other contacts with clients, in the sequence in which they took place, including the reactions and responses of both client and worker, followed by the worker's assessment/ analysis of what transpired. We think it is unrealistic to expect our present-day workers to accomplish this type of process recording, because of their workload. However, we believe there is a need to at least make summaries of the processes taking place in relation to problem solving, whether with an individual, a group, or a community, with the worker exercising judgment in recording those which she thinks important.

VI. Periodic Evaluative Summaries (including a statement about the major developments that have occurred)

VII. Transfer Summaries (including recommendations on future course of action)

VIII. Final Evaluative Statement (focusing on the extent to which goals/objectives spelled out in the Case Study have been accomplished/not accomplished and why; recommendations for termination or continuation of service).

COMMUNITY RESOURCES

In Chapter 8, we discussed an intervention called "Mobilizing the Resources of Client Systems to Change their Social Reality." The "resources" referred to here are those that are inherent in the human being, *e.g.*, physical strength, intellectual endowments, human skills and capabilities. Based on this, we believe that our most important resource is the human being himself. In addition to this, however, the practice of social work necessitates the use of concrete community resources—essentially the programs and services offered by a variety of agencies and organizations. These community resources constitute a very important tool in helping people.

Community resources may be offered under public (*e.g.*, the Department of Agrarian Reform); semi-public (*e.g.*, the Philippine Mental Health Association which is funded by the Philippine Charity Sweepstakes); private (*e.g.*, Foster Parents Plan, Inc.) sponsorship. They may be available on a local (*e.g.*, Manila Department of Social Welfare); national (*e.g.*, Department of Health); or international (*e.g.*, United Nations Children's Fund) level. These resources take various forms, including funds, supplies and equipment, training, consultancy services, material assistance, and counseling. Their scope also differ, so that we find agencies providing skills training only for youth, or only educational loans for ethnic minorities, or emergency material assistance and resettlement services for informal settlers in urban areas. The agencies may also be placed on an adequacy-inadequacy continuum, in terms of quantity and quality of services being provided, personnel standards, etc.

Community resources are almost indispensable to social workers. The intercessor-mediator role of the social worker is meaningful mainly because there are resources that can be availed of to meet client needs. Perhaps, more than any other helping person, it is the social worker who is expected to be familiar with these resources.

Indeed, many of our social workers know their community resources fairly well. However, agency policies and procedures change and new resources keep being established, making it necessary for workers to be up-to-date on their knowledge. They may also know of resources that should be available to people in a community (especially government agency branches) but which are not. In such cases, the workers' responsibilities include acting alone or together with their clients, to see to it that such resources are made available to the people.

Social workers should also look beyond what is familiar or "common knowledge." Many resources are just waiting to be tapped or mobilized. In our country, for example, many parent-teachers' associations, church groups, civic organizations, youth clubs, women's groups, student volunteer associations, barangay associations, etc., are not only engaged in a variety of community-oriented programs and services (skills training, scholarships, loan programs, health clinics, recreational programs, cooperatives, etc.), but can be mobilized to undertake or sponsor other programs or services if they can be convinced of their value or usefulness.

There is a technique in mobilizing resources. A worker may be very familiar with these resources but, unless she knows the agencies' policies and procedures, their bureaucratic setup and how to go about them, the

manner of dealing with the personnel of the agencies and making *"pakiusap"* (pleading the client's cause, or, when necessary, threatening to take legal action, etc.), she may fail in using the services effectively, or in using them at all.

Should a social worker accompany her client in tapping resources and will this not develop dependency on the part of the client? As a general rule, clients should help themselves in the matter of using resources. However, we do know that there are certain types of clients who need help in availing themselves of existing resources. Also, there are practices in some agencies which sometimes require the physical presence or direct intercession of the worker, including politics, graft and corruption, "connections," etc.

Finally, we wish to point out that when there are particular resources needed that are not available, the worker, with client participation, may have to create needed resources.

PROGRAM AND ACTIVITIES

The literature of practice reveals that the term "program" or "program activities," (often used interchangeably), has been used mainly in the context of social group work practice. Furthermore, the development of theories about the use of "program as a tool," has come about largely in relation to the conception of groups as both "means and context for treatment."

The term program, or program activities, has been defined in various ways. Some authors loosely refer to it as "everything that happens in the life of the group," or as

"activities which require a certain amount of definite planning on the part of the group, or the worker, or both." Vinter thinks that the term loses meaning when used to refer to all the social interactions and processes engaged in by group members, and instead, uses *program* to "denote a general class of activities, each of which consists of an interconnected series of social behaviors that usually is infused with meanings and guided by performance standards from the larger culture."[9] In place of "program" Northen uses the term "action-oriented experience" to "convey all the myriad of activities, other than discussion, that comprise the context of the group experience."[10]

In our setting today, the use of activities to attain certain social work objectives characterize not just social work practice with groups, but social work with other client systems. Because we are using activities in such a context, we suggest the use of the term program and activities separately, while considering both as tools in social work practice. By doing this, we can provide more leeway to the practitioner to use whichever term suits his purpose. Thus, when using a carefully planned activity with a particular client system where the practitioner is keenly mindful of the "interconnected series of social behavior" and their meanings, such as is seen in the use of swimming as an activity for a group of emotionally disturbed children, then she may refer to the activity as "program." However, other action-oriented experiences, including task-oriented ones, may simply be termed "activities." A community's canal-draining or bridge-building project may be more aptly called an "activity" rather than a "program." Unlike "program" which is the primary tool in work with groups, and which takes place at every meeting, with the worker giving considerable attention to the continuity, sequence,

and effects of the program activity on client response or behavior, an "activity" may be planned for just one time, depending on the need or situation. In this case, we also use "project" to mean "activity," particularly in community practice.

Whether it is "program" or "activity" we are using, the common denominator here are the varied activities a social worker can use to serve a variety of purposes, among which are the following:

1. To establish positive relationship, *e.g.*, "getting to know you"/"who I am" game with a client who is passive and withdrawn;
2. To promote/improve communication between client and worker, or among clients themselves, *e.g.*, sentence completion exercises and other communication games;
3. To serve as a "diagnostic tool," *e.g.*, use of toys, like a doll house "residents" to allow for enactment of possible family relationship problems;
4. To provide channels or outlets for otherwise destructive energies, *e.g.*, swimming, running, etc. for highly energetic young people;
5. To deal with difficult situations such as being a victim of physical abuse – group discussions, role play
6. To serve as educational tools, *e.g.*, group discussions, use of resource persons, audio-visuals;
7. To serve the need for socialization, particularly for people who are isolated from

social contact, or who, while exposed to people, tend to hide in their own shells, *e.g.*, interactive games, "special occasion" socials;

8. To provide catharsis or means for expressing feelings and emotions, *e.g.*, drama, poetry-reading, writing exercise, role play;

9. To influence people to act or behave in a certain way, like being more objective and perceptive, learning to be sensitive to the feelings of others, to control impulses, being cooperative, etc., *e.g.*, awareness games like "Rumour," Story-chain," and various teamwork exercises;

10. To develop proper attitudes like economy, industry, self-reliance, *e.g.*, inviting resource persons for recycling old clothes and newspaper, demonstrations on gas-less methods of cooking, etc.;

11. To develop a sense of accomplishment and the corresponding pride and self-confidence that goes with a completed activity, *e.g.*, a community sanitation or beautification project;

12. To help bring about community change and development by way of the participative process, *e.g.*, involvement in specific tasks, like drafting a group resolution requesting the provision of a needed agency service;

13. To develop an awareness of one's social reality that can be the stimulus for change, *e.g.*, children's theater, or skits with audience

participation. A Population Center Foundation action-research project (Rural Theater: A Vehicle for Family Planning), for example, showed that drama was an effective medium for communicating population and development messages to rural audiences. Issues like land ownership, justice, self-reliance, and community power should be related subtly to the population problem. Songs, martial arts, and contemporary techniques may be used, with the members of the audience acting out possible solutions to the problems.[11]

There is no limit to the kind of activities a worker can use (see Appendix 7). The more activities she knows, and the more skills she has in relation to these activities, the better; for this allows her a wide repertoire from which she can select activities to respond to a variety of situations. However, one with limited skills in the use of activities need not feel insecure, as long as she is willing to learn and try new things, and has a reasonable amount of imaginativeness and resourcefulness. Although it is advisable that a worker starts with activities in which she is experienced and therefore comfortable, to make this the continuing major reason for the choice of an activity rather than the clients' need and interest can be disastrous, *i.e.*, clients can get bored and see no value in the activity and withdraw from the helping relationship. We should also remember that in choosing an activity, our client may well be our best resource. Clients usually have some ideas about what they want or think they would like to do. The worker can use these, build on them, or make adaptations as will suit her objectives, but always guided by the clients' problem(s) and goals for them.

Activity Dimensions

Every activity has various dimensions which may have to be considered by the worker in her planning. These are the following:[12]

1. Prescriptiveness: the degree and range of rules or other guides for the conduct of participation in the activity.
2. The form and source of controls governing participant activity: whether another person, a fellow participant, or rules/ instructions relevant to the activity.
3. Provision for physical movement: the extent to which participants are required or permitted to move about in the activity (refers to actual body movement as well as physical barriers to movement).
4. Competence required for performance: the minimum level of ability required to participate in the activity (some activities require special skill or ability).
5. Provision for participant interactiveness: the way the activity locates and engages participants so that verbal and/or non-verbal interaction is required or provoked.
6. Reward structure: the types of gratification and rewards available (*e.g.*, praise, legitimate tension release, improved skill), their abundance or scarcity, and the manner of their distribution.

In addition to the foregoing dimensions, Whittaker points out the need for the worker to evaluate certain individual and group variables which should be considered in the selection of an activity which clients will engage in.[13] Individual variables consist of skill (the competence to participate in the activity), motivation (the willingness to participate in the activity), and "on tap control" (the amount of self-control available to the client at a given time). Group variables include group solidarity (a group that is not yet cohesive may not respond to activities requiring a great deal of interaction and inter-dependence); group composition (the more homogeneous the group the easier it is to find activities that the members will participate in and enjoy); and group mood (the "climate" or how the group is feeling at the moment).

To all these, we would still add such other factors like age, sex, education background, economic status, and culture of the client(s). Certainly, we underscore client need/interest (which we mentioned earlier) as a primary consideration. It would be unrealistic for a worker to consider all the dimensions of an activity as well as all the variables we have mentioned in planning an activity. We offer them as guides, so that the choice of an activity is done as systematically as possible, and so that the worker will have a basis for evaluating success or failure in the use of an activity.

Guides For Discussion/Activities

1. List and explain Filipino cultural characteristics/traits which may factor in the five generic tools in social work practice.
2. Role-play interview situations in class (*e.g.*, a social worker interviews a "first time" applicant for agency service; a social worker conducts a home visit to interview the parents of a young boy arrested/jailed for possessing "shabu;" a social worker interviews a group of women applying for admission to a skills training program). Have the rest of the class provide feedback at the end of each role-playing. Focus feedback and discussion on the social worker's conduct of the interview, *e.g.*, reception of the client/start of the interview, verbal and body language, responsiveness or attentiveness to client, appropriateness or relevance of questions or comments, etc.
3. What factors facilitate the interpersonal communication process? What factors block or impede this? Read on this using available library materials and present/share in class.
4. Get hold of a directory of community resources (there are many available) or avail of other sources of information. Study the listings. Share your learnings in class.
5. Interview social workers about their knowledge/experience in the use of "program and activities" in practice. List/describe these and share in class.
6. Visit social work agencies and request permission to avail of sample recordings to use for class

learning: intake records, case histories, case studies, process recordings, summary records, transfer summaries, etc. (remember to disguise identities). Discuss why such records are necessary; what can/will happen if there are no such records; how the records can be improved, etc.

EndNotes

1 Cesar M. Mercado, "Effective Communication on Population Questions and Family Planning in the Organized Sector," *National Workshop on Communication and Production of Education Materials in Population Education and Family Planning*. U.P. Asian Labor Education Center and the International Labor Office, U.N.F.P.A. (1975).

2 *Ibid.*

3 National Media Production Center and Population Center Foundation, *The Philippine Experience: Community Action in Population and Development Programs*. Fourth World Population Society International Population Conference. (October 24-28, 1978), Manila. Manila: NMPC and PCF (1978).

4 Philippine Constitution, Article XV, Section 3(3).

5 Richard W. Coller, *Social Effects of Donated Radios in Barrio Life*. (Quezon City: Community Development Research Council, University of the Philippines (1961), 32.

6 Gloria D. Feliciano, *The Human Variable in Farm Practice Adoption: Philippine Setting*. Report to the Department of Agricultural Information and Communication, University of the Philippines College of Agriculture, Laguna. (1964) Laguna: U.P. College of Agriculture (1964), 7.

7 Elihu Katz and Paul Lazarsfeld, *Personal Influence*. New York: The Free Press of Glencoe, (1964), 7.

8 C. Mercado, *op. cit.* Part II, 3.

9 Robert D. Vinter, "Program Activities: An Analysis of Their Effects on Participant Behavior," in *Individual Change through Small Groups*; ed. by P. Glasser, S. Sarri, and R. Vinter. New York: The Free Press (1974), 233.

10 Helen Northen, *Social Work With Groups*. New York: Columbia University Press (1969), 79.

11 Population Center Foundation, "Development Theater: A Blueprint for Action," POPNEWS.

12 Robert D. Vinter, *op. cit.* 233-243.

13 James K. Whittaker, "Program Activities: Their Selection and Use in a Therapeutic Milieu", in *Individual Change Through Small Groups*; ed. by P. Glasser, R. Sarri and R. Vinter. New York: The Free Press (1974), 244-257.

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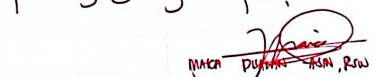

10

FIELDS OF SOCIAL WORK

Social work in the Philippines is practiced in a variety of settings. Although the Department of Social Welfare and Development is still the employer of the most number of social workers, it is not the only agency that practices social work. Other government agencies like the Department of the Interior and Local Government (DILG) and the Manila Department of Social Welfare have a big number of trained social workers to manage and implement their numerous welfare programs and services. Countless private voluntary welfare organizations are run by many staff trained in social work. In addition, social workers have been and continue to be employed in education, health, business, housing, correctional, and community development programs. With so many development agencies being established today, new settings for the practice of social work continue to emerge. Having this in mind, we can say that social welfare (in its broad meaning) is the field of social work practice, whether here or abroad. However, the vast field of social welfare (with its organized systems of social services and institutions to meet a variety of human needs and problems, whether under government or private auspices) may be broken down further into specific "fields of social work practice" or "social work practice

settings" characterized by certain programs and services, and with staff functions and activities that take into account the particular type of clientele being served. Any setting where social work is practiced, or where the professional training of a social worker is put to use is a "field of social work."

A worker's choice of field or setting where to practice her profession, from the many alternatives available, is likely to be influenced by any of the following factors: availability of job opportunities and the related factors of salary and incentives; employment conditions including opportunities for professional advancement; personal interests and inclinations; influence of family and friends (in the Philippines, parents would usually object to a son or daughter's accepting employment in an agency where her work would involve distant travel or certain risks; agency staff would usually persuade their friends to join their agency if they like the employment conditions); and immediate as well as long-term plans (including marriage that may make job proximity to one's home a major consideration; or plans to live abroad that may influence the choice of agency while still in the country).

To give an idea of the many choices and alternatives one has in the field of social welfare, we shall present in this chapter the major fields established as well as the emerging fields or settings for social work practice today. A brief description of the concern/ objective of the setting and the nature/functions/ activities characteristic of social work practice in the setting will be discussed.

CHILD WELFARE

The field is concerned with the physical, social and psychological well-being of children and youth. It involves the provision of different programs and services designed for the care, protection, and rehabilitation of children and youth in difficult situations. In the Philippines, these youth are those living in poverty or lacking in normal parental care and supervision.

The United Nations Convention on the Rights of the Child (1989) outlines the fundamental rights of children including the right to be protected from economic exploitation and harmful work, from all forms of sexual exploitation and abuse, and from physical or mental violence, as well as ensuring that children will not be separated from their family against their will.

Republic Act No. 7610 (June 17, 1992) is an Act Providing Strong Deterrence and Special Protection of Children against Child Abuse, Exploitation and Discrimination. Article 1, Sec. 2 provides that "it shall be the policy of the state to protect and rehabilitate children gravely threatened or endangered by circumstances which affect or will affect their survival and normal development over which they have no control." The law defines "child" as a person below 18 years of age or a person who is older than 18 but is unable to fully take care of or protect himself/herself from abuse, neglect, cruelty, exploitation or discrimination because of a physical or mental disability or condition.

Social workers who choose employment in the field of Child Welfare will work with children who need protection against conditions which exploit or violate their rights as human beings or prevent them from enjoying their right to survival and development.

The DSWD is the government's lead agency for the implementation of the provisions of R.A. No. 7610.[1] It takes charge of the accreditation and registration of child welfare agencies in the country.[2] It works alongside the Council for the Welfare of Children (CWC), the inter-agency body mandated by the government to coordinate the implementation and enforcement of all laws, formulate, monitor, and evaluate policies, programs and measures for children.

Child Welfare is one of the most established fields of social work practice in the Philippines. In the DSWD, social workers are engaged in administration, management, supervision and case management work in residential as well as community-based child welfare programs and services. There are now numerous Non-government Organizations (NGOs) in this field. The United Nations Children's Fund (UNICEF) has a comprehensive program for children, including the vulnerable and hard-to-reach. The Child Protection Network Foundation (CPN) with expertise on the prevention and treatment of child abuse, and the Children's Legal Bureau (CLB) which focuses on "law enforcement, prosecution, rehabilitation, courts, LGUs, and the private sector for the protection of rights and the attainment of justice for children," are among the agencies and organizations that engage social workers in varied capacities.

The provision for substitute child-caring services or Child Placement in the field of Child Welfare is a popular area of social work practice. This service is for dependent and abandoned children who need to be provided with the nearest substitute to a home on a short term/temporary or long-term basis. Social workers are herein involved in work relating to the following:[3]

a. *Adoption*: is a legal process whereby a child who is deprived of a birth family is provided with substitute new ties, *i.e.*, a new parent-child relationship is established and the adopted child enjoys the same rights and privileges as that of a biological child.

b. *Legal guardianship*: a process undertaken to provide substitute parental care through the appointment of a legal guardian for the child, including his property, until the child reaches the age of majority.

c. *Foster Care*: refers to a substitute temporary parental care provided to a child by a licensed foster family under the supervision of a social worker. The ultimate aim of foster family care is to reunite the child with the biological family or to prepare the child for adoption or, in the case of older children, to prepare them for living independently.

d. *Residential/institutional care*: this provides temporary 24-hour residential group care to children whose needs cannot, at the time, be adequately met by their biological parents and other alternative family care arrangements. Residential facilities provide an approximation of family life under the guidance of trained staff, but it is used as a last recourse, resorted to in the absence of foster families.

The Association of Child Caring Agencies in the Philippines (ACCAP) has around 40 to 50 member agencies consisting of Child Caring and Child-Placing Agencies. The term "Child Caring Agencies" refers to duly licensed and accredited agencies by the Department of Social Welfare and Development (DSWD) which provide 24-hour residential care services for abandoned, orphaned, neglected or voluntarily committed children (R.A. No. 11642). The term "Child-Placing Agency" (CPA) refers to a private non-profit charitable agency or a government agency both duly licensed and accredited by the DSWD to provide comprehensive child welfare services including receiving and processing of petitions for adoption and foster care; evaluating the prospective adoptive parents (PAPs), or foster parents; preparing the child case study report and home study report (R.A. No. 11642).

To protect the welfare of the child to be adopted, the law requires a home study report or a written report prepared by an adoption social worker concerning the motivation and capacity of the prospective adoptive or foster parents to provide a home that would meet the needs of a child. Social workers are central to the implementation of the adoption policy. They are involved in: initiating care proceedings, recommending adoption as a care plan, assessing adopters, matching children, and providing post-adoption support.

Foster Care Service provides a planned temporary family care for children who are waiting to be reunited with their birth families or to be adopted. The implementation of the Foster Care Service is guided by R.A. No. 10165 or the Foster Care Act of 2013. Its Implementing Rules and Regulations (IRR) accompany Memorandum Circular (MC) No. 21 series of 2018 "Omnibus Guidelines on Foster Care Service" of the Department of Social Welfare and Development (DSWD).

Adoption is a professional service to protect the child's rights and welfare; an intervention to ensure that family life can be restored to a child deprived of his/her biological family. The DSWD is the state's designated authority to implement the country's Adoption program. Related guidelines and policies are in place to ensure the systematic and effective implementation of child placement thru adoption.

The ACCAP is the only association in the country for Child-Caring Agencies (CCAs) and Child-Placing Agencies (CPAs). These agencies employ two to ten (2-10) social workers tasked to manage children's cases and couples and families applying for legal adoption and foster care. Over 100 ACCAP social workers have been trained in adoption, foster care, and alternative family care.

A recent development relating to adoption was the passage of Republic Act No. 11642 on January 6, 2022, which strengthened alternative child care by Providing for an Administrative Process of Domestic Adoption. Under this law, the Inter-Country Adoption Board (ICAB) will be reorganized into a one-stop quasi-judicial agency on alternative child care known as the National Authority for Child Care (NACC), attached to the DSWD. This law will

ensure that the petitions and all other matters involving alternative child care, including the issuance of a Certificate Declaring a Child Legally Available for Adoption (CDCLAA), and the process of domestic and inter-country adoption, foster care, kinship care, family-like care, or residential care are "simple, expeditious, and inexpensive, and will redound to the best interests of the child involved. NACC informed the author that the agency has proposed, to the government's Department of Budget Management, 500 social work plantilla positions for the different Regional Alternative Child Care Offices. It is likewise considering the accreditation of adoption social workers.

The field of Child Welfare in the country does not limit social work practice only to children. The reality of multi-problem families would often involve the social worker interacting with a child at the start, but unavoidably working with the family later, which may lead to the situation causing the child's problem. Most other fields of social work (*e.g.*, Family Welfare, Courts, Business, and Industry) involve working with children.

Family and Community Welfare

Family Welfare as a field of social work is concerned with the improvement, strengthening of and giving support to the family in meeting its own needs. In the Philippines, social workers in this field work with disadvantaged, marginalized families: those living in poverty and its usually accompanying problems of ignorance, health, nutrition, sanitation, unemployment, under-employment, family conflicts and destructive relationships, domestic violence and abuse, lack of parenting skills, solo parents, or no-parent families due to overseas employment, substance

abuse and alcoholism, human rights violence, displacement due to armed conflict, housing problems, natural disasters, lack of access to community resources, and others.

A social worker's activities in a family welfare setting include the following: (a) engaging the family in a problem-solving relationship; (b) mobilizing existing resources and if possible creating non-existing resources needed by the family; (c) working with individuals, groups, and other entities whose support and cooperation are needed to effectively help a family; (d) continuously/regularly assessing the adequacy and effectiveness of existing policies, programs and services that relate to the family; and (e) supervising staff in their various activities in relation to the families being served.

The Department of Social Welfare and Development (DSWD), as lead government agency for social welfare, has the following programs for disadvantaged families which are its main target beneficiaries: Alternative Family Care Program, Parent Effectiveness Service, Marriage Counseling Service, Responsible Parenthood Service, Family Casework, Practical Skills Development, Job Placement for Family Heads or Male Adults, Assistance to Individuals in Crisis Situation[3], Supplementary Feeding Programs, Program for Older Persons and Persons with Disability, Programs for Women, Family and Other Groups, and Social Preparation for People's Participation.[†]

† The DSWD being the lead agency in the country for the Social Welfare Sector of the Development Plan employs the biggest number of registered/licensed social workers. As of May 31, 2022, there are 6,626 social workers employed in the Department. This number does not include the number of social workers in the Local Government Units

Social workers are at the forefront in the implementation of these DSWD programs and services. The same is true in the case of church-sponsored agencies in the country which list families, next to children, as their main target beneficiaries for service.[4]

Social work with families often engages the social worker in work with the entire community where the families reside, whether in public housing projects, in relocation and resettlement areas, or in work with cultural and indigenous communities. Social work in these settings involves not only providing needed community services and cooperating with various groups and organizations but also organizing communities for their own problem solving. Many social workers, particularly the younger and more recent graduates, find the latter most challenging.

Specific social work tasks in the field of housing relocation and resettlement include the following: (a) helping families prepare for relocation (including providing opportunities for them to participate in the planning process; (b) helping families cope with and adjust to the changes that happen with relocation and resettlement; (c) involving the people in efforts to develop their conditions at the resettlement sites; (d) identifying and training local leaders; (e) helping develop local organizations; (f) promoting/facilitating the coordination of community groups and organizations all working for the well-being of the relocated families; and (g) provision of certain social services needed by the relocated families, such as food and transportation, day care services,

(LGUs), whose chief executives are authorized to hire social workers for their local social welfare programs and services.

counseling services, family planning services, skills training, job placement, and the like.

Social work practice in tenement housing projects (also considered "communities") usually involves the administration and implementation of programs that preserve and promote family cohesiveness and stability as well as community consciousness, self-reliance, and social responsibility. The goal is to attain the maximum possible physical, economic, and social development of families and of the entire community, using their own as well as outside resources. The venue of this line of work is usually the community center which is designed to provide certain community services and facilities to meet the needs of a disorganized community like a tenement housing project, and to facilitate efforts for the development of shared community interests and responsibility.

Activities of social workers in tenement housing projects include: (a) discussing and identifying community needs and problems; (b) defining, together with the people, the community-based programs needed; (c) stimulating the active participation of all elements in the community; (d) identifying, training and developing local leaders; (e) assisting the community in organizing/undertaking services not offered by existing agencies; (f) administering and supervising specific community projects; (g) linking up the community with available outside resources; and (h) providing or facilitating the provision of other needed social services.

Today, many non-government organizations (NGOs) employ social workers in the management and

implementation of their programs for community welfare all over the country.

The DSWD, being the lead agency for social welfare, has a comprehensive program for community welfare where social workers are the lead staff, particularly in local government units (LGUs). These programs are "intended to assist socially disadvantaged communities in developing their capability to define needs and formulate solutions as well as set up viable community structures which bring about desired social changes." Among these are: Social Preparation for People's Participation; Community Mobilization Service; Community Volunteers and Resource Development; and Development of Community Welfare Structures.

In addition, the DSWD implements the following social protection/social assistance programs which show how family and community welfare merge naturally.

1. KALAHI-CIDSS-KKB (*Kapit-Bisig Laban sa Kahirapan* – Comprehensive and Integrated Delivery of Social Services: *Kapangyarihan at Kaunlaran sa Barangay*)—uses the "Community-Driven Development" (CDD) approach, a globally recognized strategy for achieving service delivery, poverty reduction, and good governance outcomes. The development objective of Kalahi-CIDSS is to have barangays/communities of targeted municipalities become empowered to achieve improved access to services and to participate in more inclusive local planning, budgeting, and implementation.
2. *Pantawid Pamilyang Pilipino Program* (4Ps) – a human development program that invests in the

health and education of poor households, particularly children aged 0-18 years old (Republic Act No. 13310 made this as the government's national poverty reduction strategy). The family beneficiaries of this program are helped through social work case management that would give them opportunities to be involved in activities for community welfare.

3. PAMANA (*Payapa at Masaganang Pamayanan*) – to improve underprivileged communities' access to fundamental social service while also promoting responsive governance.
4. DSWD Centers and Residential Care Facilities.

Older Persons

The term "older persons" is used by the United Nations to refer to people between sixty and above, those sixty to eighty being considered "young old" and those who are eighty and above, the "older old."[4]

The UN informs us further that in 2019, there were 703 million persons aged 65 or over in the world, projected to double to 1.5 billion by 2050, of which 20% will be aged 80 years or over. The age composition of the population is transitioning to an older structure in all regions of the world; much of the growth of the older population will take place in the less developed regions; older persons will outnumber children by mid-century; the older population will remain predominantly female despite gains in old age survival among men. Presently, life expectancy at birth is 78 years in the more developed regions and 67 years in the

less developed regions, as proportion of all deaths in both less and more developed regions.[5]

The United Nations General Assembly declared 2021-2030 the Decade of Healthy Ageing which supports the realization of the United Nations Agenda 2030 on Sustainable Development and the Sustainable Development Goals. The "Decade" seeks to reduce health inequities and improve the lives of older people, their families and communities, through collective action in four areas: changing how we think, feel, and act towards age and ageism; developing communities in ways that foster the abilities of older people; delivering person-centered integrated care and primary health services responsive to older people; and providing older people who need it with access to quality long-term care.

As of 2015, data from the Philippine Statistics Authority showed that there were 7,348,769 "elderly" of 100,981,437 Filipinos. The rapidly increasing number of Filipino "senior citizens" is attributed to its declining fertility rate and increasing life expectancy; and the density of Filipinos that are in the age of 60s is one of the largest in the Asia Pacific Region Population Reference Bureau (2008a, 2008b)[6].

Until recently, social services to older persons was not a priority concern in the country, perhaps because of the long-prevailing belief that the culture provides a built-in insurance for this particular sector, that children will look after their parents' needs in their old age. However, there have been clear indications that values are changing rapidly because of social forces like urbanization, industrialization, and migration; and children cannot anymore be expected to assume responsibility for their

parents' care when they get older. This is reflected not only in the number of aged mendicants in urban areas, abandoned elderly patients in government hospitals' charity wards, and abandoned/neglected clients in national and local government social welfare institutions for older persons, but also in the conditions of many older persons who are living with their own children, particularly when the latter are themselves poor.

Many laws have been passed in the last three decades to protect the elderly in the country and promote their welfare (see Appendix 2).

The Department of Social Welfare and Development (DSWD) is the lead agency in promoting the welfare of senior citizens. Hence, it developed a comprehensive Long Term Care Program for Senior Citizens (LTCPSC) which "will serve as the blueprint of the government to ensure the development of a milieu that would meet the present and future needs of the growing number of senior citizens in terms of human development and service delivery... as a general guideline for the direct implementers working for the Provincial, City, and Municipal Social Welfare and Development Offices (P/C/MSWDO), as well as for social workers and development workers working in social welfare development agencies, non-government organizations (NGOs), people's organizations (POs) in implementing community-based and residential-based services for senior citizens.[7]

The target clientele of the DSWD in its LTCPSC are Filipino citizens who are 60 years of age and above who may have the following characteristics: poor senior citizens who are deprived of or lack the essentials for a minimum standard of well-being living; senior citizens who are

victims of natural and man-made disasters; senior citizens who are abandoned, neglected, and/or victims of physical, mental, psychological, sexual, verbal, and economic abuse; frail/disabled/demented senior citizens in need of palliative care who are totally dependent on others for their Activity of Daily Living (ADL); and senior citizens in residential centers, temporary shelters, whether run by government, NGOs, or LGUs.

Local government units designate the Provincial/City/Municipal Social Welfare and Development Office (P/C/MSWDO) to take the lead in the overall implementation of the LTCPSC. The latter, in this responsibility, coordinates and collaborates with, as well as provides technical assistance to senior citizens' organizations in the community.

Social workers are the professionals engaged in both administrative and case management functions in the DSWD's programs for the elderly. Case Management is done in both center-based services (residential care centers, *e.g.*, Golden Acres in Tanay, Rizal, and Bago Bantay) and community-based services (*e.g.*, Home Care Support Services for Senior Citizens, Foster Home Care for Older Persons, assistance to Individuals in Crisis Situations).

In addition to the comprehensive programs and services of the DSWD, complemented by many non-government and people's organizations which address the needs of older persons, there has been an increasing number of "care homes, home for the aged, elder care residences," and similar facilities, privately run, which employ social workers, usually in management positions.

As the country faces the challenge of having to ensure that it will adequately respond to the "demographic

shift" happening in all regions of the world today, social workers will be performing important functions in social welfare for older persons: advocacy, agency administration and management, staff supervision, program development, community mobilization, collaboration and cooperation with other professionals, and direct services in the form of individual and group counseling and other helping modes.

INDIGENOUS CULTURAL COMMUNITIES/INDIGENOUS PEOPLES

R.A. No. 8371 defines Indigenous Cultural Communities/Indigenous Peoples as "groups of people or homogenous societies identified by self-ascription by others, who have continuously lived as an organized community on communally bounded and defined territory, and who have, under claims of ownership since time immemorial, occupied, possessed, and utilized such territories, sharing common bonds of language, customs, traditions, and other distinctive cultural traits, or who have, through resistance to political, social, and cultural inroads of colonization, non-indigenous religions, and cultures, became historically differentiated from the majority of Filipinos. ICCs/IPs shall likewise include peoples who are regarded as indigenous on account of their descent from the populations which inhabited the country at the time of conquest or colonization, or at the time of inroads of non-indigenous religions and cultures, or the establishment of present state boundaries; who retain some or all of their own social, economic, cultural, and political institutions, but who may have been displaced from their traditional domains or who may have resettled outside their ancestral domains."[8]

The term indigenous peoples (IP's) was used to reflect the contemporary international language which was formally adopted in 1993; whereas the term indigenous cultural communities (ICCs) was an earlier term used in the Philippine Constitution to describe a group of people sharing common bonds of language, customs, traditions, and other distinctive cultural traits, and who have, under claims of ownership since time immemorial, occupied, possessed, and utilized a territory[9].

The indigenous peoples have a close attachment to their ancestral land, territory, spirituality, and resources. Their land is sacred and precious, and is not a commodity to be sold or exchanged but a resource to be nurtured for future generations. The Indigenous Knowledge Systems and Practices (IKSP) serves as a collective set of guides in the use and management of resources within their ancestral domain.

There are no accurate figures on the population of indigenous peoples in the Philippines because of the lack of any formal census. The most recent unofficial survey conducted by the National Commission on Indigenous Peoples (NCIP) was in 2007, with an estimated IP population of 14,184,6945 or 16% of the total Philippine population, and are present in 63 of the country's 81 provinces. Of the 14 million IP population, 63% or 8,936,326 are from Mindanao, 34% or 4,822,779 are from Luzon, and 3% or 425,540 are from Visayas.[10]

In 2020, the National Commission on Indigenous Peoples (NCIP) released a list[11] of 101 ethnolinguistic groups comprising the ICCs/IPs based on the action research and validation conducted by the Commission. These ethnolinguistic groups are clustered into seven (7) ethnographic locations and are represented by each

Ethnographic Commissioner.

An estimated 1,437 Ancestral Domains/ Ancestral Lands nationwide cover 13,560,910 hectares or equivalent to 45.20% of the total Philippine area of 30 million hectares.[12]

Republic Act No. 8371 or "The Indigenous Peoples' Rights Act of 1997" (IPRA) was approved on October 29, 1997. It is an Act to Recognize, Protect, and Promote the Rights of Indigenous Cultural Communities/Indigenous Peoples, Creating a National Commission on Indigenous Peoples (NCIP). This law applies to all indigenous peoples of the Philippines. It is a landmark legislation to correct historical injustices, enforce constitutional mandates, and observe international norms. It is a comprehensive law that seeks to recognize, protect, and promote the 36 specific rights with the following 4 bundles of rights:

1. Right to Ancestral Domains
2. Rights to Self-governance and Empowerment
3. Social Justice and Human Rights
4. Rights to Cultural Integrity

The NCIP is mandated to protect and promote the interests and well-being of the Indigenous Cultural Communities (ICCs) and Indigenous Peoples (IPs) with due regard for their beliefs, customs, traditions, and institutions, and the recognition of their ancestral domains as well as their rights thereto pursuant to IPRA. It is also responsible for the formulation and implementation of policies, plans, programs, and services for the welfare and best interests of the ICCs/IPs, whose rights and multi-dimensional well-being are fully recognized, respected, and promoted towards the attainment of national unity and development.

The Basic Social Services and Social Welfare Services to ICCs/IPPs

The IPRA recognizes the fact that the attention given to the ICCs/IPs' social and economic conditions is inadequate or unsatisfactory. Thus, the IPRA provides that the ICCs/IPs shall have the right to special measures for the immediate, effective, and continuous improvement of their economic and social conditions, including in the areas of employment, vocational training and retraining, housing, sanitation, health, and social security. The law also dictates that particular attention be paid to the rights and special needs of indigenous women, elderly, youth, children, and differently abled persons. It further guarantees the right of ICCs/IPs to the government's basic services. For its part, the NCIP is expected to coordinate with pertinent government agencies and private sectors, especially those charged with the implementation of various socio-economic services and social welfare services.

On October 31, 2018, by virtue of Executive Order No. 67, Series of 2018 (E.O. No. 67, s. 2018) issued by President Rodrigo Roa Duterte, the supervision of the NCIP as attached to the Office of the President (OP) was transferred to the Department of Social Welfare and Development (DSWD). The said transfer is for the agencies charged with the implementation of various socio-economic and social welfare services. The relationship between the DSWD and the NCIP is a lateral relationship created only for purposes of policy harmonization and program and activity coordination. Matters of day-to-day administration and internal operations are to be left to the discretion of the officers of the NCIP.[13]

Social Work Practice with Indigenous Cultural Communities/Indigenous Peoples

Since the enactment of the IPRA, there have been notable progress and development in the lives of some cultural communities and indigenous peoples. The social justice and human rights of the ICCs/IPs, such as the rights to equal protection & non-discrimination, rights during armed conflict, equal opportunity & treatment, access to basic services, special protection for women, children & youth, and the right to enjoy the integrated system of education are fully guaranteed by the IPRA.

However, in the current realities, struggles and challenges continue to confront the ICCs/IPs—armed struggle, social injustices, atrocities, discrimination, exploitation, poverty, and other human rights violations. The full realization of indigenous rights remains exclusive.

Social work practice with indigenous cultural communities and indigenous peoples is a highly viable field of practice where both direct and indirect social work interventions can be utilized with individuals, families, groups, and communities. Depending on the nature of the job "assignment," a social worker may be tasked to conduct social research, do project implementation, monitoring, and evaluation of programs. She may also be asked to initiate social action to promote social change, social development, cohesion, and the empowerment of indigenous peoples and cultural communities by having a social worker. A social worker's competence in the helping process and solving problems at the grassroots level particularly in the use of appropriate and responsive interventions are among the skills needed by the agency.

Socially Disadvantaged Women

Socially disadvantaged women include women who are victims of gender-based violence (such as domestic violence or wife-beating, marital rape, incest, rape, and sexual harassment), prostituted women (the preferred term, instead of "prostitutes," since many of these women are forced into this line of work because of poverty and ignorance); victims of trafficking or illegal recruitment; victims of armed conflicts and militarization (resulting in rape, torture; detention, and financial distress because of the arrest or death of their husbands); solo parents (*i.e.*, unwed mothers, widows, abandoned or separated wives, wives of overseas contract workers, wives of prisoners, and wives of male patients who are confined in hospitals for long periods).

The objectives of programs for socially disadvantaged women (also referred to as "women in especially difficult circumstances") are their protection and prevention, treatment and rehabilitation. Services include provision of temporary shelter which offer homelife facilities, medical and psychiatric, dental, psychological, social, and spiritual services. Social services, the main concern of social workers, involve such activities as working directly with the women (individually or in groups) to help them re-orient their values and attitudes; therapeutic services to help them cope with personal and other problems; working with their families; supervising rehabilitation programs like skills training and pre-employment orientation; job placement; mobilizing community resources; and community education for the acceptance of socially disadvantaged women.

The increasing awareness of the problems of socially disadvantaged women has resulted in varied social legislation (see Appendix 2), as well as many other programs and services responsive to their problems/situations. Many social workers in this field are engaged in research and advocacy, program planning and administration, and direct services in (a) women's shelters, crisis intervention centers, telephone hotline projects; and (b) community-based programs that undertake human rights education, assertiveness, and gender-sensitivity training, Crisis Incident Stress Debriefing (CISD), organization of women's support groups, etc.

Private agencies and organizations including many supported by different religious groups which are accredited by the DSWD (see DSWD Directory of Accredited Social Welfare and Development Agencies) have programs and services for women and children who are victims of abuse and exploitation. These are offered in both residential and community-based settings.[14] The DSWD, for example, has Haven for Women, a residential care facility for women survivors of abuse along with their dependents 18 to 59 years old who are in need of temporary protective custody and other services which will promote healing and recovery. For community-based services, its social workers provide gender-responsive case management and such appropriate services as temporary shelter, psychosocial support and healing sessions, self-enhancement sessions, counseling services, and referral to other agencies for other necessary intervention.

The Philippine National Police (PNP) has a Women and Children Protection Center under its Directorate for Investigation and Detective Management (as provided by Republic Act No. 6975 — An Act Establishing the

Philippine National Police under a reorganized Department of the Interior and Local Government and for other purposes. Its head was a social worker, Yolanda G. Tanigue (now retired), who was the first woman general in the PNP/country. In this writer's interview of her, she stated that during her tenure, she received countless reports of physical and sexual abuse of women and children, and her social work background was not just useful and helpful, but also inspiring. It is not unrealistic to expect that in the future, law enforcement will be another field of social work in the country.

Work with women in especially difficult circumstances has emerged as a very important and attractive field for social work practice in the country. The recent opening of varied educational programs, both formal and non-formal, focusing on women's concerns, and on programs and services aimed at the empowerment of women to enable them to improve their situations, has encouraged many social workers to seek work opportunities in this field.

Persons With Disabilities

The World Health Organization describes persons with disabilities (PWDs) as "those suffering from restriction of different abilities as a result of a mental, physical, or sensory impairment, to perform an activity in the manner or within the range considered normal for a human being." The partnership project of the National Council for the Welfare of Disabled Persons (NCWDP) and Christoffel Blinden Mission (CBM) called Community-Based Rehabilitation Program (CBR) adopted this operational definition of a disabled person: "one who in

his or her society is regarded or officially recognized as such because of a difference in appearance and/or behavior in combination with a functional limitation or an activity restriction." Functional restrictions are reductions in bodily functions (moving, seeing, speaking, etc); while activity restrictions are specific reductions in daily activities that are likewise described at the level of the person (*e.g.*, personal care, mobility, work performance, etc.) The U.N. estimates that approximately 10% of a country's population would have disabilities, which means around eleven million of the 112,512,729 July 1, 2022 population of the Philippines; 75% of whom are believed as living in the rural areas. The National Census and Statistics Office, in its 1995 Census, reported a total of 919,332 persons with varying disabilities.

As a field of social work practice, work with persons with disabilities means work with the physically handicapped like the blind, the deaf and deaf-mutes, the crippled, and those who are victims of other physical deformities including hansenites (Hansen's Disease is leprosy), and the mentally ill and handicapped (which we also included in our discussion of health as a setting for social work practice).

Social workers often find themselves working with disabled or handicapped persons in practically all the fields of social work practice. In addition, there are also agencies and institutions which are established primarily to serve the handicapped. Regardless of the type of agency, we can say that the social worker's contribution lies mainly in the area of rehabilitation.

The United Nations 1982 World Programme of Action Concerning Disabled Persons defined rehabilitation

as "a goal-oriented and time-limited process aimed at enabling an impaired person to reach an optimum mental, physical and/or social functioning level, providing him with the tools to change his own life."

Rehabilitation is a helping process which aims to restore a handicapped person to the highest possible degree of physical, social, emotional, vocational and economic well-being. The process involves the provision of a wide array of services to the person who, understandably, will need outside assistance to be able to adequately cope with the consequences of his being handicapped or disabled. Thus, while many agencies or institutions for the handicapped are often referred to as vocational rehabilitation agencies, in reality they offer a great deal more than just vocational rehabilitation.

Efforts to make PWDs productive have been the continuing challenge in this field. Rehabilitation is being done through center-based and community-based approaches undertaken through public (DSWD) and private auspices (NGOs). The latter is emerging as a very important trend in the country which is seen as a way to make rehabilitation more accessible to PWDs.

The DSWD has the following programs for PWDs: *Tuloy Aral Walang Sagabal* (TAWAG), Early Detection, Prevention, and Intervention of Disability (EDPD), Comprehensive Program for Children/Persons with Disabilities, and Substitute Family Care Service.

Social work activities in relation to the handicapped and the disabled generally fall under two categories: (a) administration, which involves formulation or recommendation of agency policies that would respond to the needs and problems of this special group,

recruitment and training of staff, helping plan and develop special programs and facilities, mobilizing volunteer and community support; and (b) direct service, including participation in case management along with other members of the rehabilitation team which, for the social worker, starts with a social case study that provides information and insights into the disabled person's personal, family, as well as community situation; or through the planning and implementation of certain social work interventions that would help with his total adjustment. The social worker is usually also active in the pre-employment process and, later, in the follow-up services that will be needed.

Many laws have been passed to protect and promote the welfare of persons with disability (see Appendix 2). Republic Act No. 3562, passed on June 21, 1963, was for the purpose of promoting the education of the blind in the Philippines, mandating the establishment of a residential school for the blind and declaring a permanent government commitment to the training of SPED teachers for the blind. Republic Act No. 10524 (April 23, 2013) an Act Expanding the Positions Reserved for Persons with Disability mandates that at least one percent of all positions in government and private corporations with more than 100 employees should be reserved for PWDs. The latest, Republic Act No. 11228, passed on February 22, 2019 is for the mandatory Philhealth coverage for all persons with disability (PWDs).

PWD laws

- R.A. 3562
- RA. 10524
- RA. 11228

DRUG DEPENDENTS

Work with people who are trapped in drug or substance abuse is one of the fields that call for the attention of more social workers.

Drug abuse is a general term that includes all drug-taking. It is the use of any drug (legal or illegal) when it is detrimental to the user's physical, emotional, social, intellectual, or spiritual well-being. It is also known as "substance abuse."

Drug dependents are persons who, as a result of periodic or continuous use of drugs (usually in the form of sedatives, stimulants, and hallucinogens), have developed a physical and/or psychological need for/dependence on these drugs to the extent that their denial produces adverse effects on themselves. The person is preoccupied with the acquisition and compulsive use of drugs despite its negative consequences and so, is called an "addict."

The use and abuse of dangerous drugs and other substances have become a serious, worldwide problem. It is given attention by governments because of the negative effects it has on the social and economic well-being of society, not to mention the upsurge of deviant or criminal behavior that causes untold suffering and waste or loss of human lives.

Drug dependence has been an area of concern among law-enforcement agencies, civic-minded citizens, and organizations since the mid-sixties. It is reported to have caused 70% of the nation's total number of heinous crimes, clogging the court dockets and congesting jails in the country. The DDB Drug Survey in 2019 showed that after President Duterte launched a massive crackdown on

drug use, the number of drug users in the country declined more than 50% from four (4) million in 2016 to 1.67 million in 2019 (two out of 100 Filipinos aged 10-69 were found to be using illegal drugs). In 2021, there were 41,500 reported cases involving illegal drugs, 12,400 of which were reported by the National Capital Region regional police office. The most abused drugs in the country is methamphetamine hydrochloride or "shabu," followed by marijuana or cannabis saliva.[15]

The important developments that have taken place in this area of concern are the following:

1965 Creation of the Narcotics Section of the National Bureau of Investigation (under the Department of Justice) and the establishment of the Treatment & Rehabilitation Center in Tagaytay.

1967 Organization of the Narcotics Foundation of the Philippines by civic-minded citizens.

1968 Enactment of Republic Act 5461 which provided for rehabilitation services to special groups including drug dependents, (with the responsibility being assigned to the Bureau of Vocational Rehabilitation under the Department of Social Welfare).

1969 Signing of a Memorandum of Agreement between the Department of Justice and the Department of Social Welfare defining the two government agencies' respective responsibilities in relation to drug dependents.

1971 Bahay Pag-asa, a drug rehabilitation center, was opened under the leadership of Rev. Fr. Robert M. Garon.

1972 R.A. No. 6425 was passed, defining what prohibited drugs are, penalties for the offenders, educational and rehabilitation measures, and suspension of sentence for the offender, resulting in the creation of the Dangerous Drugs Board.

1980 March 15: President Marcos signed Presidential Decree No. 1683 making capital offenses (punishable by life imprisonment or death) the illegal importation, manufacture and distribution of regulated drugs, and provided the maximum penalty for them.

2002 The "Comprehensive Dangerous Drugs Act of 2002" (R.A. No. 9165) repealed the Dangerous Drugs Act of 1972 (R.A. No. 6425) on June 7, 2022, creating the Philippine Drug Enforcement Agency (PDEA) as the implementing arm of the DDB. The DDB is the body for the planning and formulation of the policies and programs on drug prevention and control," while the PDEA is "responsible for the efficient and effective law enforcement of all provisions on any dangerous drug or controlled precursor and essential chemical" (Section 77, R.A. No. 9165).

2016 Executive Order No. 15, 2016, ordered the creation of the Inter-Agency Committee on Anti-Illegal Drugs (ICAD) to unify, integrate, and synchronize anti-drug efforts and

strategies to holistically address the present gaps and issues encountered by various agencies mandated to implement anti-drug laws and policies; chaired by the PDEA, it is composed of 20 members each with a specific role in the fight against illegal drugs; the DSWD is one of the 20. The ICAD has four (4) clusters that focus on its major functions: 1) Enforcement, 2) Justice, 3) Advocacy, and 4) Rehabilitation and Reintegration. The DSWD and the Department of Health co-chair the fourth cluster which is responsible for the formulation of policies and programs for the reintegration of Recovering Persons Who Used Drugs (RPW-UDs).

A massive national campaign against illegal drugs was launched under the commitment of newly installed President Rodrigo Roa Duterte, "to minimize, if not eliminate drug and substance abuse, towards the goal of attaining a comfortable, peaceful, and just society — the state of the country he envisions."[16]

2017 The DSWD formulated the "*Yakap Bayan* Framework of Intervention," a cyclical rehabilitation and reintegration framework for strategic and coordinated provision of services to Recovering Persons Who Use Drugs (RPWUDs), their families, and their communities. The *Bayan* Program "provides a concrete course of actions that will guide the Anti-Drug Abuse Councils (ADACs) which, through their organized LGU Reintegration

Team shall implement the program and dedicate/hire social workers who will serve as case managers." The Local Social Welfare Development Office (LSWDO) serves as the head of the LGU Reintegration Team to directly implement the program in partnership with concerned agencies.[17]

The alarming increase in the number of drug users and abusers in the country has resulted in the increased number of treatment and rehabilitation facilities. As of February 2022, the Department of Health reported that there is a total of 73 DOH-Accredited Treatment and Rehabilitation Centers (DATRCs) nationwide, of which thirty (30) are government-operated and forty-three (43) are private facilities. These DATRCs are either residential or non-residential (*i.e.*, providing outpatient services). Non-residential centers require one part-time social worker. Residential centers require one social worker for every twenty-five (25) clients. The DATRCs Manual of Operations has the following job description for full-time social workers:

1) Assists the physician in the formulation of a treatment plan and offer care and follow-up program;
2) Conducts home visitation of patients as need arises;
3) Provides counseling to patients and their co-dependents;
4) Conducts social case study of all patients and prepares subsequent reports;
5) Prepares progress reports and other documents;

6) Provides follow-up domiciliary service to patients; and
7) Performs other duties and functions relevant to the position.[18]

Many of these agencies and institutions employ social workers in administrative or supervisory positions, and/or direct work with dependents, the latter being done almost always with a team composed of professionals from other disciplines like medicine and psychology.

As programs and services for drug dependents are improved and developed, we may expect the demand for social workers in this field to increase.

COURTS

On September 9, 1995, Congress passed R.A. No. 1401, creating a Juvenile and Domestic Relations Court (JDRC) in the city of Manila, to hear and decide cases where the accused is under sixteen (16) years of age at the time of the trial; cases involving custody, guardianship, adoption, paternity and acknowledgment; annulment of marriage; legal separation of spouses and action for support; petition for the declaration of absence and for the change of name; and proceedings affecting a dependent or neglected child.

With the passage of Batas Pambansa Blg. 129 on August 4, 1981, otherwise known as the Judiciary Reorganization Act of 1980, the judiciary was reorganized by creating Regional Trial Court (RTCs) in the different judicial regions. This abolished trial courts including the Juvenile and Domestic Relations Courts (JDRC), the

jurisdiction of which was transferred to the RTCs. However, the position of Social Welfare Officer in these courts was maintained; the number of social welfare officers increased as the number of courts increased.

On October 28, 1997, Congress passed "The Family Courts Act of 1997" (R.A. No. 8369), mandating the establishment of a Family Court in every province and city in the country. This Act granted Family Courts "exclusive original jurisdiction over child and family cases." As of February 2022, there are 183 statutory Family Courts nationwide.

The steady rise in the number of Family cases caused the Supreme Court, as of February 2022, to designate an additional 124 RTCs of general jurisdiction nationwide as Family Courts, henceforth to be referred to as special designated Family Courts. In addition to the special designated Family Courts and the statutory Family Courts, there are, as of February 2022, 165 RTCs of general jurisdiction that currently handle Family Cases. In total, there are 472 courts handling Family cases.

Despite the reorganization of the judiciary in 1981 and the abolition of the Juvenile and Domestic Relations Courts (JDRCs), the position of Social Welfare Officer in Courts (*i.e.*, licensed social worker) was maintained. Today, there are 293 Social Welfare Officer II and III positions existing in the various offices of the Clerks of Court nationwide, all of whom are considered employees of the Supreme Court. As soon as the planned 144 additional Social Welfare Officer positions are created, there will be a total of 437 Social Welfare Officers nationwide, to be assigned to statutory Family Courts and the various offices of the Clerks of Court.

Data from the Office of the Court Administrator of the Supreme Court show a steady and substantial increase in the number of Family cases filed before the courts; from about 6,000 in 2017 when the first group of Family Courts were organized, to more than 21,000 cases filed in 2021. These figures inform us that as the number of Family Courts increase because of the continuing number of cases being filed, so will the number of Social Welfare Officers also increase.

The function and duties of a Social Welfare Officer are in the 2002 Revised Manual for Clerks of Court:

a) conducts interviews and home visits to parties or wards;
b) contacts all possible informants regarding accused minors;
c) prepares case study/assessment reports based on interviews and home visits;
d) provides individual and group counseling service and other necessary social services and assistance;
e) refers, by direction of the Court, parties or individuals, to appropriate agencies for rehabilitation;
f) appears in court as witness to supplement his/her written case study reports submitted to the trial judge; and
g) does related work ("related work" refers to specific duties that may be assigned to court SWOs in relation to SWOs of local government units, non-government organizations (NGOs) and hospitals; areas of collaboration and complementation in the management of court-related cases were also defined).

The increasing need for social workers in courts has made training seminars necessary for social workers on the subject of Forensic Social Work. Webster defines "*forensic*" as the application of scientific knowledge to legal matters or in adjudicatory proceedings. Social workers in the country's court setting today are involved mainly in the giving of direct testimony or in the submission of a Social Case Study report in cases related to legal guardianship, child custody, adoption, parental neglect, nullity and annulment of marriages, diversion and rehabilitation of children in conflict with the law, violence against women, and physical maltreatment and other abuses against women and children.

Forensic social work requires advanced knowledge in the processes relative to the criminal justice system because it involves testifying in court as an expert witness, investigating cases of possible criminal conduct, assisting the legal system on issues like placing individuals in a facility for psychiatric treatment.[19]

CORRECTIONS

Modern society's response to those who violate the criminal law is not by eliminating the offender, but by assigning him a degraded supervised status for a specific period of time.[20] The process is called *corrections*, defined as "the administration of penalty in such a way that the offender is corrected, that is, his current behavior is kept within acceptable limits at the same time his general life adjustment is modified."[21] Society protects itself against continued offending behavior by such a person by imposing restrictions on him during the period he is under supervised status and/or employing rehabilitative measures that will

make it safe for the community to return the offender to a free status at the end of his restricted status. These functions of control and rehabilitation are carried out by probation institutions and parole organizations which serve as the agencies of corrections in our society for juvenile and adult offenders. Probation is "a process of treatment, prescribed by the court for persons convicted of offenses against the law, during which the individual on probation lives in the community and regulates his own life under conditions imposed by the court (or other constituted authority) and is subject to supervision by a probation officer."[22] Parole, on the other hand, is the release of a prisoner under supervision before the expiration of his sentence with the provision that he might be returned to the correctional institution if he violates the conditions of his parole.

Present-day literature on criminal justice sees the offender as a person who comes to the correctional agency because of an act resulting from distorted relations between himself and others in his community. Many factors are considered as contributory to his offense – the offender himself, the significant others in his life, the social institutions to which he has been exposed, and the community that permits conditions that encourage offending behavior. During the correctional period, therefore, the service of the correctional agency is viewed as re-socialization, in the sense that it should provide to the offender a personal community that will respond to his needs as an individual. Such a community must re-establish his social identity as a person of worth, correct his distorted perspective on social relations, teach him to satisfy his needs through acceptable social functioning, and provide conditions that support continued acceptable behavior. For his re-socialization process to be effective, the offender will

have to be provided: (a) significant individual relationships that allow him to see himself as a person of worth and help him learn to solve the problems of daily life acceptably; (b) membership in groups that offer genuine satisfaction through legitimate experiences, teach him to use appropriate reference groups for support in controlling behavior, and train him in the social skills necessary to accomplish tasks in a complex society; (c) access to the normal opportunity structures of the community, such as employment, education, recreation, and religious instruction; (d) remedial services appropriate for dealing with his individual problems in social functioning such as vocational training, psycho-therapeutic help, or medical rehabilitation; and (e) correction of those conditions in his personal community that reinforce his tendency to commit offenses.[22]

Probation was first introduced in the Philippines during the American colonial period (1898-1945), with the enactment of Act No. 4221 of the Philippine Legislature on August 7, 1935. This law created a Probation Office under the Department of Justice.

The following took place before what is now named the Parole and Probation Administration:[23]

1937 The Supreme Court of the Philippines declared the Probation Law unconstitutional because of some defects in the law's procedural framework.

1972 House Bill No. 393 was passed in Congress which would establish a probation system in the Philippines but was pending in the Senate when Martial Law was declared and Congress was abolished.

1976 Presidential Decree No. 968, also known as Adult Probation Law of 1976, was signed into law by President Ferdinand E. Marcos, Sr.

1976-1977 A nationwide training of judges and prosecutors was undertaken on probation methods and procedures, administrative and procedural manuals were developed, probation officers were recruited and trained, and the agency and probation field offices were organized throughout the country. Selected probation officers were sent to the United States for training in probation administration, who, upon their return, trained newly recruited probation officers.

1978 The probation system started to operate on January 3, 1978. There are, at present, 204 field offices spread all over the country supervised by 15 regional offices.

1989 Under Executive Order No. 292, the Probation Administration was renamed "Parole and Probation Administration" and given added function of supervising prisoners who, after serving part of their sentence in jails, are released on parole pardon under parole conditions.

2005 By virtue of a Memorandum of Agreement with the Dangerous Drugs Board, the PPA performs another additional function of investigating and supervising first-time minor drug offenders who are placed on suspended sentence pursuant to R.A. No. 9165.

Today (2021), the Parole and Probation Administration (PPA), an agency of the Philippine

government attached to the Department of Justice, is mandated to conserve and/or redeem convicted offenders and prisoners who are under the probation of parole system.[24] The Administration's programs set to achieve the following goals: promote the reformation of criminal offenders and reduce the incidence of recidivism; and provide a cheaper alternative to the institutional confinement of first-time offenders who are likely to respond to individualized, community-based treatment programs. To carry out these goals, the PPA, through its network of regional and field parole and probation offices, performs the following functions:

1) to administer the parole and probation system;
2) to exercise supervision over parolees, pardonees, and probationers; and
3) to promote the correction and rehabilitation of criminal offenders.

As of March 31, 2022, ninety-eight (98) registered social workers are employed in the PPA with the job title of Probation and Parole Officers (PPO), with this job description: *a)* investigate probation referrals from courts, pre-parole and executive clemency referrals from the Dangerous Drugs Board (DDB), and *b)* supervise the PPA clients, namely probationers, parolees, pardonees, and first-time minor drug offenders through a well-planned supervision program. The social workers in the agency are assigned to serve in the sixteen (16) regions of the country and in the Central Office.

Convicted adult offenders are imprisoned in seven (7) correctional institutions supervised by the Bureau of Corrections attached to the Department of Justice – the New Bilibid Prison (NBP) in Muntinlupa; Correctional

Institution for Women (CIW) in Mandaluyong City; the prison and penal farms in Davao Province, Palawan, Zamboanga City, Occidental Mindoro; and the Leyte Regional Prison in Abuyog, Leyte. As of May 15, 2022, 39 licensed social workers are assigned to the institutions in the NBP (22), CIW (1), Davao (2), Palawan (3), Zamboanga (5), Occidental Mindoro (3), and Leyte (3). The social workers in the Bureau of Corrections are given the job title of "Corrections Technical Officer."

Ideally, corrections social workers, also called prison social workers are to focus on rehabilitation work – helping inmates adjust to the requirements and realities in the prison environment, and helping them with their re-socialization by way of activities and experiences which will reduce the possibility of recidivism and result in their reintegration into the community. However, because of serious limitations to budget, staff, and facilities at correctional institutions in the country, social work practice in prisons as of this day are still described as "underdeveloped."

Children and adolescents who are not granted probation by family courts (or by a regular court in the case of provinces) because their adjustment cannot be achieved in their own homes are committed to a reformatory or training school. We have two such institutions in the country, one for boys (the Vicente Madrigal Rehabilitation Center), and one for girls (Marilac Hills), both being administered by the Department of Social Welfare and Development. Both institutions have social workers on their staffs. The persons in charge of these two institutions have almost always been licensed social workers, together with supervising social workers and other members of the staff. However, although the

DSWD has expressed its commitment to a philosophy of rehabilitation, these two agencies continue to face administrative and management problems, also because of limited material and manpower resources.

As our society becomes more complex, we can assume that there will also be an increase in the number of legal offenders whose rehabilitation or, better still, whose re-socialization will be a continuing challenge to our corrections system. The challenge is there, too, for the social work profession which is committed to helping people who need assistance in realizing their potential to live in harmony with the rest of the human community.

Health

Like social workers in other fields, the social worker in the field of health, whether on an administrative, planning, or implementation level, is concerned with continuously defining and solving problems aimed at facilitating and strengthening social relationships and mutual adjustments between individuals and their environment. More specifically, however, her main concern is the interplay of economic, social and psychological forces in medical care, and she finds or develops ways and means to solve problems that usually come with illness and treatment.

Social work practice in the field of health in the country is concentrated in hospitals (public and private) which provide social services to patients whose emotional and social situations directly or indirectly cause, maintain, or aggravate their illness. In 1954, President Elpidio Quirino issued Executive Order No. 578 and R.A. No. 747 mandating all government hospitals with a 100-bed

capacity to provide a medical social service. The Department of Health, Bureau of Hospitals Circular 146, series 1955, ordered all chiefs of government hospitals to organize medical social services units, and described the qualifications and functions of social workers in hospitals. This order, however, has not been fully implemented because of funding limitations.

Medical social services are aimed at the following: (a) better acceptance of and more favorable reaction to medical treatment; (b) better understanding, on the part of medical personnel, of the patient's background, to facilitate a faster and more accurate diagnosis of the patient's illness, and to enlist the family's cooperation in the treatment and rehabilitation of the patient; (c) health education of the patient and their families; (d) utilization of community services that would facilitate rehabilitation and prevention of illness; and (e) helping the patient and his family to deal with the psychosocial components of the illness.

Social workers in hospitals, who are called "medical social workers," work directly with medical personnel and are considered members of the health team. They also work with outside health and other agency personnel, since patients' social situations, particularly in the Philippines, often call for a variety of community resources. Specific social work activities include the following: (a) eligibility studies (this is done during admission since there is need to determine whether a patient should be given free or partly free medical treatment); (b) interpretation to patient and his family of hospital policies and regulations; (c) data gathering on patient's personal and social situations to assist medical staff to arrive at a more accurate diagnosis; (d) use of

appropriate forms of help to patient and his family during the period of medical treatment, including individual counseling as well as group treatment activities with his family and/or together with other patients; (e) mobilizing hospital as well as community resources to meet various patient needs; and (f) performing coordinating and liaison activities between the patients and the medical staff, the patients and the hospital administration, and the patients/hospital and the community at large. Many medical social workers are now also engaged in community outreach programs and services; supervision of other social workers, paraprofessionals, staff in-service training; consultatory services to both hospital staff and community; and research.

As of February 2022, there are 1,295 Department of Health-licensed hospitals in the country (440 government and 855 private). Having a licensed social worker is a personnel requirement for all DOH-accredited hospitals. The number of social workers in a hospital varies, depending on a hospital's patient bed capacity; some hospitals have twenty (20) or more social workers on their staff (*e.g.*, the Philippine National Police (PNP) General Hospitals has ten medical social workers).

Population and family planning may be considered as a separate field for social work considering the material and manpower resources which are concentrated in this line at the present time. However, for our present discussion we shall include it in the health field.

Population and family planning activities are today being integrated into many social welfare programs in the country. This is true of medical social services in hospitals, whose social workers engage in family planning work

whenever it is necessary. However, there are also social workers who are employed in some agencies and organizations which have for their main thrust the development and promotion of population and family planning programs. These workers' functions may include involvement in the formulation of policies, administration management of the agency or a unit of the agency such as training, supervision of agency and field staff, and direct service as members of family planning clinic teams which engage in family planning information, education, motivation, counseling, and the like.

We shall also include social work practice in mental health in this field. In other countries like the United States, mental health is listed as a separate field because it is a major, perhaps even a priority, concern which has facilitated the development of a form of social work practice which many practitioners find attractive (*i.e.*, therapeutic or clinical practice, with a psychiatric team, or sometimes private practice). This has not happened in the Philippines. What we have at present are three "models" of mental health work for social workers: (a) social work practice in a psychiatric unit of a hospital where social work functions are generally like the functions of other hospital social workers except that the psychiatric social workers deal with mentally and emotionally disturbed patients; (b) social work practice in a mental health agency which may provide the social worker opportunities to perform many of the functions of a medical social worker and, in addition, opportunities to engage in preventive/educational activities like community mental health seminars, child and family counseling, rehabilitation activities for various special groups like former drug abusers, legal offenders, alcoholics; and (c) social work

practice in agencies and institutions which serve the mentally and physically challenged which requires special skills responsive to the clients' situation, in addition to the activities which, as stated earlier, have to be done by social workers in the health setting.

The current, now two-year old (Covid virus) pandemic, the consequences of which have caused an increase in mental health problems, led more than 400 social workers in the country to organize themselves nationwide as "United Registered Social Workers", to provide counseling and psychosocial services to support and assist Filipinos suffering from the anxiety and depression caused by the pandemic. This is being done through virtual platforms like Facebook, Viber, and mobile phones (*see p. 84, 2020-2022; The Covid-19 Pandemic and the "New Normal"*).

Business and Industry

Social welfare service in the field of business and industry is concerned with efforts to establish or improve the social security, health, and general welfare of employees and their families; the use of social workers to assist employees and their families with personal, health, and financial problems; and the development and maintenance of community welfare services.[25]

The employment of social workers in the field of business and industry in the country started in the 1960s. Their activities, among others, involved: counseling employees on work and/or non-work related problems; providing different forms of help to the families of employees like family planning motivation, and counseling; interceding on behalf of workers who have

court cases or have financial and other problems; interpreting workers' needs and problems to management/employers and assisting them in developing responsive services to workers, assisting management in making employees understand company policies and rules, and developing employee-oriented training programs.

The recognition of the contribution of social workers in this field is shown in how they are being engaged today in the practice of Corporate Social Responsibility (CSR) in many medium and large-size business companies. The following account from a social worker who has been involved in the implementation of CSR for many years will inform us about this very important development in the field of business and industry.

Corporate Social Responsibility

Social issues and problems shape the economic conditions of a country which impact on business operations. Business thus responds to these issues and problems as well as to the demand for responsible business behavior not just out of altruism or sense of good citizenship but for its survival. This is the concept of Corporate Social Responsibility or simply CSR.

CSR is defined as:

..."an integrated, systematic approach by business that builds, rather than erodes or destroys, economic, social, human, and natural capital."[26]

..."is the continuing commitment by business to behave ethically and contribute to economic development while improving the quality of life of the workforce and

their families as well as of the local community at large", as defined by World Business Council for Sustainable Development."[27]

..."business principle which proposes that the long-term sustainability of business is best served when profitability and growth are accomplished alongside the development of communities, the protection and sustainability of the environment, and the improvement of people's quality of life."[28]

..."doing your business responsibility. It is going beyond compliance with the law, by becoming supplier or service provider of choice (provision of quality goods and services), employer of choice (fair to employees, compliance with labor laws), and neighbor of choice (going beyond business to serve their communities through corporate citizenship."[29]

These definitions show that CSR is an initiative of companies to integrate social, economic, and environmental concerns as part of their core/social values. Companies become more responsible in investing in projects that will care for people and the environment, resulting in building trust and confidence from their stakeholders, *i.e.*, consumers, investors, and employees. In return, CSR is a powerful tool for making business to flourish.

Other terms used for Corporate Social Responsibility (CSR) are: Corporate Citizenship, Corporate Philanthropy, Corporate Social Investment, Corporate Community Relation/Corporate Community Involvement, and Corporate Sustainability and Responsibility.

The following common elements of CSR will promote an understanding and appreciation of how it operates:

- *Beyond profits, beyond shareholders*: The changing perspective of maximization of profits to please the shareholders is not only the purpose of any business; there should be a balance to include the needs of other stakeholders to make the business more inclusive and sustainable. Maximization or return of profit maybe harmful especially for business dealing with the environment and a highly extractive industry involved in non-renewable resources.
- *Stakeholders*: It is important to know and be familiar with the different stakeholders in the conceptualization and development of CSR programs. They are important actors in any business organization and expect the company to behave ethically and be responsible in their business operations. In a way, they are considered as regulators due to their expectations and demand for company compliance with laws/rules to prevent possible social disruption.
- *Responsibility to society*: Companies should take into account the people and the community involved in their business operations. The main purpose of any CSR program is basically to build a sustainable and positive relationship with the community by instituting practices which respond to community expectations and concerns/issues. In a way, the sustainability of the business depends on the community and society where it operates.

- *Addressing social and environmental issues*: Companies may design programs that will support improvement of social and economic conditions in the community, especially those that are directly related to their business operations or will be detrimental if not properly handled. These programs provide opportunities for the participation of stakeholders in the solution of social issues and problems, and at the same time explore solutions to be applied to public problems in order to generate income opportunities. This concept was described extensively in the book "The Fortune at the Bottom of the Pyramid: Eradicating Poverty Through Profits."[30] Companies view community needs as opportunities to develop ideas and demonstrate business technologies; find and serve new markets and solve long-standing business problems as part of business investment.[31]
- *Responsible governance*: Corporate leadership plays a strong role in ensuring that programs which address social issues are integrated into the corporate goals. It makes sure that their business operations and actions are being guided by and are in accordance with its business principles of fair business dealings towards the attainment of business goals.
- *Employee empowerment:* Companies provide an opportunity for employees to participate in company undertakings and demonstrate their capability to design programs for their own welfare to improve the quality of their lives.

Involvement of the employees in the implementation of a CSR program is an exercise in empowerment. Employees take pride in their being an extension of the company in the different sponsored activities like doing volunteering work in the community.

History

In the Philippines, Corporate Social Responsibility (CSR) evolved as part of social work in industry which emerged in the early part of the 1960s when a number of companies employed social workers, but which were not successful in its implementation for unknown/unreported reasons. The Asian Social Institute (ASI) in Manila placed some social work students in selected corporations for their field practice requirements resulting in the Manila Electric Company (MERALCO), and the Republic Flour Mills (a subsidiary of Concepcion Industry), implementing Social Service Assistance program for their employees. The Aboitiz Corporation Mahitabel Furniture Company, Inc. (MFCI), followed with a Family Welfare Program for its employees.[32]

In the early 1970s, in an effort to respond to the worsening socio-economic and political conditions in the country, a group of 50 businessmen established the Philippine Business for Social Progress (PBSP). This started the promotion of the principle of social responsibility in the business and industrial community in order to contribute to Philippine socio-economic development.

The PBSP is considered a pioneer in promoting the practice of CSR in the country.[33] The initiative of the PBSP and another non-government organization – the

Association of Foundations (AF) was the driving force that led to the formation of the League of Corporate Foundations (LCF) in 1991. The LCF sought the support of the highly committed in the business sector to work with communities and partner institutions toward the effective solution of social problems and the attainment of sustainable development.

Many companies in the League of Corporate Foundations where the CSR program is being undertaken have realized the importance of reaching out to their employees, to communities, and to society in general, resulting in their hiring of licensed social workers to implement various projects that contribute to the social, economic, and environment concerns of their organizations. Among these companies are the following, classified based on the nature of their business:

1. Food and manufacturing – San Miguel Corporaton (SMC), Jollibee Food Corporations (JFC), Central Azucarera Don Pedro, Inc. (CADPI), Splash Corporation; First Gen Corporation
2. Retail and Distribution – SM Group, 7-11 Philippines; Shopee
3. Technology and Services – Accenture, Cherry Mobile, SPI Technologies, Ayala Corporation, Insular Life, Isla Lipana and Company (Pryce Waterhouse Corporation)
4. Real Estate and Construction – DMCI, Tamayo Construction, Richville Federated Group of Companies/Reachout Ville Federated Group of Companies (Foundation), Premium Megastructures, Inc., Mega World, Andres Soriano Corporation (Foundation).

In general, the evolution of CSR in our country was shaped by the following to which business corporations try to respond:[34]

1) the plain philanthropic desire of extending help;
2) engaging the communities in business and in building partnerships with them in the supply chain as company material suppliers;
3) strategic social investment through innovation and linkages in the workplace and community in providing solutions to the social problems like supporting technical education for future manpower needs;
4) integration and alignment, *i.e.*, companies acknowledge that it is good business sense to respond to issues relevant to the needs and interests of the companies' operating environments by following the Sustainable Development Goals (SDGs), Global Compact, Environment, Society and Governance (ESG), and Global Reporting Initiative (GRI), among others.

Social Workers in the CSR Setting

Companies hire social workers to perform roles and functions which may relate to the branding or marketing of products, or to facilitate smooth business geographic operations.

The following illustrate the Work Areas and Positions/Job Titles occupied by social workers in business organizations engaged in CSR programs:

Work Area	Position/Job Title
Program/Project	Associates/Assistant/ Coordinator/Officer/Manager
Corporate Social Responsibility	Associates/Assistant/ Coordinator/Officer/Manager
Family Welfare	Coordinator/Officer
Community Development/ Community Relations	Assistant/Coordinator/Officer/ Manager
Community Work	Staff/Supervisor
Stakeholder Engagement	Assistant/Officer/Manager
Sustainability and Development	Assistant/Officer/Manager

Social Work practice requires both generic as well as special knowledge and skills unique to the field or setting where one is employed. In the field of business/industry, CSR programs would usually require social workers to perform many of the following functions and activities:

1. Conceptualize, develop and manage socio-economic programs/projects related to health, education, safety, security, livelihood, and shelter. This includes the development of frameworks, strategies, and innovative programs related to the identified socio-economic needs of the stakeholders, its implementation, documentation, and reporting.
2. Formulate, develop, recommend, and evaluate appropriate plans and policies on socio-economic activities that will establish a positive relationship with the community. This will provide development opportunities and devise strategies and innovative programs based on stakeholders' needs for project implementation and promote inclusive development.
3. Networking and partnership-building with different Civil Society Organizations (CSOs),

Non-Government Organizations (NGOs), and Government Organizations (GOs), to be able to devise and facilitate integrated and inter-agency responses to address community needs.

4. Resource Mobilization which requires a social worker's knowledge and skills in mapping, identifying, and mobilizing different stakeholders to be able to identify needs, issues, gaps, and assets that can help in the preparation and packaging of project proposals and identifying funding sources particularly for socio-economic development projects. This function also includes providing technical and administrative support to individuals and community groups in the preparation of funding applications for community projects.
5. Capacity Building – Enhance the leadership skills of different stakeholders through the provision of opportunities and programs for inclusive development. This will support the development of existing groups, the establishment of new groups and formation and development of networks.

The commitment of business organizations to Corporate Social Responsibility is guided by the desire to build acceptability in the communities where their business operates, which will bring about community engagement. This is done by supporting social causes as well as undertaking programs aimed at contributing to the solution of community problems which ultimately will result in business sustainability.

Unless one understands the true meaning of CSR, one might only see the conflicting interest of business and social development, i.e., business is for profit, while CSR is for service. The "service" principle in CSR is demonstrated in the increasing employment of social workers who contribute their knowledge and skills in their performance of varied roles in the following areas of business operations:

1. Workplace: providing an enabling environment through programs on employee compensation and benefits, health and well-being, family welfare, and disciplinary practices.
2. Corporate – Community Partnership: providing programs aimed at advancing the interest of both the company and communities. The communities are involved in making decisions which may directly affect them.
3. Social investment: companies are expanding their traditional roles to include contributions to the development of communities by supporting programs such as those on health, education, and housing.
4. Environmental stewardship: companies are now responding to the demand that they take responsibility for any adverse effects of their operations on the environment.

The goals of social welfare – social justice, social control, and economic development are manifested when business organizations practice Corporate Social Responsibility.

Disaster Risk Reduction and Management

This field is concerned about reducing risk and vulnerabilities of every person and communities, not just preventing disasters that destroy properties and making risk-informed investment – social, economic, and environmental, by the whole society. It recognizes that resilience is not just about bouncing back, and that investment is not just about building back better. But more than "building back better," we need to focus on doing better from the outset.[35] That means both reducing the existing sources of risk in the world and avoiding creating new risks.

Social workers who are engaged in disaster risk reduction and management often perform the many different roles of a social worker in client problem solving such as mediator, resource mobilizer, enabler, broker, educator, and advocate. Disaster social work is crisis intervention work that addresses immediate needs and situations of disaster victims. The social worker's preventive, remedial, and rehabilitative functions are at play in disaster risk reduction and management.

A disaster is "a serious disruption of the functioning of a community or a society involving widespread human, material, economic, and environmental losses and impacts, which exceeds the ability of the affected community or society to cope using its own resources." It results from the combination of hazards, vulnerable conditions, and insufficient capacity or measures to reduce the potential negative consequence of risk. Our country is vulnerable to all types of natural hazards because of its geographical location. An average of twenty typhoons enters the country's area of responsibility

every year. The Philippines is also part of the western segment of the "Pacific Ring of Fire" and lies between two major tectonic plates, the movement of which creates mountain ranges, volcanoes, earthquakes, and tsunamis. There are 220 volcanoes in the country, of which 22 are active; hence, the country is also prone to earthquakes and volcanic eruption. Among the most tragic disasters that occurred in the country involved volcanic eruptions and destructive typhoons: Mt. Pinatubo (1991), Mayon Volcano (2014), and Taal Volcano (2020); super typhoons "Yolanda" in 2013 and "Rolly" in 2020, were the most powerful ones, all causing the loss of countless lives and properties in the country.[36] Having laid down the context, it is imperative that social workers should have the competence needed such as in disaster risk reduction management in dealing with such dire situations.

Republic Act No. 10121

The Disaster Risk Reduction and Management Act of 2010 defines disaster risk reduction and management as "the systematic process of using administrative decisions, organizations, and operational skills, and capacities to implement policies, strategies, and coping capacities of the society and communities to lessen the impacts of natural hazards and related environmental and technological disasters.[37] These comprises all forms of activities, including structural and non-structural measures to avoid (prevention), or to limit (mitigation and preparedness) adverse effects of hazards; to provision of assistance or intervention during or immediately after a disaster to meet the life preservation and basic subsistence needs of those people affected (response); and measures done after a disaster or social shock aimed at restoring or improving

the former physical, socio-economic conditions of the individuals, families, or communities (response).[38]

Given the definition above, it is imperative that social workers should have a basic understanding of concepts in disaster risk management: disaster, hazard, risk, vulnerabilities, prevention, mitigation and preparedness, emergency response, recovery and rehabilitation, and resilience. In addition, they also have to be aware of the policies and legislative framework in place, in order to ensure that these policies will be implemented accordingly. It will also guide social workers on what actions they can take during such times. Republic Act No. 10121, or the Disaster Risk Reduction and Management Act of 2010, is the national policy pertaining to DRRM in the country. At the core of this Act, the Philippines, as enshrined in this law, is to institute resilience among communities through DRRM with a view toward sustainable development.[39] This law, among other things, mandates the allocation and utilization of local DRRM funds amounting to not less than five percent (5%) of the estimated revenue from regular sources, to be set aside to support disaster risk management activities such as, but not limited to, pre-disaster preparedness programs including training, purchase of disaster response and rescue equipment, supplies and medicines for post-disaster activities, and payment of premiums on quality insurance.[40]

Republic Act No. 10121 also established the National Disaster Risk Reduction and Management Council which is a working group of various local governments.

Social workers have important roles to play in all phases of the disaster management cycle, *i.e.*, from prevention, mitigation, response, recovery, and rehabilitation. These include formulating and/or implementing preparedness plans, response plans, recovery plans, and mitigation planning. Social workers carry a major responsibility for addressing the special needs and the relief needs of vulnerable groups, including those living in temporary shelters during the response period. Social workers are engaged in the disaster recovery plans, whether at the micro, mezzo, and macro-levels, organizing a community's recovery, searching out benefit programs, writing grants and advocating for government programs.[41]

Social work functions in disaster aid have been summarized by Yueh during the earthquake that devastated Bam City in Iran in December 26, 2003, which destroyed thousands of lives and properties, are stated below:[42]

1. ***Supporting individuals and families.*** Interventions would include providing emotional support, grief counseling, and post-disaster support (PTSD) for vulnerable groups like people with disabilities, children and elderly people; motivating victims to join activities; providing emotional support for families in shelters; helping families to arrange for funerals and build tents; visiting homes; and interviewing families of the victims.
2. ***Linking individual needs with resources and helping people to access resources.*** This included facilitation contact between local government and voluntary groups; linking social services with the needs of the people;

identifying vulnerable people; linking family needs with resources and finding these; collecting donations; collecting, delivering and distributing food and materials; and registering the needs of victims for central government officers.

3. ***Preventing severe physical and mental problems.*** These included therapeutic interventions for survivors, including various types of counseling, *e.g.*, grief counseling and post-relief counseling, linking patients to therapists and therapeutic centers.
4. ***Preventing individuals, families, groups, organizations, and communities from breaking down.*** This included providing accommodation, information and support to individuals and families who were left homeless; reducing survivors' lack of interest in life and feelings of powerlessness and despair; coordinating and organizing responses to groups, agencies, and communities effectively.
5. ***Intervening to change micro and macro systems to improve client well-being.*** This included advocating for change in governmental programs; developing volunteer services; conducting needs assessments; improving service programs; providing distribution centers for the victims; changing welfare policies and recovery programs to improve a community's ability to meet people's needs; developing the capacity of systems to improve the inferior structural status of earthquake victims.

The United Nations Disaster Risk Reduction (UNDRR) also provided the following specific tasks for social workers as regards certain concepts pertaining to social work.[43] These encompass community work, capacity building, advocacy, planning, and management:

Assessing Vulnerabilities and Risk

- Help community and families identify hazards, vulnerabilities, the probability of hazard turning to disaster and impacts on people
- Assess community capability to manage disaster
- Research into vulnerabilities and risks and how the social work profession (meeting human needs, developing human potential, ensuring human rights and social justice) can make positive contributions to disaster risk management.

Reducing existing risks and preventing new risks

- Organize community to develop plans and undertake actions to reduce risks through food security, livelihood, and social protection
- Advocate for local risk-sensitive development practices: in land-use planning, managing natural resources, and building physical infrastructure with focus on the impacts on the poor and marginalized.
- Organize the community to cope with potential emergencies.

Strengthen resilience

- Shift from reducing vulnerability to building resilience as a vital and no-regrets strategy
- Promote accessibility (to information, to services) and inclusion for meaningful participation especially of vulnerable people
- Advocate for gender inclusion, women empowerment, and women leadership.

Improve disaster preparedness

- Planning services for vulnerable people
- Training volunteers
- Developing community support groups.

Ensure risk-sensitive recovery and reconstruction

- Rebuild social and physical infrastructure
- Empower citizens and communities through social development
- Reintegrate internally displaced people into the community
- Promote grassroots social development in rebuilding communities and social networks.

Promote stronger accountability networks

- Increase public awareness about disaster risk and management, and advocate for rights to information
- Promote oversight mechanism that involves and empowers citizens and communities to hold institutions and individuals accountable for disaster losses
- Strengthen social worker role as intermediary

between government and communities for community development.

Social workers in the Philippines act as first "responders" in social welfare agencies like the DSWD and the Philippine Red Cross. They support the physically and emotionally wounded by providing them their immediate needs such as food, hygiene kits, or even housing repair kits if needed, so that they can cope with the situation, recover, and return to their normal lives before the disaster occurred. They strengthen the local communities affected, through organizing a Barangay disaster risk reduction and management council, which requires the active involvement of the larger community in order to help in capacitating the LGU in their disaster mitigation and response. The Barangay DRRM council's function is to ensure the efficient and speedy delivery of aid to communities affected by various forms of disaster. As such, all DSWD staff shall undergo basic orientation and advanced disaster management training to prepare them for the task. The Department of Social Welfare and Development—Central Office has its own Disaster Response Management Bureau (DRMB). The general function of this office is to recommend policies and programs for disaster response management and lead in the planning, coordinating, and monitoring of all disaster-related/response efforts in accordance with Republic Act No. 10121, including disaster preparedness, mitigation, recovery and rehabilitation.

Aside from the DSWD, many other organizations in the country are into disaster risk reduction and management. Although they do not require graduates of social work into their ranks, social workers who would

want to develop their expertise in disaster risk reduction and management can consider joining these organizations. The Assistance and Cooperation for Community Resilience and Development, Inc. (ACCORD) is a non-stock, non-profit civil society organization, working with the least served and most vulnerable communities in the Philippines in resilience building. The Philippine Disaster Resilience Foundation (PDRF) is the country's major private sector coordinator for disaster risk reduction and management. As an alliance of businesses dedicated to building the disaster management capabilities of the private sector in the country, the PDRF works on all areas: prevention and mitigation, preparedness, response, and rehabilitation and recovery.

Indeed, disasters are imminent in our country; hence, social workers have to be more than qualified and prepared to deal with such situations.

SOCIAL PLANNING

Eileen Younghusband states that "the need of developing countries and, indeed of others, too, is for well-qualified social workers able to motivate and guide change in groups and communities and with their knowledge of human needs, to contribute and respond to large-scale programs, to social policy, and to social planning."[44]

"Planning" in social work was used originally to refer to a process a social worker engages in as part of the problem-solving activities with particular clients, since social work efforts in the past were usually associated only with helping individuals with special needs and problems.

The term "Planning" in social work planning has taken on another meaning, calling for social workers with the technical preparation to work with planning bodies and to assist in the planning of social services responsive to the needs and problems of people. Recognizing this, therefore, the revised concept of graduate social work education now includes social planning, as one of the areas (along with advanced practice, supervision, and administration, research, and social work teaching), for which graduate students could be prepared.[45]

What, then, is social planning? A proper understanding of the term requires that we start with a definition of other more basic terms, that is, "Planning" and "National Planning."

Planning, simply put, is "deciding in advance what is to be done in order to achieve objectives with the resources available."[46] "National Planning," therefore, refers to the formulation of overall goals and objectives, and reconciling them with the country's available resources, laying down broad strategies and guidelines, setting up priorities, and activating the necessary machinery for implementation."[47] With these definitions, we can therefore understand what terms like *health planning, environmental planning, urban planning, educational planning*, or even *family planning* mean.

Social Planning is the evolvement of plans to meet the welfare requirements of development. It is "the integration of social aims and programs into the (development) plan with specific reference to the human aspects."[48]

Based on these definitions, social planning would therefore cover many areas, in effect, the broad field of social welfare. In this sense, social planning and social welfare

planning may be used interchangeably. Considering, however, that our national government defines social services in a more limited way, *i.e.*, as just one of several social sectors which comprise our National Development Plan, then there is a need to make a distinction.

In the context of our country's particular situation, *Social Planning*, as defined earlier, would therefore cover planning for the Social Sector, along with other sectors, *i.e.*, Economic, Infrastructure, Environment, and Institutional Sectors.[49]

Social Planning refers to planning for the Social Sector (whose sub-sectors include Health, Education, Housing and Community Development, Social Welfare, Protective Services, and Recreation, Culture and Heritage), while "Social Welfare Planning" only refers to planning for the Social Welfare sub-sector which, in turn, often involves planning for the disadvantaged sectors of society (*i.e.*, Senior Citizens, Persons-with-Disabilities, Solo Parents, Out-of-School Youth, Indigenous People, Informal Settlers, and the like).

At present, a small number of social workers in the Philippines are already doing both social welfare planning and social planning. These are mostly senior/ranking staff in the Department of Social Welfare and Development (*i.e.*, undersecretaries, assistant secretaries, and bureau directors) who constitute an Executive Planning Committee which discusses and formulates the agency's national plans (based on national planning guidelines), that would translate social development policies into proposed programs, projects, and activities (PPAs). Some social workers, usually private agency heads or administrators, are also given the opportunity to

participate in social planning, since voluntary welfare organizations are also represented in committees concerned with sectoral coordination and linkages.

The Local Government Code (LGC) of 1991 mandates Local Government Units (LGUs) to promote the establishment and operation of people's and non-governmental organizations to become active partners in the pursuit of local autonomy.[50] Civil Society Organizations (CSOs) serve as members of the Local Development Council (LDC), whose functions in the provincial, city, and municipal levels are:

1. Formulation of medium-term and annual socioeconomic development plans and policies;
2. Formulation of medium-term and annual public investment programs; and
3. Appraisal and prioritization of socioeconomic development programs and projects.

The LDC at the barangay level, on the other hand, has the following functions:

1. Mobilization of people's participation in local development efforts;
2. Preparation of development plans based on local requirements; and
3. Monitoring and evaluation of the implementation of national or local programs and projects.

Moreover, with the implementation of various national government social projects at the local level, social workers engaged by CSOs are being tapped to participate in the planning, implementation, monitoring, and

evaluation of these social development projects.

National Government Agencies, and most consultancy firms (when the government agencies choose to outsource the preparation of plans), engage the services of a social worker in the preparation of various Social development-related plans. Below are just two (2) examples of government agencies that employ the services of social development workers in the performance of their specific mandates:

- The Department of Environment and Natural Resources – Environmental Management Bureau (DENR-EMB)

  The Environmental Impact Assessment (EIA) Process covers projects which have been originally declared as Environmentally Critical Projects (ECPs) or projects in Environmentally Critical Areas (ECAs) presumed to have significant impacts, not only on the quality of the environment,[51] but more importantly, on the community that is host to the said projects.

  - Social workers are often tapped to serve as Social Development Specialists who take part in the EIA Process, focusing on the People Module
  - Social Development Specialists ensure Public Participation in the EIA Process, through the following activities:
    a) As part of the social preparation process
       - Social workers are ideal members of the EIA team as some of their

social planning skills are in stakeholder analysis and making sure that social development plans are communicated well to the stakeholders.

b) As an important part of Public Scoping where community inputs precede the Technical Scoping of the EIA Review Team with the Proponent
   - Social workers' planning skills include issue identification which would serve as starting point for the preparation of a Social Development Plan (SDP), Resettlement Action Plan (RAP), Livelihood Restoration Plan (LRP), Indigenous People's Plan (IPP) (if applicable), and similar plans that may be needed based on the scoping and household survey results.

c) As part of the actual EIA Study, where the planning skills of social workers are maximized in including local stakeholders, who may serve as local expert sources, aides/ guides and resource persons in primary data collection to be used in the subsequent formulation of the Social Development Plan.

- Department of Public Works and Highways (DPWH)
  - Social workers are often tapped by the

DPWH to serve as Social Development Specialists who take part in the Land Acquisition Plan and Resettlement Action Plans (LAPRAP)[52] preparation process, especially in the preparation of the Resettlement Action Plan (RAP), which may also include the Livelihood Restoration Plan (LRP), the Human Rights Impact Assessment (HRIA), the Indigenous People's Plan (IPP) as necessary, and the Gender and Development (GAD) Plan.

- The objectives of the LAPRAP, as stated in the DPWH Department Order No. 327, s. 2003, are as follows:
  - To determine the number of Project Affected Persons (PAPs) and identify the assets (land, structures, and improvements), they will lose due to the acquisition of Infrastructure Right-of-Way (IROW) for the project;
  - To identify the extent of Impacts of the project IROW on the PAPs and their assets, and the measures to mitigate these impacts;
  - To determine the compensation and entitlements to be given to PAPs for the acquisition of the assets to be affected by the IROW;
  - To determine the budget estimate for compensation and entitlement, relocation and resettlement, information

dissemination, consultation, monitoring, and other tasks for implementing the LAPRAP;
  - To provide the timetable, manner of payment and institutional arrangements for implementation; and
  - To ensure public participation in the implementation and monitoring of the LAPRAP.

As shown in the two examples above, Social Planning is charged with the responsibility of seeing to it that the country's strategy for social development includes an essential component those welfare activities which help to insure that plans and policies are fully responsive to the needs and aspirations of the people; to alleviate the most urgent social problems without undue delay, and prevent further social disruptions; and to achieve a more equitable distribution of the benefits accruing at each stage of national development. Since they work directly with people, social workers know the latter's needs and problems, their aspirations and apprehensions, their capacities and limitations, and the ways in which they can be involved in the process of development. This contribution can certainly mean a lot in the planning that is being done for the fields of human settlement, health, nutrition, family planning, community development, social justice, labor, etc., where social work's role at the present time is still minimal.

As social workers gain competence in social planning, and begin to demonstrate the contribution they can make, there should be more opportunities for them to participate in a wide range of social planning activities.

Current job openings for social workers in the field of planning include positions at the national and local government units for Social Welfare and Development Officer, Planning Officer, Community Development Officer, Project Development Officer, Medical Social Worker, and the like. The duties and responsibilities of such positions vary from planning and implementing social welfare programs and services through the application of case management, community organizing and group work; serving as coordinator for new programs of the national government such as the *Balik Probinsya, Bagong Pag-Asa Program* (BP2P) in the planning and preparation of Work and Financial Plan (WFP) and Monthly Disbursement Plan (MDP); program review and evaluation workshops, program studies and assessment and validation of endorsed applicants and payouts; assisting in the care management plan for patients in hospitals; supporting programs aimed at reducing poverty and helping to improve the lives of people who live in deprived areas.

Although the current social work curriculum already provides social workers the core competencies needed for these job opportunities, such as commitment to public service, general management principles, and program management; earning additional knowledge and skills through graduate studies or certification courses in fields related to the various planning sectors, will provide future social workers an edge in the field of Social Welfare and Social Planning. Most social workers engaged in Social Planning take up graduate courses in Urban and Regional Planning, Development Economics, Public Administration, Environment and Natural Resources Management, Research and Development Management, or other similar courses.

With the country's transition to "the new normal" as a way of recovering from the pandemic, it is relatively easier now for Social Workers to capacitate themselves by enrolling in online classes offered by open universities. Even the Technical Education and Skills Development Authority (TESDA) has free online programs on 21st Century Skills such as Communication and Environmental Literacy.

The full development of social planning as a field of social work practice, however, will have to be preceded by educational efforts that will make for the integration of essential knowledge and skills in relation to this field. This remains a challenge to the social work curriculum in the Philippines but, in whatever Social Planning field a Social Worker is placed, he is sure to bring with him the constant reminder that the purpose of all planning efforts is to ensure that the inherent worth and dignity of human beings, human rights, and social justice are upheld at all times.

International Social Welfare*

From the outset, we have pointed out that there will always be people everywhere, at all times, struggling with needs and problems beyond their own capacity to solve. Today, more than ever, countless social workers all over the world are employed by social welfare agencies and organizations that respond to this reality. Many of our own have worked hard in the field of social welfare, some

* The emailed responses from December 2021-August 2022 to the author's request for them to share their personal experiences in the field of International Social Welfare are very much appreciated.

progressing from rural social work practice to urban, and now, to international practice. Along the way, they have developed skills and abilities in applying the principles, methods, and strategies they acquired from school, and have increased their capabilities as they learn from every experience in working with individuals, groups, or communities that sorely need their services. Thus, their hard work and dedication have raised their worth as social workers ready to take on higher levels of responsibility in the field of international social welfare.

International Social Welfare is a promising field of practice for Filipino social workers. An increasing number of our social workers are now engaged in this field, being employed in social welfare agencies or organizations that involve social work on an international scale, particularly, those that meet the following criteria: multi-dimensional; transcending borders; action-oriented and future-focused; committed to human rights for all and to action on social justice issues involving one or more than one country, often applied as humanitarian assistance in response to forced migration due to persecution and armed conflict; informed by a world view that includes recognition of the impact of globalizations; usually involving activity at the global, national, as well as local levels; and enabling local practice to benefit from international initiatives and knowledge while simultaneously enabling international efforts to benefit from the experiences and lessons of local practice.[53]

Social Work literature informs us that many refer to social work in other countries other than one's own as "international social work". It is also recognized that, while international social work usually involves participation in international dialogues, exchanges, and

organizations; it does not require one to practice outside one's country of citizenship; given the advances in technology allowing virtual communication makes this even more possible. Additionally, simply working in the social work arena or teaching social work outside of one's country of birth does not necessarily equal international social work (2013).[54] Thus, the abovementioned criteria clearly define the scope of such international level that must be met in order to qualify for international practice.

As a field of social work practice, international social welfare means the engagement of social workers in international and inter-governmental agencies and organizations with programs and services meant to address the needs of poor, disadvantaged, marginalized populations, mostly in underdeveloped or developing countries. To our knowledge, such agencies/organizations are motivated by development and humanitarian goals, are non-profit, and non-political. It is in this context that we present the following actual experiences of a few selected social workers representing agencies/ organizations practicing in the field of international social welfare.

Plan International[55]

Founded in 1937, **PLAN INTERNATIONAL** is a development and non-profit, non-political, and non-religious humanitarian organization. It is active in 75 countries across the world; in Africa, the Americas, and Asia — in advancing children's rights and equality for girls.

Myrna R. Evora shares:

"I began my career as an International Social Worker in PLAN INTERNATIONAL in 1982 and retired in 2018. In a span of 36 years, I practiced my profession in a diversity of roles: from being in the field as a direct service child, family and community worker, to being in a country for nationwide program delivery as a country director, to being in a region leading regional program interventions as an Asia Regional Director, and to being at the helm of a select team tasked to transform an international non-profit organization to a local/national organization in Indonesia. In addition to my leadership role at various levels in the organization, I was also given the job of creating a global PLAN Academy, which became the training hub for all PLAN employees and partner organizations across continents where PLAN INTERNATIONAL works.

My Social Work practice in the international field has been fantastic, exciting, challenging, and fulfilling. Dealing with social welfare issues that demand cross-country actions and solutions such as child labor, trafficking of women and children, gender inequality, wars, natural disasters, and poverty made my professional practice very enriching. The most unique aspect of my job was bringing out the best in a girl-child, ensuring that she is able to stand up, be heard and lead. In the process, working with young people and believing in them, I was able to bridge and combine ground reality and organizational aspirations both in the community and in the policy drawing board."

United Nations Children's Fund (UNICEF)[56]

Jesus Sarzuela Fa shares:

"I opted for an early retirement from government service after 15 years in the Department of Social Welfare and

Development (DSWD), where my last post was as Division Chief of its Social Welfare Institutional Development Bureau…I started working with UNICEF Philippines in 2001 as Training Consultant…management and coordination of training programs for social workers of LGUs and NGOs…

In 2004, I joined Plan Philippines as National Country Program Coordinator for Child Protection…In 2006, I joined Save the Children in USA (my first international assignment) as Child Protection/Education Specialist). I was assigned in the island of Nias, North Sumatra, Indonesia for two years…planning, management, coordination, field staff supervision and coordination with local government, NGOs/CSOs, on the implementation of Integrated Program for Emergency Recovery Project which was severely affected by a tsunami in 2004. The Program covered child protection, education, disaster risk reduction, livelihood and school health nutrition…I supervised a team of Indonesian nationals assigned in this program.

In 2008, I again joined UNICEF Philippines as Child Protection Officer, with a temporary appointment… management of its national street children project…In 2010, was appointed as Child Protection Specialist under the current UNICEF Country Programme for Children (2019-2022) specially on Social Welfare and Parenting. For the last 10 years, I have been involved in varied social welfare programs in the national and local levels…psycho-social support (PSS), support to child protection in emergencies (CPIE), promotion of competencies of local social workers on case management, alternative care, and strengthening local councils for the protection of children; support related to child protection…provided support related to child protection in emergencies in natural calamities that occurred in the Philippines in the last 10 years – Ondoy, Yolanda, Pablo, etc.

In 2016, I was assigned on a Stretch assigned in UNICEF Beirut, Lebanon, as Psycho Social Support (PSS) Specialist...supported the development of guidelines and coordination work with the government and CSOs for PSS programs to provide child protection intervention to displaced Syrian children...

Working in emergency settings requires high sense of resiliency particularly in locations far from one's home. Physical and mental health are factors to consider in difficult situations and high-risk environments...Access to needed, essential support is very important to ensure work-life balance and to maintain the professional capability to deliver quality results as assigned and based on target deliverables and time-bound expectations. I experienced several risk-situations in the Nias Island like flying in a small decade-old aircraft to reach the island, unpredicted earthquakes, crossing high current river flows, and sudden heavy rains on the way to conduct monitoring and fieldwork in remote villages."

United Nations Development Fund for Women (UNIFEM)[57]

Luz Lopez Rodriguez shares:

"The United Nations Development Fund for Women (UNIFEM) was established in 1976 as the women's fund at the United Nations that provides financial and technical assistance to innovative programmes and strategies to foster women's empowerment and gender equality... UNIFEM was "strengthened to merge with other related UN agencies to become the UN Entity for Gender Equality and the Empowerment of Women (UN Women) in 2011..."

From 2004-2010, I served as Program Officer/ Philippine Coordinator of the UNIFEM project on CEDAW South East Asian Program (CEDAWSEAP). The program focus was building the capacity of state agencies, as duty bearers, and the women's movement, through feminist NGOs, as claim holders, on the progressive implementation of the Convention for the Elimination of All Forms of Discrimination Against Women (CEDAW), a human rights treaty ratified by the Philippine government in August 1981.

Social work theory categorizes this process as part of "social administration," and "social policy development," because the series of tasks entailed program fund management, project development, consultative coordination with partners, capacity building, and multi-level advocacy on women's human rights...The social worker at this stage, takes on an inter-disciplinal approach, learns from and collaborates with other professions and activists, and adopts a human rights lens..."When social workers take on the gender and human rights lens, the door opens to more engagements with international development agencies. After a full-time stint in the UN, I opted for a series of short-term intermittent work with multi-lateral and bilateral agencies that broadened my field of practice into the less-traditional fields, e.g., gender-responsive and socially inclusive design, implementation and evaluation of programs in education, infrastructure, and tourism, among others."

Asian Development Bank (ADB), World Bank (WB), and other International Development Funded Projects[58]

Ester Mansos-Felix shares:

"I am a freelance consultant in the field of social safeg

(social and indigenous people), gender and social development in projects funded by the Asian Development Bank (ADB), and other development partners such as the World Bank (WB), Australian Agency for International Development (AusAID), Japan International Cooperation Agency (JICA), Government of Korea's Economic Development Cooperation Fund (EDCF), European Bank for Reconstruction and Development (EBRD), and other organizations working in partnership with the government of developing member countries by providing loans and/or grants in development and infrastructure related projects. ADB and developing partner agencies are also supporting its developing members in responding to the COVID-19 pandemic through finance, knowledge, and partnerships…

For over 20 years, I have worked in the Philippines in various settings such as the academic (teaching in social work); NGOs and agencies providing assistance to women and children, poor communities, refugees and displaced persons; conducting training and research; social planning and advocacy. My work experience in the international social welfare commenced in 2011 to the present, as a Consultant for social safeguards, gender and social development under the provincial and rural roads improvement projects in Cambodia. The projects were funded (loans) by the Asian Development Bank (ADB) and development partners, such as AusAID, that provided grants for awareness-raising on HIV/AIDS/STIs and human trafficking prevention program for construction workers and community residents. Other programs implemented include road safety awareness, and climate change adaptation and mitigation.

Other countries in Southeast Asian region to where I was assigned include Myanmar, Indonesia, Philippines, and Vietnam in various ADB/WB funded projects such as road

improvement, agriculture and irrigation, education health awareness and road safety, water and sanitation, and community participation and stakeholder engagement. In East Asia, I was assigned at the People's Republic of China in various projects such as urban-rural development, flood protection and environment, water and sanitation, climate change adaptation projects, livelihood and vocational education. In the Central Asian region, I was assigned at Tajikistan and Uzbekistan in road improvement, irrigation, water, and sanitation project funded by the ADB, the EBRD, and development partners.

In all projects, the consultants work as a team, to assist and in collaboration with the government agencies (executing agencies/implementing agencies), and with the project's financing institutions (e.g., ADB, WB, etc.). The consultant for social safeguards, gender and development, assists the government agencies in conducting baseline sex-disaggregated socioeconomic surveys and data analysis (research), conducting stakeholders consultations with the project affected communities and beneficiaries to ensure that they are well-informed and provided with a venue to freely express their voice on the project and participate in the decision-making process: assess positive project impacts or benefits as well as potential social risks associated with the proposed project (i.e., increase in HIV/AIDS/STIs, human trafficking cases, gender-based violence, labor exploitation, land acquisition and resettlement impacts, road accidents, environmental impacts, and impacts to indigenous peoples, and others), and to identify/ suggest preventive and mitigation measures.

Overall, working as a consultant (international setting) is a fulfilling job, aside from the financial benefits and opportunity to travel and meet people from all levels and diverse cultural environment. What I like most in my job is

conducting consultations in the villages, talking to community leaders, poor households, women and children, and other vulnerable people. Looking at their faces, participants nodding their heads as an expression that they understand what the project is all about, asking them what are their worries and concerns, and encouraging them to express their views and suggestions; and expressing how grateful they are that I have visited their country/village.

The theories, principles and code of ethics, and methods of social work practice learned during my BSSW and MSW education have contributed so much to who I am now, and what I can share for the welfare of poor people."

Community and Family Services International (CFSI)[59]

The Community and Family Services International (CFSI) was conceived in 1981, in response to the needs of refugees from Vietnam, Cambodia, and Laos at the Philippine Refugee Processing Center in Bataan. Based in the Philippines and working internationally since 1989, CFSI has thus far served in ten countries in Asia, often in response to large-scale humanitarian emergencies: Cambodia, Hong Kong, Indonesia, Malaysia, Myanmar, Papua New Guinea, Philippines, Thailand, Timor-Leste, and Vietnam. For more than 40 years, CFSU has been helping to protect and assist refugees in the Philippines, from more than 48 different countries and territories.

Social workers serving refugees through CFSI are clearly engaged in international social work practice. Ines Danao, a citizen of the Philippines, has a distinguished track record in social work practice and social work education. In 1986, she

was hired by CFSI to be part of a multi-discipline team (social workers, psychologists, psychiatrists, and other professionals) working with refugees at the Philippine Refugee Processing Center in Bataan. Her primary responsibilities then were to provide casework services for refugees who demonstrated mental health and psychosocial needs including victims of sexual and gender-based violence. Ines served in this capacity until her redeployment by CFSI in 1991 to work with Vietnamese asylum seekers and refugees in Hong Kong. Over the next two years, she provided not only casework services but also helped organize refugees into communities that soon cared for those who were most vulnerable, such as minors who were not accompanied by their parents or their care providers.

At a later point in time, Ines was engaged by CFSI to be part of an innovative effort funded by the United Nations Volunteers (UNV), to advance social work in Vietnam, which did not then officially accept social work as a profession. Based in Hanoi, Ines was tasked to lead a team of Vietnamese professionals from diverse fields to develop and deliver training modules on psychosocial interventions, under the aegis of the Vietnamese government's Ministry of Labour, Invalids, and Social Affairs (MOLISA). This training, drawn from CFSI's work with Vietnamese refugees in various parts of Asia, was carried out in the northern, central, and southern parts of Vietnam, in collaboration with MOLISA, its provincial counterparts, the University of Labour

and Social Affairs (ULSA), among others.

In 2017, Ines was part of a small team led by the Executive Director of CFSI, that provided training in Yangon, Myanmar, on "Social Work with Crisis-Affected Communities," designed for officers and direct service providers in the Ministry of Social Welfare, Relief and Resettlement (MSWRR). It was just one small element of CFSI's extensive, multi-year initiative to help develop the social work profession in Myanmar, for the benefit of its disadvantaged, vulnerable, and crisis-affected population.

When asked to share what she has learned from these international work experiences, Ines wrote:

> *Multicultural competencies, conscious use of self, engagement and responsibility building, multidisciplinary and inter-agency collaboration, are skills that must be integral in our personal and professional self. We must use them not only in our work with clients, but also in our work with colleagues and other persons we come in contact with. Warmth, genuineness, empathy, and trustworthiness must be second nature to us. Working towards this is a lifelong challenge that we must grow as persons. We must walk the talk when we say that we want people to realize their potentials to the fullest.*

While we can cite many other examples of international social work practice carried out by CFSI, we highlight, at this juncture, CFSI's use of technology. In 2018, the Geneva-based Global Child Protection Area of Responsibility (CPAoR) and UNICEF/Geneva entered into an agreement

whereby CFSI would establish an English Help Desk in Manila that could provide on-demand field support services for Child Protection Coordination Groups in countries where English is widely used. French, Spanish, and Arabic Help Desks were also to be established in other countries. The primary context for these help desks was for humanitarian emergencies – developing, acute, and protracted.

The Help Desks had four major tasks: ~~(1)~~ provide rapid, remote support to country's child protection coordination teams; ~~(2)~~ support surge capacity and rapid responses; ~~(3)~~ contribute to policy development and advocacy efforts; and ~~(4)~~ help improve service delivery, coverage, and quality. Three CFSI social workers – Lualhati Pablo, Vilma Cabrera, and Vivian Escoton – played key roles in the development and management of the help desk, over time. By the close of this nearly two-year initiative, CFSI had provided, from Manila, technical assistance and other forms of support to child protection workers in 18 countries in Asia, Africa, and Europe, through the English Help Desk. All this occurred before the COVID-19 pandemic, which has underscored the importance of technology in providing opportunities in international social work.

The preceding presentations acknowledge the important contributions that Filipino social workers have made and continue to make in the field of International Social Welfare as early as the 1980s; though we hasten to add that many years prior to this period, professionally trained Filipino social workers, mostly with graduate or post-graduate degrees, had served as consultants and

advisers to international organizations.[60] From the shared accounts, we learn about the invaluable "job assignments" given to our social workers by their humanitarian agencies and organizations such as in the following: agency administration/management; planning; project development; field staff supervision and training; coordination with local governments; direct services; and many others. These were undertaken in a wide variety of programs with goals towards capacity building, livelihood, child protection, health and nutrition, disaster risk reduction, empowerment, psychosocial support, and many more.

We hope that the presentations have made us realize even more fully how important the role of social workers play not only in one's country of origin but more so in the international arena. We are also reminded that one can practice the field of international social welfare without leaving one's country. The successful practice of International Social Welfare by our fellow social workers should serve as an inspiring and challenging aspiration to all.

EDUCATION AND TRAINING

Although not a field of social work in the traditional sense (meaning, that it is not a field where social workers engage in problem-solving activities with clients), education and training can be considered a field of social work practice since it involves the transfer of social work knowledge and skills. Bisno calls this the "facilitative instructional method" of social work practice, performed by social work teachers and trainors.[61]

The social worker who goes into the field of social work education will find that her work will not be limited to classroom teaching. Field instruction, a major component of professional social work education, provides many opportunities for continuing contacts with practice, through the supervision of students who do field work in a variety of social work settings. Some innovations in social work education also allow for direct practice experience, such as school-sponsored social laboratories or field placements where faculty members are able to do direct practice, student supervision, and non-formal education activities.[62]

As of 2021, the Professional Regulation Commission has on record 150 schools offering the Bachelor of Science degree in Social Work (BSSW). Of this number, there are 80 regular member-schools of the National Association for Social Work Education, Inc. (NASWEI), which are in the National Capital Region (NCR), and in Luzon, Visayas, and Mindanao. There are 21 schools offering the Master's Degree in Social Work (MSW or MSSW). There is no school offering a Ph.D. program in social work as yet.

There has been a continuing increase in the number of educational institutions offering formal social work education (from less than 30 schools two decades ago), perhaps because of the clamor of a growing number of social welfare agencies and organizations implementing varied services to different sectors of our society. This situation presents a problem for social work schools – the lack of teachers who will prepare students for "beginning competence in social work practice," the objective of undergraduate social work education defined during the First National Workshop on Social Work Education.[63]

As early as in the 1970s, with much fewer schools of social work than today, there was already a felt need for competent social work teachers.

The University of the Philippines, in response to the serious lack of trained social work teachers especially outside the Metropolitan Manila area, was able to obtain UNICEF approval for the funding of fifty scholarships over a five-year period (1976-1980), to be awarded to deserving BSSW graduates with direct practice experience; and who are willing to pursue an MSW degree and teach in a school of social work, preferably outside the Metropolitan Manila area, upon completion of this degree. A reasonable expectation from these grantees was that through their demonstration of the valuable contribution of social work educators, they would inspire and encourage some of their students to eventually go into social work teaching as a career; and also to provide leadership in the setting up of innovative training programs in their respective schools and/or communities, which will help improve the quality of social work practice in the country.

The reality in social work education today is that many schools have to employ new graduates of the BSSW program, usually their own graduates who performed impressively during their studies, and/or in their performance in the social work licensure examination. The expectation is that the schools' faculty members should have at least a Master's Degree in Social Work for them to be able to teach competently, and that some years of direct practice experience is necessary to be able to impart to students the knowledge, attitudes, and skills that they themselves learned and acquired from practice.

Other problems in social work education are: the lack of social workers with a Master's Degree in Social Work and five (5) years of administrative experience to head the social work degree programs in schools; the lack of social welfare agencies where students can be placed to meet the Social Work Law requirement of 1,000 hours of Field Practice experience; lack of support from school administration for faculty welfare (adequate compensation and benefits); and the slow hiring of additional faculty.[64]

Many schools and agencies provide other opportunities for social workers to engage in educational and training activities. The University of the Philippines College of Social Work and Community Development has a special unit called Research and Extension for Development Office which hires training staff who have formal degrees in social work. The Office undertakes short-term non-degree continuing education courses for social work and community development graduates, and also short-term courses for social development workers and paraprofessionals. The Asian Social Institute has a Family Center with social work-trained staff administering and implementing training programs for religious and other groups, mainly for activities relating to social development. A somewhat similar program is being run by social workers in the Family Helper Project of the Philippine Christian University. At the Philippine Women's University, a social worker takes charge of the Youth Civil Action Program (YCAP) component of education, which requires students to do volunteer work in the community as a prerequisite for graduation.

Moreover, in countless agencies, social workers are performing training functions – planning, directing, implementing, and evaluating agency training programs.

Among these agencies are the DSWD, the Philippine National Red Cross, the Philippine Business for Social Progress, the Family Planning Organization of the Philippines, and the Development Academy of the Philippines.

GUIDES FOR DISCUSSION/ACTIVITIES

1. List the different fields of social work (include but do not limit your listing to what are presented in this chapter), both current and emerging. Name as many social agencies (public or private) as you can find in each field.
2. Choose one social agency that interests you from your list of fields. Visit the agency/interview a social worker. Focus your interview on the activities of social workers in this field. Share your learnings in class.
3. Review the available literature on the fields of social work (*e.g.*, local and foreign social work encyclopedias). Study the nature of social work practice in these fields, including issues, problems, and trends. Share your learnings in class.

EndNotes

[1] *See* Protocol for Case Management of Child Victims of Abuse, Neglect, and Exploitation (Committee for the Special Protection of Children) Jan. 2016 https://www.doj.goh.ph.

[2] Republic Act No. 4373 (Article IV Section 23) June 19, 1965.

[3] Philippine Encyclopedia of Social Work 2000: Megabooks Company & National Association for Social Work Education, Inc. See Lourdes G. Balanon, "Child Welfare" 8-10.

[4] National Directory of Private Social Welfare and Development Agencies (SWDAs), with Valid Registration and License/License to Operate and/or Accreditation issued by the DSWD.

[5] Population Facts No. 2012/4 December 2012. United Nations Department of Economic and Social Affairs Population Division (see www.unpopulation.org).

[6] DSWD Administrative Order No. 05 Series of 2010 – "DSWD Long Term Care Program for Senior Citizens (LTCSC) General Implementing Guidelines".

[7] *Ibid.*

[8] Republic Act No. 8371 or "The Indigenous Peoples Rights Act of 1997" (Chapter 2, Section 3, Paragraph h).

[9] Coalition for Indigenous Peoples Rights and Ancestral Domains, 2016.

[10] Regional estimated population computed based on the 2007 Population Growth Rate by Region reported by the National Statistics Office (NSO), now Philippine Statistics Authority (PSA).

[11] Research is still ongoing; the list of ICCs/IPs may be changed/revised/updated.

[12] NCIP Ancestral Domain Office.

[13] Joint Memorandum Circular (JMC) No.1, Series of 2020 dated 27 February 2020, or the Guidelines for the Implementation of E.O. No. 67, s. 2018.

[14] National Directory of Private Social Welfare and Development Agencies (SWDAs), *op. cit.*

[15] Dangerous Drugs Board, 2019 National Household Survey on the Patterns and Trends of Drug Abuse.

[16] Department of Social Welfare and Development Memorandum Circular No. 33 Series 2020.

[17] *Ibid.* See Guidelines for the Implementation of the Yakap Bayan Program.

[18] *Ibid.* See Manual of Operations for the Accreditation of Drug Abuse Treatment and Rehabilitation Centers.

[19] Munson, Carlton, *Forensic Social Work Practice Standards: Definition and Specification.* Journal of Forensic Social Work, 1:37-60, 201. Routledge.

[20] H. Garfunkel, *Conditions of Successful Degradation Ceremonies,* American Journal of Sociology, Vol. 6 No. 5 (March 1956) 420-424.

[21] Elliot Studt, *Education for Social Workers in the Correctional Field.* New York. New York: Council on Social Work Education (1959), 7.

[22] National Commission on Law Observance and Law Enforcement, *Penal Institutions, Probation and Parole* (Wikensham Report, 1931), 184.

[23] E. Studt, *op. cit.*

[24] Probation and Parole's Mission (see http://probation.gov.ph/mandatemissionvision).

[25] Walter A. Friedlander, *Introduction to Social Welfare.* New York: Prentice Hall, Inc. (1955), 495.

[26] Wayne Visser. The Ages and Stages of CSR–Towards the Future with CSR 2.0 CSR International Paper Series, No. 3 2011. p. 1.

[27] Whitaker Associates, Stephanie Poll, "What's the Idea Behind Corporate Social Responsibility?", February 28, 2007.

[28] Roberto Calingo and Mutya de los Reyes. *Corporate Social Responsibility: From Corporation to Transformation.* "CSR Trends and Challenges in the Philippines". League of Corporate Foundations. 2011. p. 52.

[29] Jaime Augusto Zobel de Ayala. CEO Perspectives on Corporate Social Responsibility, League of Corporate Foundations, 2006. p.8.

[30] C.K. Prahalahad. *The Fortune at the Bottom of the Pyramid: Eradicating Poverty Through Profits.* Wharton School Publishing. 2004. p. 115.

[31] Rosabeth Moss Kanter. "From Spare Change to Real Change—The Social Sector as Beta Site for Business Innovation". Harvard Business Review on Corporate Social Responsibility. Harvard Business School Press. 2003. p. 189.

[32] Annabelle C. Singzon. *Philippine Encyclopedia of Social Work.* "Social Work in Industry", Megabooks Company—National Association of Social Work Education, Inc. (NASWEI). 2000. p. 253-254.

[33] Roberto Calingo and Mutya de los Reyes. *Corporate Social Responsibility: From Corporation to Transformation.* "CSR Trends and Challenges in the Philippines". League of Corporate Foundations. 2011. p. 44.

[34] Marilou G. Erni. "12 Tears of Advancing CSR in the Philippines". ASEAN Foundation Workshop for Corporate Foundations. November 2008. Bangkok, Thailand.

[35] United Nations Office for Disaster Risk Reduction. UNDRR

[36] Philippines–Typhoon Facts and Figures (https://www.dec.org.uk).

[37] UNISDR (United Nations International Strategy for Disaster Reduction). 2009. *2009 UNISDR Terminology on Disaster Risk Reduction.* Geneva: UNISDR.

[38] Luna, M. & Nicolas, J. 2014. Social Protection: Vulnerability and Adaptation Manual. Quezon City DSWD.

[39] Republic Act No. 10121. 2010. Philippine Disaster Risk Reduction and Management Act of 2010.

[40] Joint Memorandum Circular No. 2013-1 On Allocation and Utilization of the Local Disaster Risk Reduction and Management Fund (LDRRMF).

[41] Maripe, K. and Sinkamba, K. 2014. Social work education and disaster risk reduction in Botswana. International Journal of Multidisciplinary Academic Research Vol. 2, No. 2.

[42] Yueh, C.C. 2003. Social Workers Involvement in Taiwan's 1999 Earthquake Disaster Aid: Implications for Social Work Education. Online Journal of Social Work and Society, (1):1-22.

- Pham Thanh Hang. 2015. Social Work Profession and Disaster Risk Management. UNISDR Asia Pacific Regional Office.
- Eileen Younghusband. "An International Appraisal of Trends in Education for Social Work" in *Social Work and Social Change*, ed. By Eileen Younghusband. London: George Allen and Unwin, Ltd. (1964), 130.
- Social Welfare Board and the SWA-UNICEF-Assisted Social Services Project, Report of the First National Workshop on Social Work Education. Manila: SWA-UNICEF (1967), p. 11.
- Rosita L. Fondevilla, "Social Planning, Encyclopedia of Social Work". (1977), 440.
- The Department of Social Welfare, Department of Education, and the United Nations' Children's Fund, Report on the Third National Workshop on Social Work Education, Manila (1969), 150.
- *Ibid.*
- The country's premier socioeconomic planning body has undergone several reorganizations from its original creation as the National Economic Council (under Commonwealth Act No. 2 that was approved by the National Assembly on 23 December 1935, whose principal mandate was to advise the national government on the policy of national independence) to the current National Economic and Development Authority (with the issuance of Presidential Decree No. 107 dated 24 January 1973 and its reorganization under EO 230 in 1987 to integrate the functions of various socioeconomic bodies created by past administrations under one government agency). The country's planning sectors, as reflected in the various Philippine Development Plans, have also thus evolved to ensure that policies, plans, and programs efficiently set the broad parameters for national and sub-national (area-wide, regional, and local) development.

[30] Section 34, R.A. No. 7160 (The Local Government Code of 1991).

[31] Revised Procedural Manual for the Department of Environment and Natural Resources (DENR), Department Order No. 30, series of 2003 (Implementing Rules and Regulations of Presidential Decree No. 1586, Establishing the Philippine Impact Statement System).

[32] Department of Public Works and Highways (DPWH), Department Order 327, series of 2003, "Guidelines for Land Acquisition Plan and Resettlement Action Plans (LAPRAPs) for Infrastructure Projects".

[33] Healy, Lynne M. and Link, Rosemary J., Editors. Handbook of International Social Work: Human Rights, Development and the Global Profession. Oxford University Press, New York, USA, 212; Paulin, John and Matis, Selena, Social Work Practice: A Competency-Based Approach. Springer Publishing Company, New York, USA, 2021.

[34] Wong, Janlee, "International Social Work". Slideshare, presentation for a conference on the National Association of Social Workers (NASW), San Francisco State University, San Francisco, California, USA. 12/11/2013.

[35] Remata-Evora, Myrna, "Plan International". Email message to author. 12/11/2021.

[36] Far, Jesus Sarzuela, "United Nations Children's Fund (UNICEF)". Email message to author. 26/11/2021.

[37] Rodriguez, Luz Lopez, "United Nations Fund for Women (UNIFEM)". Email message to author. 05/09/2021.

[38] Mansos-Felix, Ester, "Asian Development Bank (ADB) World Bank (WB) and other International Development-Funded Projects". Email message to author. 01/12/2021.

[39] Paper prepared by Muncy, Steven, Executive Director, CFSI; 2021 Ramon Magsaysay Awardee (Southeast Asia), "International Social Work: Community and Family Services International (CFSI)." Email message to author. 06/08/2022.

[40] Lasan, Dolores B. "International Social Work". Philippine Encyclopedia of Social Work C. 2000. National Association for Social Work Education p. 133.

[41] Herbert Bisno, "A Theoretical Framework for Teaching Social Work Methods and Skills with Particular Reference to

Undergraduate Social Work Education" in *Journal of Education for Social Work* (Fall, 1969). 9-12.

[62] Examples of these are the Family Helper Project of the Philippine Christian University, the Family Center of the Asian Social Institute and the Rural Social Work Field Placement of the University of the Philippines College of Social Work and Community Development.

[63] Social Welfare Board and the SWA-UNICEF-Assisted Social Services Project, Report of the First National Workshop on Social Work Education. Manila: SWA-UNICEF (1967), 16.

[64] *See* "The NASWEI in the Last Two Decades" in this fourth edition.

11

TRENDS IN SOCIAL WORK IN THE PHILIPPINES

Our last chapter will focus on selected trends in social work in the country today. Two of these which were discussed in the Third Edition—The Generalist/Integrated Method of Social Work Practice and Case Management—have been incorporated in other chapters in this edition. Social Work in Developmental Social Welfare, Empowerment-Oriented Social Work Practice, and Social Work and Information and Communication Technology are retained and enriched with new/additional content. Feminist Social Work Theory and Practice in the Philippines is added to this chapter.

SOCIAL WORK IN DEVELOPMENTAL SOCIAL WELFARE

Social welfare refers to "those laws, programs, benefits, and services which assure or strengthen provisions for meeting social needs recognized as basic to the well-being of the population and the better functioning of the social order.[1] When social welfare is specifically

addressed to social development concerns, it is developmental social welfare.

Development regards a certain resource (*e.g.*, land, man) as being endowed with a certain potential which society must discover and maximize.[2] The dictionary, in fact, defines "development" as causing something to unfold, to grow, to change for the better, to be realized. It implies "a considerable drive to husband all resources, including human ones, in order to surpass mere survival in the face of diverse and critical challenges, but true development aims towards the realization of actual and potential human capabilities in all spheres. . . ."[3]

The foregoing definitions provide us with an additional and very crucial dimension of developmental social welfare, that is, social welfare which, besides being addressed to social development concerns,* underscores the effective mobilization of resources particularly human resources on the premise that the human being has inherent potentials and capacities that can be harnessed to his advantage, given the necessary opportunities and support.

There are essentially two levels of developmental social welfare tasks:

*For many decades now, the following have been the areas of concern to which government resources have to be allocated if there is to be an improvement in the standard of living of the country's population: subsistence levels of living; widespread unemployment and underemployment; lack of or inadequate access opportunities and services, population growth; large youth population; effects of urbanization; rural underdevelopment and needs of special groups, *e.g.*, the aged, drug abusers, physically and mentally handicapped, children and women in especially difficult circumstances.

1. The *macro level* which involves the formulation of laws, policies, programs, and benefits that will promote and ensure social justice (*e.g.*, laws which are an addition to or an improvement over what already exist such as those for the protection of employed youth and working mothers; laws which provide for employee benefits; and laws which answer to the needs of certain vulnerable groups for protection against exploitation in the name of economic development, like a tourism industry that can lead to prostitution). This task also includes doing research studies that are badly needed as bases for social welfare planning and policy/ legislation formulation.

2. The *micro level* which involves the following activities:

   a. re-orientation of existing social welfare services;

   b. the establishment of social welfare services that are responsive to the changing needs in society; and

   c. an identification of the social welfare aspects of social development programs in which social workers are or will be involved.

Let us now explain these specific activities.

Re-orientation of existing welfare services. The traditional forms of social welfare services continue to give way to changes that prove more consistent with the thrust of developmental social welfare. Thus, preventive and

developmental programs and services will need to be given priority over those which are essentially remedial in nature; the "normal" members of the population who are ready to become economically productive, and therefore contributing members, will have to be given the larger share of resources. Other changes will include community-oriented instead of individual-centered helping approaches and interventions; community-based instead of institution-based programs and services; more rural programs instead of more urban programs since majority of the population are in the rural areas. Developmental social welfare also means the institutionalization of certain basic services in place of the ad hoc response to meeting certain kinds of human needs and, related to this, the improvement of people's living conditions through their self-reliance, instead of the usual provision of material resources.

Establishment of welfare services that are responsive to the changing needs in society. Developmental social welfare means that more services that respond to the changing needs of people in a developing society will have to be established. Among these are the following:

a. programs and services which help people earn a living and provide similar opportunities to others, such as income-generating projects, skills training, sheltered workshops, a system of credit and soft loans;

b. programs and services which support increased productivity on the part of individuals, groups and communities, such as skills training for the underemployed, responsible parenthood and family planning programs for youth and adults,

industrial counseling, nutrition programs, appropriate technology transfer, and organization of cooperatives;

c. programs and services which prevent and counteract the unfavorable effects of urbanization and industrialization on family and community life, such as family life education and leadership training. Included in this category are programs that will make living in the rural areas attractive to its residents thereby minimizing migration to urban areas, such as programs of assistance for self-employment and training in entrepreneurial skills which provide people with knowledge, skills, and attitudes they need to be able to put up and sustain viable structures for their own problem solving;

d. programs and services which remove the burden of dependence on productive workers, such as day care centers, youth training and placement programs, old age homes, etc. Included in this category are developmental programs for special needy groups, such as trainable and employable handicapped persons. In addition, this means programs that will minimize the cost of institutional care, such as by way of able-bodied wards of various institutions being engaged in economically productive and self-supportive activities. The important implication of this is that public and private agencies will totally bear the burden of only the really helpless, such as the abandoned

and helpless aged and the severely mentally and physically handicapped.

Identification of the social welfare aspects of social development programs in which social workers are or will be involved. Various social development programs have social welfare aspects that have to be identified or delineated. Among these are housing, relocation/resettlement, institution building (*e.g.*, barangays/citizens assemblies and cooperatives), rural and urban community development, land reform, and manpower development. For example, the social welfare component of population and family planning programs are adequately described in available literature, together with the roles and functions of social work. The same should be done in relation to the other social development programs.

Implications of Developmental Social Welfare to Social Work

For several decades now, social work in the Philippines has pursued a developmental thrust. National, regional, and local conferences, seminars and workshops have been held, and countless articles, reports and proceedings, magazines and books have been written on a wide range of developmental concerns. Many social work agencies are known to have modified or re-oriented their programs and services, just as some schools of social work have revised their curricula in order to be more relevant to the requirements of this thrust.

If social work is to make a really significant contribution towards the achievement of development goals in the country, there is need to define some of the important tasks to guide its activities in the new decade.

With the preceding developmental social welfare tasks as framework, we believe the following are the important tasks of social work:

1. *Setting priorities.* Social work has to give priority attention to activities that will bring about economic productivity and independence. This will involve the allocation of resources based on consideration of returns, *e.g.*, clients will become self-supporting. Part of the task of setting priorities is for social work to emphasize the developmental needs of the larger masses of the population with the aim of enhancing their capabilities to contribute to national development. This means that social workers will have to continue giving priority to their preventive and developmental functions, and engage in more community-based programs that will improve the living conditions of people.

2. *Systematic problem solving and choosing appropriate helping interventions.* Social workers will have to apply more consciously the systematic problem-solving process, underscoring the use of helping methods and interventions that are appropriate to its developmental function. Of the interventive models discussed in this book, the following are particularly relevant: Intercession-Mediation, Mobilizing the Resources of Client Systems to Change their Social Reality, Documentation, and Advocacy. Helping methods and interventions should change along with changing human needs and situations; the

profession, therefore, has to continuously examine its interventive repertoire. Changing the social structure as a major form of intervention is gaining many adherents and will be discussed separately later.

3. *Mobilizing people.* One very important task of social workers is that of stimulating, motivating, and assisting people to become active partners in planned change, focusing on the full participation of people in any effort/decision that will affect their lives.

4. *Identifying leaders.* Social workers should exert effort to identify and develop local/indigenous community leaders, and provide them training opportunities so that they can acquire the knowledge and skills needed to be able to assist their respective communities to become self-reliant.

5. *Facilitating access and linkages.* Social workers should help people/communities gain access to available opportunities and resources and, whenever necessary, help set up the necessary mechanisms so that people/communities are linked to available resources. They should also exert effort to bring about better cooperation and coordination among agencies. This task also involves identifying and finding solutions to organizational problems for more effective service delivery to the people for whom they are intended.

6. *Participating in social welfare planning.* Social workers should actively seek opportunities to

participate in social welfare planning on local, regional, and national levels. A major contribution lies in helping towards the development of an overall (local) community welfare program which will serve as the framework for all social welfare activities in a particular community. The typical picture is that of an aggregate of agencies with their various programs or projects, many of which duplicate each other. The result is that there is sometimes an "overkill" in relation to the response to certain needs and problems while some equally important needs and problems are ignored or neglected. Social work advocacy may help bring about a development-oriented community welfare program that is both efficient and effective.

7. *Evaluating and measuring impacts.* Social workers have to be more involved in the systematic evaluation of existing programs and services in order to find out the extent to which these programs and services are still meeting the needs and problems of people, and also the extent to which they are relevant to developmental goals. When particular programs do not meet these criteria, social workers should help bring about their modification or change, and then initiate and develop new programs and services which will improve human conditions.

In addition, social workers have to be concerned with the measurement of the concrete effects or impact of their activities in

social welfare. While the usual measure used for evaluating economic projects may not be applicable or useful to social work, the scarcity of resources demands not only the wise use of these resources, but the corresponding accountability of social workers who are party to their utilization. This requires some measurement of the effects or impact of social work activities, a task which, while already being undertaken by some development-oriented agencies is, however, neglected by others. Social workers should not only overcome their resistance to this task, but should also assist their agencies in the development of acceptable and useful measures or indicators of effectiveness.

8. *Examining/assessing social work practice and education.* Social workers have to examine critically the state of social work practice in the country today specifically in relation to the national development goal. Corollary to this, there is need to critically examine the state of social work education, both formal and informal, in relation to whether or not the curriculum is adequately preparing future social workers for social work practice that clearly contributes to national development.

STRUCTURAL CHANGE

An increasing number of people in the social welfare field today believe that development can become a reality only if there is structural change in the society.

What do they mean? They mean that the system whereby power and resources are controlled by a very small number will have to be changed so that the creative and productive potentials of the people can be released; because such system only serves to intensify and generate the problem of poverty, making it impossible for the masses to meet their basic needs and live in dignity.

The main target of structural change is the economic system, which is perceived as being at the core of the inequality in other systems in our society. In place of a concentration of economic assets and wealth in the hands of a few, what is desired is a democratization and redistribution of these assets and resources and their productive use by the masses. In addition, structural change calls for access to and participation in the political decision-making processes of society by the masses of our people. Another important target of structural change is our cultural system which is elitist and highly reflective of a continuing colonial mentality. An appreciation of our own indigenous culture is basic to the development of a national consciousness which, sadly, we continue to lack.

Efforts to bring about such structural change have been undertaken and continue to be pursued by different sectors of our society. For its part, the government has instituted various policies and programs for the redistribution of wealth and resources and for providing equal opportunities to its citizens. Such are the programs of rural and urban land reform, irrigation systems ("water reform"), employment, housing, credit systems, and appropriate technology transfer.

The private sector is also actively doing its share to effect structural change. Countless private groups and

organizations (NGOs and POs) are engaged in programs to promote self-reliance among people. This comes in the form of food production, nutrition, self-employment, and community-based health programs, among others. How do programs, like these, work to help bring about structural change? Community-based health programs may be cited as an example. On the premise that the role of the present health care delivery system in the country is defined by the existing social structure and merely functions to support and maintain that structure, community-based health programs represent efforts to change the economic, political, and cultural aspects of community health by underscoring community self-reliance.

These programs constitute an integrated program of environmental control, food production, and nutrition along with basic health education intended to introduce a preventive approach to illness, thereby reducing expenses for medical treatment. Traditional but scientifically tested health practices such as the use of herbal medicines are encouraged, in order to minimize the use of and dependence on expensive foreign-made drugs. Community residents are provided real participation in decision making. They decide whether or not they want to have a community-based health program, gather data about the community's health, participate in the analysis and interpretation of these data, collectively decide on the solutions to their community's health problems, and even choose their own health workers. The program makes people learn about and appreciate preventive health efforts and, at the same time, promotes an appreciation of the indigenous culture, resulting in a change in attitudes and values.

Structural Change and Social Work

Many public and private agencies and organizations offer a variety of opportunities for social workers to engage in structural change. Although many of the existing programs currently under public and private sponsorship emphasize socio-economic upliftment, most of them can be used to help people learn the meaning of participation. This is in fact one area in which social workers can make a great contribution—mobilizing people to participate actively in all matters affecting their lives. Social workers can also help people make maximum use of opportunities given to them to be involved in political decision making starting, for example, with decision making at the barangay level.

Regardless of where they are employed, the important thing is for social workers to make maximum use of opportunities to participate, directly or indirectly, in hastening or facilitating structural change.[4]

Structural change is an enormous task that will probably be less overwhelming if social workers would realize that their contribution could well start by way of activities that can bring about change in the existing economic, political, and cultural aspects of people's lives. As an advocate of small community-level structural change has said, what is needed is a "convergence of transformative microactions" to facilitate macro structural change.

Indeed, participation in structural change may yet become one of the major interventive models in social work.

Rural Social Work Practice

Developmental social welfare demands attention to the condition of our rural areas and the need for committed social workers who are willing to make a difference in the lives of rural residents.

The Generalist/Integrated Method of Social Work Practice which is a major theme of this book seems to be especially suited to our rural setting. What our rural areas need are social workers who have adequate skills in working with individuals, families, small groups, and communities. The shortage of social workers in the rural areas makes it necessary for rural social workers to assume a variety of professional roles and responsibilities. However, even if someday there should already be a sufficient number of practitioners who will be attracted to work in our rural communities, the generalist practitioner would still be the most appropriate. The interrelatedness of individual, group, and community problems which are very evident in rural communities should rule out a fragmented approach to problem solving. Besides, the geographic boundaries of rural communities make them more manageable unlike most complex urban settings. Rural communities lend themselves to a total problem-solving approach. The social worker can study and more easily understand the community system as well as its various sub-systems, and decide on the most appropriate point of entry for a helping relationship.

In rural communities, the present reality in the country is that the social worker usually has to work alone. Unlike her urban counterpart, she cannot call on the support and assistance of co-workers. Nor can she rely

much on the use of referrals and consultants. The reality of rural practice requires the social worker to be independent and self-directing. Because she will have limited access to continuing education opportunities, she must be prepared to do self-study, and to exercise initiative and resourcefulness in finding ways to learn and improve herself professionally.

While the rural social worker will find useful and relevant the basic content comprising Generalist/ Integrated method of social work practice, we believe that more than the urban social worker, she has to have adequate skills in independently engaging in the following: administration and management including policy-formulation, planning, and program development (including writing project proposals), budgeting and fund-raising, development of support personnel (such as local volunteers), research and evaluation, and community problem solving. Needless to say, in actual problem solving, a rural social worker should be able to use a variety of interventive methods, procedures and tasks, as would seem applicable in the light of their (*i.e.*, worker and people) assessment of particular community situations. This means that a rural social worker should be prepared to switch professional roles as needed, from counselor to mediator, to organizer, to advocate, and so on.

Community Organization in the Rural Areas

Having just pointed out that one of the areas that require adequate skills on the part of the rural social worker is direct community problem-solving (the term "direct" is used to mean that the worker has face-to-face helping relationship with the people, as distinguished

from agency management, for example), we now turn our attention to what currently is a very popular method of community problem solving – community organization.

The three models of community organization discussed in an earlier chapter – locality development, social action, and social planning – can all be applied in a rural community, depending on the situation. Whether it is one of these or some other model of community organizing is used, the following guidelines will be helpful to the practitioner:

1. *Social workers should come to a community with adequate knowledge of a variety of helping interventions and strategies from which they can draw in order to be able to respond to particular needs or situations*. However, they should be cautious about making pre-judgments as to the kind of solution required, which may lead them to impose their will on the community. People's participation becomes a meaningless principle when the social worker who is sold on a particular strategy for problem solving manipulates community decision making to accommodate her own preference. Social workers should have a firm commitment to the community's right and responsibility to determine its own needs, problems and objectives, and means of achieving these objectives. A social worker who uses her practice to fight her personal battles against society has very disturbing implications.

2. *Social workers should help a community set realistic goals*. The formation of a strong community

organization for social action may have long-term beneficial effects, but may be overwhelming if suddenly thrust on the people. Small successes experienced out of short-term projects can help the community develop a sense of confidence in their own problem-solving capacities, make them recognize the value of participation and, later on, can become the basis for developing a more lasting people's organization. In helping community organizations with goal-setting, particularly in relation to certain issues, the social worker has a very important role to play. She can lead a community to a narrow path which provides no options and can at times only result in feelings of frustration and hopelessness; or she can help it set realistic goals which recognize certain constraints imposed by the system, consider alternatives, and sometimes settle for inevitable compromises.

3. *Social workers need to understand the communities they are working with, particularly their culture.* Besides knowledge of dominant Philippine values and beliefs, every worker should find out the values, traditions, customs, and beliefs of the particular community where she is assigned. With this will come the realization of the need to modify and/or make adaptations on helping strategies and techniques which may have been successfully tried in other places, but not totally workable in some of our rural areas.

4. *Institutions that can help promote and maintain participation in community affairs abound in the*

rural areas. The church (in a generic sense; not necessarily, but including the Catholic Church), the barangay, women's groups, and youth organizations are among these. These institutions can be instrumental in helping a community gain access to resources and political power. Unfortunately, some of these institutions are being disregarded because some organizing "tactics" count them out.

5. *Social workers should be open to learning and developing indigenous community organizing tactics.* So-called "enemies" or "oppressors" in many of our rural communities may not be exactly like the enemies of poor workingmen or powerless citizens in other countries, for whom organizing tactics described in foreign books, are the only solution. Some of them may be willing to listen and be persuaded to give in to reasonable demands. Others may initially resist change but may later on relent to group pressure. There are also those on whom the cultural value of "*hiya*" and "*pakikisama*" might be used to the community's advantage. In other cases, a third party ("*tulay*") may be worth trying. Social workers should not close the door to the use of such indigenous conflict-solving "tactics" particularly when working in our rural communities. The same idea is conveyed in a paper, "Cooperation in Rural Community Practice" which stated that accommodation with or against existing structures may be the appropriate tactic in communities where kinship is still strong and

sectoral differentiation is not significant in the community.[3]

6. *Rural residents can influence institutions to become more responsive to their needs, but this process takes a long time, and even then, it is not the same as wielding power by holding elective positions.* The social worker, who works directly with the people, after some time, is in a position to identify residents who have the support of the community and can be encouraged to run for public office. The idea of having barangay heads who are the real choice of the people because of their commitment to the community's welfare need not be just an idea. Social workers can help communities make this a reality. With many important responsibilities and privileges now given to the barangay (and the consequent, very crucial role of its chairperson) the implication of the social worker's role in the development of local leaders with political power cannot be underestimated.

7. *Social workers who are engaged in community organization in rural areas should awaken the rural people to their own potentials and capacities for self-reliance, providing the necessary supports towards its realization.* A positive, constructive attitude, which rules out any form of violence as an approach to social change, is very important and in consonance with social work philosophy and values.

The Effective Rural Social Worker

One does not become an effective rural social worker just by undergoing professional education in social work. Experience and continuous learning, particularly learning about the unique or special characteristics of rural communities, and the willingness to change or adapt one's self to the rural setting, all help toward one's effectiveness as a rural practitioner. More specifically, we think the following are some of the most important characteristics of an effective rural social worker:

1. She has a good understanding of rural community dynamics. Besides having a good grasp of the culture and its effect on community life, she understands the kinship system, the power structure (formal and informal), the system of communication, and the roles as well as relationships among the different community institutions including the school, the church, and economic institutions.

2. She is sensitive to the community's response to her. Communities may react differently to social workers depending on their image or perception of social workers, previous experience with social workers, or certain associations with the agency the social worker represents. Their response can range from warm acceptance to suspicion, or lack of trust to hostility. A social worker should be patient and allow herself time to develop positive relationships with residents. Identifying key people, and proving her sincerity through little

concrete acts of helpfulness can go a long way in helping her hurdle the "testing period" that many rural workers have to undergo before becoming accepted by the community.

3. She is able to adapt her lifestyle to the rural environment. A rural social worker not only has to adapt her attitudes and behavior, but also her lifestyle so as to suit the rural condition. This requires self-discipline and flexibility. Community residents are very observant and can react negatively to certain behavior or actions which are not familiar to them or which may not conform to their norms.

4. She has good human relations. A rural social worker is able to relate with the different groups that comprise the community. In our setting, this includes joining activities in observance of certain traditional customs like fiestas, baptismal and wedding celebrations, and the "*harana*" (serenade), while at the same time setting limits on herself, *e.g.*, trying the native *tuba* (wine) but not getting drunk like the others, just for the sake of human relations.

5. She is versatile and knowledgeable. A social worker who knows a little bit of most things that concern rural communities can be very effective in helping people. This would include some knowledge of agriculture, medicine (including herbal medicine), veterinary medicine, fisheries, nutrition, sanitary engineering, public health, and law. This is, of course, a tall order, but not impossible to attain.

Self-study and interaction with people in these fields can be very helpful until social work education/ continuing education programs can make provisions to meet this need.

6. She is able to identify and mobilize a wide range of resources which can be helpful in community problem solving.

7. She is able to help communities find/develc new, non-existent resources, and find ways that the use of existing resources may maximized for the benefit of the community

8. She is able to help communities set prior With multi-problem rural communities social worker should help guide a comm in defining its priority target, *e.g.*, basic I needs like food and clothing over lo goals.

Implications for Social Work Education

It has been stated that the integrated social work practice is particularly suited t setting. However, rural areas have unique ch which necessitate the building of a system knowledge about social work practice in thes

The need to relate social work edu development has been a subject of concer work educators for some time now. At schools offer such courses as rural sociol development, and rural social work schools provide field experiences Undoubtedly, more innovative and fi

have to be designed if social work education is to make a meaningful contribution to rural development.

Feminist Social Work Theory And Practice In The Philippines

This section introduces feminist social work theory and practice as an emerging field of engagement for social workers. Feminism and social work have parallel and intersecting threads in the history of social movements. Each has been shaped by the evolving political and socio-economic milieu so that both have shared analysis of social issues as well as divergent views of root issues and solutions. The key milestones and themes are highlighted below:

Historical Timeline and Themes	Feminist Social Work at the Global Scene	Feminist Social Work in the Philippines
First Wave - 19th and early 20th century: Focus on women's suffrage, basic legal rights such as property ownership	Jane Addams (1860-1935) is a well-acclaimed social work pioneer who combined theory and action to settlement work in the immigrant communities of Chicago, notably the Hull House. Settlement houses are neighborhood-based organizations that provide services—much like a community center. This new type of social service agency focused on correcting the environmental causes of	The Associacion Feminista Filipina (AFF) was founded on June 30, 1905 by a group of women social reformers and social welfare workers led by Concepcion Felix. AFF marked the start of the feminist movement in the Philippines as it paved the way for more women's clubs to be organized and consolidated into the National Federation of Women's Clubs. NFWC led the campaign for women's suffrage since

poverty, applying groupwork and community organization that led to macro system change, a departure from the individual- focused casework of the Charity Organization Societies. She conducted researches and developed innovative theories of democracy and peace. She was a peace advocate, founded and led the Women's International League of Peace and Freedom, for which she was awarded the Nobel Peace Prize in 1931.[4]

Alice Salomon (1872-1948) was a German social reformer and pioneer of social work as an academic discipline. She was among the initiators and first president of the International Committee (later International Association) of Schools of Social Work. Throughout her practice and her writing, Salomon emphasized the importance of historical awareness and the need for a wide frame of reference within which social work must be perceived: economics, the natural and social sciences, national and

1931 until legislation was ratified on April 30, 1937.[8]

The women's clubs exposed young women to socio-civic-welfare and political work, some of who would later become the first batch of professionally trained Filipino social workers. Josefa Llanes Escoda (1898-1945) was among the suffragists who amplified the political voices of Filipino women. In 1923, she served as the executive secretary of the National Federation of Women's Clubs (NFWC), then later, its president from 1941-44. She fought for women's involvement in the Philippine government soon after suffrage. Her forward-thinking, feminist ideals understood the power women possessed with their new civic identity. She founded the Girl Scouts of the Philippines. When World War II war broke out, she aided prisoners of war, for which she was imprisoned and later executed by the Japanese.[9]

world politics, philosophical and religious dimensions. Far ahead of her time, she stressed the "enabling" nature of teaching and the importance of encouraging students to think and judge for themselves.[7]

Equality

Second Wave – 1960s to 1980s;

Takes on a range of issues particularly violence against women, reproductive health, equal rights amendment and equity legislation; established various women-centered organizations and programs.

The second wave of the feminist movement influenced feminist social work educators and practitioners to advocate for the inclusion of feminist perspectives in social work practice and to articulate feminist social work practice methods. Evidence-based practice (EBP) was highlighted based on clearly designed protocols and research-based intervention strategies that demonstrate positive outcomes for clients.[11] Early feminist analyses identified the gendered nature of the social work profession where frontline work was undertaken predominantly by women working with other women.

Josefa Jara Martinez (1894-1987) is the country's first and pioneering professional social worker. After she obtained a Diploma in Social Work in 1921 in the US, she worked for the creation of the Public Welfare Board (the predecessor of the modern-day DSWD) where she started to introduce the scientific approach in Philippine social work. She founded and was the first director of the first school of social work in the Philippines. In the 50s, she was one of the pillars of the Philippine Rural Reconstruction Movement that pushed for scaled-up rural development work.[10]

In this period of heightened social inequality and political repression in the Philippines, activist social workers joined MAKIBAKA, the *Malayang Kilusan ng Bagong Kababaihan*, in articulating patriarchy or male domination alongside the basic issues of feudalism, imperialism, and bureaucrat-capitalism.

In the early 80s, social workers joined feminist organizations such as PILIPINA founded in 1981, KALAYAAN in 1983, and GABRIELA in 1984. These were the first groups to focus on women's issues, both on the personal and societal levels, and launched study sessions and campaigns against sexism in media, violation of women's reproductive rights, gender violence, prostitution, and gender inequality in access to employment as well as income.[12]

Self-expression

Magna Carta

Third & Fourth Wave – 1990s to 2010

Individual self-expression

Promotion of diversity

Sex-positive initiatives

Women have been at the center of the debate to define the appropriate role for social work in rapidly changing societies. Feminist social work sheds insights in taking women's well-being as starting point for organizing, though not necessarily the end of its analyses, and has made creating egalitarian social relations an integral part of practice.[13]

Academic publications on feminist social work theory and practice were

Feminist theories and tools of analysis started to be taught in the social work curriculum of some schools. More Filipino social workers became more interactive with the women's movement and engaged local to national and international social development programs in gender-responsive governance. They lobbied for gender-responsive legislation, budgets, gender and development (GAD), focal point system and affirmative program strategies for

		circulated to enhance the discourse in classrooms and professional circles.	disadvantaged women. Given their involvement in a range of programs and services, they contribute to women's human rights monitoring and report to the UN Convention on the Elimination of All forms of Discrimination Against Women (CEDAW), and other human rights bodies. The lobby to translate CEDAW into a national law is capped by the enactment of R.A. No. 9710, the Magna Carta of Women in August 2009.[14]
Fourth Wave –2013 to present	Issues of intersectionality, reproductive health and rights, violence against women and children (VAWC), sexual orientation and gender identity and expression (SOGIE)	Women are viewed not as homogenous sector but with diverse subsectors that may be differently discriminated on the basis of their age, ethnicity, gender identity, ability, class status, and other intersecting variables.	Gender sensitivity in the curriculum and in social work practice has been increasingly undertaken among social workers who are considered part of the duty-bearer system, as social service providers, whether in government and non-government settings.
		Campaigns for reproductive health and rights, and prevention of violence against women (VAW) are among the key issues being addressed. The strategic use of social media as tool of feminist education, outreach and organizing.	Social and gender analyses are increasingly used as tools in working with individuals, groups, communities at local and international practice. Feminist counseling, gender and development training, gender in policy research and analyses, project management and monitoring are among the range of interventions introduced.

Feminist Social Work Theory

The feminist approach to social work is based on the assumption that the problems of clients are not within the female psyche, but within our societal structure, which is patriarchal and oppressive to women. This approach is based on the belief that, in a patriarchal culture, men have advantages, which preclude equality for women. Therefore, the goal of this perspective is to create a society that is equal for both men and women.[15]

As a practice approach, feminism emphasizes gendered analysis and solutions, democratized structures and processes, diversity, and inclusivity, thinking personal and political solutions, and transformation at all levels of intervention. Feminist practice is in concert with a multisystemic approach. It comprises levels of intervention which require the practitioner, regardless of method, to be relational and open to other ways of knowing and doing.

In the context of the extensive and systematic discrimination to women already documented, the aim of feminist social work is to help build the relation according to the egalitarian values which enable women to develop resources, skills, and beliefs to control and determine their lives. These core principles of feminist social work practice are identified[16]:

1. *Gendered lens*: This refers to an understanding that societal dynamics and relations shape, and are shaped by, gendered roles and responsibilities. With respect to practice, this means that the status and experiences of women need to inform the identification, analysis, and solution of problems, as well as the processes used.
2. *Personal is political*: This principle links the individual experiences of women with broader societal structures and trends. To understand and make this connection, the seemingly mundane aspects of what it means to be female and male, and how these roles are socially reproduced, must be deconstructed. This examination then informs the change process. Narrative development and consciousness-raising are primary tactics in understanding and examining societal problems and concerns, and the impact that these concerns have on individuals. Practice is centered on facilitating and acting on these understandings.
3. *Democratized structures and processes*: The ways in which a goal or objective is achieved is just as important as the actual achievement. The process of practice means facilitating collaborative styles such as consensus decision making and delegation or rotation of tasks. Participatory structures such as collectives or "flattened" hierarchies, are put into place to support such cooperative processes This principle is relevant for both intra-

organizational and inter-organizational networking and relationship building

4. *Inclusivity and intersectionality*. These principles are premised on the evidence that there is not a singular factor in comprehending the patterns of subordination and oppression. An intersectional approach recognizes the overlapping and compounding impact of race, socio-economic class, sexual orientation, gender identity, disability, religion, and other identities in shaping individual and group experiences of power, marginalization, and discrimination. It also requires the close examination of the ways in which various forms of privilege are manifested in practice efforts (no matter how well intentioned the efforts are) and to understand that an action or intervention that works for one group could have deleterious impact for another.
5. *Care and caregiving*: Because so much of women's lives focus on providing care and support to others, feminists place relationships and caregiving at the heart of decision-making processes. Thus, relational responsibilities are factored into interventions and program development (*e.g.*, the provision of child care at protest rallies). The bottom line is not fiscal or utilitarian in nature, but instead is based on how relationships are protected and facilitated. This nurturing dimension of feminism can be incorporated into all aspects of practice.
6. *Transformational*: Recognizing gender subordination does not mean that women are merely

included in status quo arrangements, which are then left unaltered. Feminist practice seeks, and contributes to, basic structural and cultural changes in terms of gender roles, norms, and status.

These principles of feminist social work practice are aligned with this global definition of social work – "Social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities, and indigenous knowledges, social work engages people and structures to address life challenges and enhance wellbeing." The above definition may be amplified at national and/or regional levels.[17]

Reflections and Challenges

This article comes full circle from 30 years ago when the author first wrote a feminist critique of social work in the Philippines. The observations persist, that social work as a social science has reflected the capitalist and patriarchal hegemony in Philippine society. Social work evolved from the colonial experience of having to provide palliative and ameliorative measures to the damage done by an imposed socio-economic system. The prevalent social work approach renders social services in terms of adjusting needs and resources rather than confronting the root cause of maldistribution of power and resources. This facilitates the domestication of women in subsistence production roles both within and outside the

household. While it has allowed some participation of women in the community, this is only to the extent that this is efficiently managed so as not to conflict with their responsibilities in the household; social work interventions have been directed more to women's activities in the household and in the community that would complement their housewife roles (*e.g.*, community day care and health services) than in their workplaces outside the home (*e.g.*, trade union organizing.)[18]

Majority of Filipino social workers are women who are themselves a product of feudal and patriarchal upbringing. Social work is among the stereotype professions for women who are overworked, underpaid, and undervalued. Given our personal socialization as Filipino women and our gender-biased professional training, social workers may have served more as agents for the domestication of women and subservience of Filipino communities. Social workers have to reflect on their personal and professional selves to check on the possibility of being instrumental to maintaining the status quo instead of becoming change agents for individual and social transformation.

Despite international and national policies mandating gender-responsive education and service delivery in the country, feminist social work is still in the margins of mainstream social work theory and practice in the Philippines. Researches and documentation of feminist social work practice and theory adapted to Philippine reality are limited. The social work curriculum and pedagogy[19] in all schools and training programs can be enhanced with feminist pedagogy. Continuing professional education and field mentoring programs should incorporate gender principles and methods of

work. Program implementation and delivery of basic services from the national to the barangay levels should undergo periodic gender audit to be constantly attuned. Through the decades, there must be individual and informal initiatives of gender-responsive practices and researches among social workers that need to be made visible and be celebrated.

A feminist approach to social work requires interdisciplinary knowledge to the complex transactions between negative cultural beliefs and the personal and social problems of women. It is also important to recognize that feminist theory is not social work practice theory. Social workers must build on feminist theory and feminist social science research. Social workers are obligated to develop and use a range of interventions: 1) to provide basic social resources, the absence of which has impeded meaningful change for women; 2) to alter programs and services so that the victimization of women is not compounded by sex-biased social services and institutions; and 3) to empower individual women to see and act on choices beyond those prescribed by a sexist social order.[20]

Empowerment-Oriented Social Work Practice

Empowerment in the Philippine context appeared in the margins of a psychodynamic-oriented social work education and practice in the early 70s, eventually becoming a central concept and principle in the community-organizing work of activist social workers, locating their practice in social development and in the broad people's movement against the Marcos dictatorship. These social workers created spaces for organizing people

for power, using participatory processes, and linking their social work practice with national and international social movements for peace, social justice and democracy. Thus, the empowerment approach in social work emerged during a period of social unrest and grew during martial law.

Today, many social workers in government, semi-government, and private agencies and organizations employ what is now called "empowerment-oriented practice." Critical junctures have served to encourage and inspire more social workers to pursue this line of work: People Power in February 1986 which led to the overthrow of then President Ferdinand E. Marcos; the rise of numerous non-government organizations (NGOs) and people's organizations (POs) after People Power 1; the passage of the Local Government Code in 1992 which put emphasis on community participation in local governance; the women's movement in the 1980s and 1990s that shone a light on the subordinated status of women, and facilitated the formation of many rural and urban women's organizations to fight for women's rights; and People Power II in January 2001 which led to the ouster of President Joseph Estrada. At the international level, the 2014 global definition of social work includes the empowerment of people among the goals of the profession. Because of the consultative processes involved in producing the global definition, it may be inferred that empowerment has now attained formal recognition among organizations of social workers. From the margins, it is now centerstage.

What is empowerment?

Power may be understood as "the ability to achieve purpose," and "the ability to (16) effect change."[21] This ability refers to individuals and collectivities. Social workers have historically worked with the poor who are often denied access to basic rights to water, electricity, and farm to market roads, health services, education, and employment. In their daily lives, the poor experience discriminatory attitudes and unjust treatment because they are poor, are not highly educated, and have no influence or power. Gender and disability may intersect with these socio-economic factors, providing additional layers of discrimination. To be at the receiving end of discrimination is disempowering especially when it is rooted in policy, laws, culture, and/or religion.

Disempowerment includes the poor's internalization of the view that they are lesser human beings relative to those who are economically well-off, educated, and have power. An empowerment approach in working with the disempowered will necessarily involve reclaiming or building their self-worth and self esteem, consciousness raising on their human rights, and getting organized to address the basis of their discrimination. Their heightened social consciousness, organizing, and mobilization to change their social and economic circumstances are key ingredients to the shift from disempowerment to empowerment.

Thus, empowerment refers to "a process, from being unpowered to being empowered."[22] This process finds individuals or organized groups increasing in their power and autonomy to achieve certain outcomes they need and desire.[23] It involves the poor and the

marginalized recognizing and overcoming the negative psychological, emotional, socio-cultural, and political effects of disempowerment on them and becoming socially aware, autonomous, and confident stakeholders in their families, communities, and the nation.

In social work, people are assumed to have strengths and capacities, which is why participation and self-determination are basic principles that guide practice. They also have fundamental human rights that are informed by the overarching principle of equality and non-discrimination. Empowerment-oriented social work practice, therefore, is not simply a provision of social services. Rather, it is practice in which the worker uses an integrated approach in engaging client systems in a partnership to reflect on immediate issues of discrimination and disempowerment (*e.g.*, violence against women, land-grabbing); how these affect different aspects of their lives; to identify the root causes (*e.g.*, legal and policy frameworks, patriarchal culture); and to engage in a series of actions, singly and/or collectively, until the issues are resolved. Below are some examples of empowerment-based social work.

1. *Working with individuals*: The Department of Social Welfare and Development has developed and rolled out the gender-responsive case management (GRCM) model in responding to gender-based forms of violence such as domestic violence. GRCM is framed by values and principles that are consistent with the rights of women as contained in the United Nations Convention on the Elimination of All Forms of Violence Against Women (CEDAW) and its national expression in the Philippines,

the Magna Carta for Women (R.A. No. 9710). The starting point is the woman's current situation, her physical, emotional, and psychological state, and ensuring her safety. There should be no victim-blaming. The interventions focus on stabilizing her condition, building a partnership with her in addressing the effects of violence on her physical, psychological, social, and economic functioning and well-being, and ensuring her safety and that of her children as well as their healing. They include conversations with the survivor on making the woman aware of her rights and entitlements under the law, such as R.A. No. 9262, and linking her with resources she needs to heal and to get back on her feet, such as counseling, legal aid, shelter, and economic capital. If the survivor is ready, stable, and wiling, she may also become an advocate for women's rights and may even be part of the Barangay VAW Desk, the creation of which is mandated by the Implementing Rules and Regulations of R.A. No. 9262. Or the survivor may organize or be a member of a community-based women's association that promotes women's rights.

2. *Working with a group*: If they feel it would benefit them, Individual survivors of domestic violence may also be engaged in group work to discuss persisting questions and concerns, particularly those pertaining to self-esteem and self-worth; to share insights and lessons, and to provide support to each other.

3. *Working with communities*: Domestic violence is a violation of a woman's right to bodily integrity and the right to equality, security, and safety. Nevertheless, social stigma remains against women who disclose, seek help, and decide to leave their intimate partners due to domestic violence. Social workers using an empowerment approach in both public and private auspices engage duty bearers and the community at large from a human rights' perspective on domestic violence. Community seminars are conducted to bring to the fore gender issues such as violence against women and girls and why it happens;, encourage open discussion on the topic and legal bases for addressing it; and develop a partnership to eliminate stigma against survivors, as well as create support structures in addition to the Barangay VAW Desk.

Parsons, *et al.*, state that while social work interventions cannot be characterized as either "pure" empowerment-based or "pure" non-empowerment-based, there is fundamental difference in the way a social worker defines and focuses on problems when empowerment is the goal of interventions: "the goal is to build knowledge and skills for problem solving and to create self-efficacy to act on one's own behalf and in behalf of others."[74]

Social workers can do empowerment-oriented practice with individuals, groups, and communities. In working with individuals, the aim is to enable them to become strong enough so that they can participate in, share in the control of, and influence their own lives. This

is shown in countless instances when social workers help their clients to improve or develop self-esteem, overcome their perceived powerlessness and lack of competence to act on their problems, and find appropriate solutions to them. Parsons, *et al.*, however, contend that this empowerment process takes place most easily in a collective, and when one-to-one work is undertaken, the client can still be linked to others in similar situation so that the collective can acquire knowledge, education and skills for understanding their problems, and taking action.[25] We see this being done in efforts to help women get involved in community activities and projects so that they can become integrated into the development process; and in efforts to provide them access to adequate information and services to be able to make decisions on reproduction and related concerns thereby exercising their rights as human beings. Beyond such efforts, we find today an increasing number of social agencies which address the problem of violence committed against women through their empowerment. The Women's Crisis Center is one example. It was established to pursue the goal of (1) eliminating all forms of violence against women through the formation of women's communities, supporting initiatives and encouraging partnerships, and (2) change and transformation of existing values and attitudes that breed violence against women through the application of feminist principles.

The Philippine Plan for Gender-Responsive Development 1995-2025 (PPGD), is the government's 30-year perspective framework for pursuing full quality and development for women and men. It is a government initiative intended to give Filipino women a more active and participatory role in the development process, and can

be expected to inspire and encourage the establishment of more women-empowerment programs and services in the country.

Values Base

Sanction for empowerment-oriented social work practice or the source of the social workers' assumed right to engage with clients and pursue goals that will help them solve their problems and improve their life situations emanates from our profession's basic values, as articulated in the Philippine Association of Social Workers' Code of Ethics (Chapter 4), and in the Ethics of Social Work adopted by the International Federation of Social Workers (Appendix 3). These values underlie all social work helping approaches, but the predominant values that guide empowerment-oriented practice are:

- Recognition, protection, and fulfillment of human needs as human rights
- Promotion of social justice
- Equitable distribution of resources
- Concern for environmental protection
- Elimination of all forms of discrimination, *e.g.*, racism, sexism, ageism, able-ism, and homophobia
- Self-determination (the fullest possible participation in decisions that have impact on one's life, both personal and political)
- Self-Actualization.

Additional sources of sanction for empowerment-oriented practice include laws, rules, and regulations of social agencies or people's organizations, personal values, and client requests. Cox, *et al.*, submit that these sources often do not sanction the same actions, and may be in direct conflict.[26] For example, there are agencies that do not allow social workers to be involved in clients' efforts to engage in the political aspects of problem solving, or to challenge agency policies and rules that they perceive as inimical to client interest. Thus, social workers should assess the strength of organizational support with respect to the issue they want to address, this being an important aspect of critical thinking as well as strategy development. Conflict between agency rules and client needs, social work values, and the principles of empowerment, should be resolved by empowerment-oriented practitioners based on the overall values of empowerment-oriented practice.[27]

Components for Empowerment-Based Intervention

Parsons, *et al.*, identified the following components necessary for social work practice intervention to contribute to the empowerment of clients:[28]

1. *Power-shared relationships.* The nature of social welfare service delivery systems creates power differences between the workers and clients even when social workers operate from an egalitarian value system. Because of this, "social workers have to recognize the power they have in relation to clients and use that power carefully and critically to create empowerment-based practice."

In a power-shared relationship, worker and client are assumed to have equal and legitimate expertise, that is, in knowledge and skills that can be utilized for the tasks required for problem solving. Instead of the worker being viewed as an expert who runs the show, she and the client engage in goal-setting, planning, and doing as a collaborative effort. The client, therefore, is recognized as having the capacity for active engagement in the change process. Cox and Parsons emphasize that status concerns should not interfere with the equal exchange of ideas and mutual efforts to achieve the goals of the social work process; that action must not be determined by authoritarian worker-client relationship; and that power in the egalitarian relationship between the worker and client is the collective power to achieve goals rather than having power over each other.[29]

2. *Competency-Based Assessment.* The worker and client jointly make a competency-based assessment to counter the client's internalized powerlessness. This kind of assessment assumes potential competency on the part of clients, *i.e.*, clients generally know what they need and, with heightened self-awareness and support, will choose a good alternative for action on their own behalf. This component includes building support networks and systems to capitalize on the present strength for coping as among the intervention strategies that can be used.

3. *Collectivity for mutual aid.* Parsons, *et al.*, state that collectivity involves merging the energy of the individuals into a whole, which provides an opportunity for support, consciousness-raising, mutual aid, developing skills, and action on behalf of the whole.[30]

An important aspect of empowerment-oriented practice is that clients come to recognize that their problems are also experienced by others. This is the "political dimension" of personal problems which is the focus of empowerment-oriented practice. The opportunity to share their narrative and have this affirmed by others results in a sense of collectivity and group consciousness which tends to reduce self-blame and increases the tendency to look for causes in the social situation rather than in their personal failure.[31]

Face-to-face group interaction is considered as perhaps the most desirable medium for achieving collective validation; although one-to-one work, networking strategies such as telephoning and newsletters, as well as the use of media and literature can also achieve this.[32]

The worker's role in this component includes linking, facilitating, supporting, and promoting activities that provide the client with opportunities for collective problem solving.

4. *Education for critical thinking, and knowledge and skills for finding resources and taking action.* The concept called critical consciousness or critical thinking is a contribution of Paulo Friere who underscored the importance of dialogue, interaction, and education with others in similar situations.[33] The empowerment process enables clients to think critically about the internal and external aspects of their problem. They are able to explore how their values, beliefs, and attitudes have been acquired and how they affect the problem; and how their problem is rooted in the wider social environment. Furthermore, the empowerment process helps clients to acquire the skills they need to access information, mobilize resources, and take action in order to attain their goals.

Continuing events and developments in the country indicate that Filipinos are becoming increasingly aware of their capacity to influence the events that affect their lives, which augurs well for empowerment-oriented practice. However, to be effective in this, the social work profession must deal with the following issues/concerns:

1. *Low status of profession.* The profession itself suffers from powerlessness (recent survey of public perception of government agencies revealed highly positive perception of the work of the Department of Social Welfare and Development compared to the perception of other government agencies, though there is no basis for saying this holds true for the social work profession as a whole). In addition to

efforts to improve the "image" of the profession through their contribution to society in whatever field they are practicing ("by their deeds you shall know them"), social workers have to develop strong professional networks and to aim for key positions in a community that will enhance their empowerment-oriented practice.

2. *Lack of or inadequate number of social workers employed in different fields or settings that need their services*. The profession must work for: (a) an increase in the number of positions in agencies and organizations in different fields where social workers are needed when it is apparent that the number of practitioners is grossly disproportionate to the number of clients being served (*e.g.*, the National Penitentiary in Muntinlupa has only one social worker as of February 2002); (b) the filling of social work positions left vacant as a cost-cutting measure on the part of the agency, but which is clearly detrimental to the agency's service to clients; and (c) the employment of licensed/ registered social workers to protect clients and in compliance with the law (R.A. No. 4373).

3. *Knowledge and skills for empowerment-oriented practice*. Although there is a common body of knowledge and skills applied to all social work wherever it is practiced, empowerment-oriented social work calls for an orientation different from traditional social work." Special knowledge and skills necessarily include

strategies and techniques like networking, consciousness-raising, structural analysis, legislative lobbying, and mediation. The teaching and learning of these, among others, present a challenge to both social work educators and practitioners.

Finally, a word of caution is in order. While successful engagement in the empowerment process can be a very rewarding experience, especially because it may be the most responsive intervention that social workers can use with oppressed population sectors such as the poverty-stricken, the process can be abused or overused. In the end, what will make the difference is the participants' (*i.e.*, worker and client) sound judgment and discretion as to when it should be used.

Social Work And Information and Communication Technology

Social work simply cannot be indifferent to a revolution taking place in the world and influencing practically every aspect of human life–a revolution in information and communication technology (ICT). The use of such technology in social work can greatly help bring about professional growth and development of the individual practitioner as well as raise the standards of the profession. Even more importantly, it can serve as a tool to improve public services for human development.[34]

What is Information & Communication Technology (ICT)

The Food & Agriculture Organization describes ICT as a "broader term for Information Technology (IT), which refers to all communication technologies, including the internet, wireless networks, cell phones, computers, software, middleware, videoconferencing, social networking, geographic information systems (GIS), and other media applications and services enabling users to access, retrieve, store, transmit, and manipulate information in a digital form."[35]

In the context of social work practice, the Philippine Association and Evaluation of Social Workers/Association of Social Work Boards 2005 defines ICT as "any electronically mediated activity" used by social workers in the administration and evaluation of social services as well as in social work education.[36] ICT, or interchangeably referred to as Information technology (IT), refers to the process by which information is collected, kept, processed, and disseminated.[37]

The NASW and ASWB (2005) note that GIS is now being used in community practice to identify community assets for use by community members and in disaster risk reduction management.[38]

ICT is also used to refer to the convergence of media technology such as audio-visual and telephone networks with computer networks, by means of a unified system of cabling, (including signal distribution and management) or satellite link system.[39] Nowadays, it is also a convergence of different media platforms – print, radio, television (both free and cable TV); and in online

streaming in social media sites or websites such as that being practiced by the major TV stations ABS-CBN and GMA7. This implies that these different media platforms cater not only to the local audience but have become global as well.

These technologies make it possible for people to communicate with each other and obtain and utilize information in ways never before possible. The internet alone, which serves as the take-off point for the information superhighway is now used by millions of people with the number of subscribers doubling every year. Both government and private agencies in the country now utilize these technologies.

However, there is no set and universally accepted definition of ICT, considering that the concepts, methods, and tools involved are steadily evolving on an almost daily basis.

ICT — A Driver Of Globalization

Literally, the world is shrinking through ICT, which has felled previous barriers to contacts among the world's people. The barriers to human contacts, both natural (*e.g.*, transportation and communication costs) and artificial (*e.g.*, trade barriers, exchange controls, isolation of some countries because of political conflicts) are being resolved through ICT.[40]

These technological breakthroughs intertwine and have transformed the world into a global village. This phenomenon which we cannot ignore is called globalization. Together, the tools of ICT have created a new paradigm, *i.e.*, the network age.[41]

The reality of globalization is before us. While the term is usually used to mean the international flow of trade and capital, it is now being used in another context; and values are being used in global culture, where international ideas and values are being mixed with and superimposed on national identities, through a variety of media.[42] Thus, fashion, music, sports, social and cultural attitudes such as in eating habits, crimes such as drugs, corruption, and abuse of women, have become global trends through ICT.[43] The social work profession cannot afford to ignore all these; since its effectiveness in helping people depends on an understanding of all the forces that influence human behavior which, today, are gaining ground through ICT.

Social Work and ICT

As in other disciplines, the use of ICT in social work is not a new phenomenon. A review of the literature shows that the deployment of information and communication technologies in social work is widespread and dates decades back.

There are different forms of technologies that social workers adapt and deploy in practice. Some of the more common technologies used by them today are: e-mails; digital literature such as e-newsletters, e-brochures; websites, listservs, social networking sites, as well as mobile wireless technologies (cell phones, tablets, laptops). Each of these technologies has proven very effective in keeping people connected.

Cwikel and Cnaan (1991) categorized technologies used in social work into three, namely, first wave, second wave, and new or modern technologies.[44]

First-wave technologies include those that were initially limited entirely to administration, evaluation, and research purposes. Examples of these are simple databases, spreadsheet, and word processor. Typewriters, which have become virtually useless nowadays, fall under this first-wave technologies. These technologies are obviously expected to continue to change as ICT advances. For example, Microsoft applications are being continuously modified and replaced in the wake of advances in technology. As of this writing, we have Microsoft Windows 10 equipped with more sophisticated applications, including word processor, spreadsheet, and publisher. Only several years earlier, Windows 98 only had less complex applications.

The second-wave of technologies include computer-based expert systems, video games, therapeutic programs, telecommunications, and advanced decision-enhancing databases. Examples of an expert system are the so-called apps or applications installed in our smart phones such as: virtual assistant like *Siri*; *Waze*-navigational app for vehicle drivers; Uber passenger transport; Grab food delivery; Lalamove cargo transport system, and others.

The nature of telecommunications is expected to change over the years. As a matter of fact, we have already experienced and continue to experience rapid changes in these technologies. For example, we have cell phones outpacing landline telephones, when twenty-five years ago, cell phones were rare. Today, we have iPhones or

smart phones, which are not only wireless telephones but also serve as mini-computers.

International Telecommunication Union's (ITU) Measuring Digital Development: Facts and Figures 2021 offers a snapshot of the most important ICT indicators, including estimates for the current year. Latest figures show that an estimated 4.9 billion people used the Internet in 2021, or roughly 63 percent of the world's population. This is an increase of almost 17 percent since 2019, with almost 800 million people estimated to have gone online during that period.[45]

The figures reveal a connectivity chasm separating the digitally empowered from the digitally excluded, with 96 percent of the 2.9 billion living in the developing world still offline. Location plays a big part: the figures reveal that the share of Internet users in urban areas is twice as high as in rural areas. There is also a generational gap—71 percent of the world's population aged 15-24 are using the Internet, compared with 57 percent of all the other age groups. Gender remains a factor: globally, 62 percent of men use the Internet compared with 57 percent of women. While digital gender divide has been narrowing across all regions, women remain digitally marginalized in many of the world's poorest countries, where online access could potentially have its most powerful effect.

The site of *statista.com* reported that, in the Philippines, about 73 percent of its population used the internet in 2020. By 2026, it estimates that there will be 77.4 percent of the population using the internet.[46]

The same site likewise reported that the number of smartphone subscriptions worldwide today surpasses six billion and is forecast to further grow by several hundred

millions in the next few years. China, India, and the United States are the countries with the highest number of smartphone users.

In 2020, there were approximately 79 million smartphone users in the Philippines out of approximately 100 million Filipinos, reflecting an upward trend since 2017. It must be noted that there may not be a one-to-one correspondence between the number of users to the number of phones. Some users may actually own at least two phones.

Clearly, both here and abroad, a growing number of people are turning to mobile phones today, not only as means of communication but also for other purposes. Hence, it is not unreasonable to think that the fate of landline telephones may soon be phased out.

Besides the landline phones, other traditional sources of information such as printed newspapers or existing psychosocial therapeutic programs are also changing because of computer-simulated and Web-based interventions. Most people now prefer the Internet as the major source of their news stories (Morales, 2008) and other information needs. Many of these types of technologies will change ultimately.[47]

The last category of technologies as described by Cwikel and Cnaan (1991), is what is considered as "new" or "modern" technologies; these include the Internet and social media or social networking sites such as Facebook and Twitter. Other Internet-based technologies, such as *blog* or *vlog*, Web 2.0, and Podcast are considered modern technologies as well.[48] Listservs and email are also considered new technologies. Texting, instant messaging

like Messenger, Viber, and teleconferencing via Zoom, Skype, Google Meet are all modern technologies.[49]

Web 2.0 applications is a term used to describe internet applications which allow sharing and collaboration opportunities to help people express themselves online. Examples of these include hosted services (Google Maps), Web applications (Google Docs, Flickr), Video sharing sites (YouTube or Tiktok), wikis (MediaWiki), blogs (WordPress), social networking (Facebook), Microblogging (Twitter), podcasting (Podcast Alley), content hosting services, and many more.

Today, more and more social workers rely on second and third category of technologies. As mentioned earlier, we live in a globalized world whose survival depends on information and communications technology. There is hardly nothing that can be done today without the use of ICT. The future trend, as the ITU rightly observes, is that most people in both the developed and the developing countries are turning to the Internet and to mobile or digital technologies. For social work professionals to be effective in the 21st century and beyond, they must pay close attention to the use of the Internet and the social media, including social networking sites and Web 2.0 applications. Incorporating ICT into the ethical and competent practice of social workers in the 21st century will entail knowledge and effective use of ICT.

ICT may be used by social workers for interview chats, email about appointments, etc., or for sharing documents with clients or co-workers, or for weekly groupwork sessions. This may prove very helpful to stay-at-home clients with small children, people with mobility

issues or debilitating and/or contagious illnesses, or rural clients avoiding close physical contact.

The NASW asserts how technology has changed social work practice by engendering new, yet challenging ways of delivering services to clients as well as obtaining and processing information. They acknowledge that technology has impacted every aspect of social work practice, ranging from direct practice to macro or community practice. At the level of direct practice, the use of electronic mail (e-mail) or digital messaging application facilitates, with least cost, communications among workers as well as between workers and clients.[50] The Web has made it possible for online support groups to be established and for both workers and clients to interact as well as to access and retrieve information and needed resources online.[51] One can easily observe this with the proliferation of chat groups either in Messenger or Viber apps for different purposes.

At the agency or organizational level, ICT has made strategic planning, case and groupwork management, budgeting, supervision, etc., relatively much easier. At the macro or community as well as inter-agency level, the use of ICT equally facilitates consultation, teleconferences, and community needs assessment and asset mapping (NASW & ASWB, 2005). This includes the digital support for logistical management of relief goods during times of emergencies, and the field supervision of community organizers at the pandemic area.[52]

ICT has made remote learning or e-learning in social work and other disciplines possible. Examples include, but are not limited to, the UP Open University and the use of the UVLE or the University Virtual

Learning Environment of the UP System that facilitate the blended learning of social work students especially during this pandemic.

The NASW and the ASWB (2005) predict the automation of services in the future.[53] This, obviously, will have a significant implication for the social work profession. How this will affect the practice and nature of social work in the near future should be considered seriously by social workers.

Admittedly, the use of technology in social work is both an opportunity and a threat to the profession.[54] Among the positive impacts of the use of ICT in social work include, and are not limited to the following: 1) it helps social workers budget and manage their time and resources in the face of multiple demands; 2) ICT broadens the knowledge base of social workers; and 3) it has kept social workers abreast of and in line with practice, programs, etc. Another positive impact of technology is the introduction of search engines, such as, Google through which clinicians and social workers are able to retrieve information or data easily within minutes. With the help of ICT, practitioners can replace paper-based texts with computer-generated texts.[55] In social work education, video conferencing applications can facilitate distance learning and meetings. Another positive impact of technology use in social work is in clinical assessment. For example, computers or other wireless technologies can help clinicians in their assessment of clients.[56]

Despite its popular use, ICT is surrounded by many issues regarding its use. This includes the fragility and porosity of many technologies (NASW& ASWB, 2005.[57] Because many technologies, including the Internet,

are fragile and porous, the possibility of information being lost or intercepted by someone other than the intended target is high. In other words, one of the drawbacks in the use of technology is the possibility of making a third party or an unintended target to be privy to information not meant to be shared.

Another issue to consider is the reliability of information retrieved from the Web. Today, most social work practice that are traditionally carried out face-to-face are conducted online.[58] This brings to the fore concerns about validity of the credentials of individuals providing online services; confidentiality and privacy of clients; boundary issues; as well as concerns about jurisdictional, liability, and malpractice issues. The Internet is not only a massive repository of human knowledge but it also hosts many malevolent practices of unscrupulous individuals and groups including the dissemination of misinformation and/or disinformation.

Advances in digital technology have made possible the recording of data about people and their behaviors in unprecedented volumes. The increasing use of the internet and of social media for finding and comparing goods and services, and even in influencing human behavior and social relations, has led to the accumulation of vast amounts of digital trace data about personal likes and dislikes, and patterns of behavior. In recent history, this vast collection of personal data has been misused to manipulate public opinion and subvert democracy. Take for example the Cambridge Analytica Scandal where a think tank like Cambridge Analytica was able to mine the personal data of millions of Facebook users which were allegedly used to manipulate the election results in the 2016 US Presidential Election in favor of Donald Trump.[59]

All of these can be summed up as legal and ethical concerns of social work in the use of ICT.[60] Social workers must remain vigilant over these legal and ethical concerns as they adapt and incorporate ICT into their practice.

Implications for Social Work Practice

As previously mentioned, incorporating ICT into social work practice has serious implications for direct practice and the profession's advocacy and, in fact, for the nature of social work as a profession. How will ICT affect direct social work practice with individuals? Or with groups? With the emergence of artificial intelligence, does this mean that a human social worker may be replaced by artificial intelligence? We have no way of predicting with full certainty that direct practice may become obsolete or that a human social worker may be replaced by artificial intelligence but, there are some interpersonal and intrapersonal issues that technology cannot resolve. As Dragon rightly observes, applying technology to practice is good, but one should remember that technology does not care for people. Technology is just a tool one utilizes to facilitate the delivery of care services, among others.[61]

Three basic questions should entail critical reflections when deciding on incorporating technology into practice. These questions include: 1) Will ICT improve social work practice? 2) Will it ensure quality services for our clients? 3) Given the reality of digital inequality or divides and because social workers have historically worked with individuals and groups who are poor, marginalized, vulnerable or oppressed, will incorporating technology into social work foster timely access to services?[62] Corollary to this, how can social workers use

ICT to advance its core professional values like human rights, social justice, freedom, and democracy in the face of massive misinformation and disinformation?

The practical implications of these questions must always be considered as one adapts and deploys technologies in social work. Further, while one should not shy away from adapting and using technologies to enhance practice, one should never ignore or forget the historic mission of the social work profession as stated in the Global Definition of Social Work.[63] An excerpt from this definition states that the mission of social work is:

> *...to promote social change and development, social cohesion, and the empowerment and liberation of people..." and that the "principles of social justice, human rights, collective responsibility and respect for diversities..." should always guide social workers in their practice.*

To live up to the historic mission of the social work profession in the age of information and communications technology (ICT), social workers should consider the following courses of action:[64] 1) they should acquire sufficient knowledge and skills relative to the appropriate use of ICT. It is only by having relevant ICT skills can a professional be able to adapt and incorporate technology in practice. Acquiring relevant skills will involve utilizing new technologies which will require understanding the nuances of these technologies; 2) social welfare agencies and organizations need to become pro-active in providing its social workers with the necessary knowledge and skills in ICT; 3) Schools of social work should provide their students with basic and continuing education including

relevant facilities for incorporating ICT in their future professional practice; 4) policymakers and administrators have to make funds available so that at least a "minimum level" of provision of relevant ICT technologies is deployed in the agency level; 5) social workers should enable clients to gain access to such technologies, facilitating the acquisition of knowledge and skills for their effective use and if, for some reason, the needed technology is not available, social workers should play an advocacy/facilitative role so that clients can gain access to them; 6) social workers should not shed traditional practice models; instead, new protocols must be integrated into the traditional practice to address the challenges of the new reality; and finally, 7) social workers should always be mindful of the core values of social work as defined in the Global Definition of Social Work, in the age of ICT.

GUIDELINES FOR DISCUSSION/ACTIVITIES

1. Explain what is meant by "developmental social welfare." Provide examples.
2. Explain what is meant by "structural change." Discuss how social work can contribute to structural change in the country.
3. Discuss the current state of social work practice in rural areas. Critique the situation objectively. Share your ideas on what improvements need to be done.
4. What do you understand by "a feminist approach" to social work? Explain why this is important in the context of Philippine culture.

5. Explain what is meant by "client empowerment." Give clear examples.
6. React to the use of information technology in social work. Discuss issues and problems related to its use.

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EndNotes

[1] Elizabeth Wickenden, "The Place of Social Welfare in the Process of Development," in *Social Welfare in a Changing World*. Washington, D.C.: U.S. Department of Health, Education, and Welfare (1965), 29.

[2] Tito E. Contado, "Rural Situation and Development Strategies in Asia/Pacific Region," *Proceedings of the Group Training Course on the Rule of Social Work Education in Rural Development*. Diliman, Quezon City (1976), 29.

[3] T.A. Adeoye Lambo, "Human Development and National Progress as Goals of Social Work Education," Paper presented at the XVIIIth International Congress of Schools of Social Work, July 6-9, 1974: Nairobi, Kenya.

[4] Jaime Tan, "Makapawa: A Community-Based Health Program," *Proceedings of the Group Training Course on the Role of Social Work Education in Rural Development*. U.P. Institute of Social Work and Community Development, Office of Continuing Education: Diliman, Quezon City (1976), 158.

[5] Ma. Corazon J. Veneracion, "Cooperation in Rural Community Practice," Professorial Chair Lecture, U.P. Institute of Social Work and Community Development, Quezon City (1980).

[6] Shields, Patricia, ed. (2017). Jane Addams: Progressive Pioneer of Peace, Philosophy, Sociology, Social Work and

Public Administration. Retrieved from: https://link.springer.com/book/10.1007/978-3-319-50646-3.

7 Wieler, Joachim. "Alice Salomon." *Shalvi/Hyman Encyclopedia of Jewish Women*. 31 December 1999. Jewish Women's Archive. (Viewed on July 27, 2022) <https://jwa.org/encyclopedia/article/salomon-alice>.

8 Hega, Mylene D., Veronica C. Alporha and Meggan S. Evangelista, 2018. Feminism and the Women's Movement in the Philippines, Friedrich Ebert Stiftung, Pasig City, Philippines. Retrieved from: http://library.fes.de/pdf-files/bueros/philippinen/14072.pdf.

9 Morales, Christine 2020. "Filipino Heritage Month: Social Worker Josefa Llanes Escoda". Retrieved from https://socialwork.rutgers.edu/news-events/news/filipino-heritage-month-social-worker-josefa-llanes-escoda.

10 https://ph.news.yahoo.com/celebrating-60-years-prm-131738046.html.

11 Shepard, Melanie and Lake Dziengel, "Feminist Social Work Practice. Implications for the twenty-first century" in Contemporary Feminisms in Social Work Practice 2016, ed.

12 Hega, Mylene D., et al., 2017. Feminism and the Women's Movement in the Philippines, Friedrich Ebert Stiftung.

13 Dominelli, Leni. 2002. Theorising Feminist Social Work Practice. In: Campling J. (eds) Feminist Social Work Theory and Practice. Palgrave, London. https://doi.org/10.1007/978-0-230-62820-5.

14 Republic Act No. 9710. Magna Carta of Women, 2009. In https://www/officialgazette.gov.ph/2009/08/14/republic-act-no-9710/.

15 Berlin, Sharon and Diane Kravetz, 1981. Women as Victims: A Feminist Social Work Perspective, *Social Work*, Volume 26, Issue 6, November 1981. Pages 447-449, National Association of Social Workers; and Collins, B. G. (1986). Defining Feminist Social Work. *Social Work*, 31(3), 214-219. http://www.jstor.org/stable/23713198.

16 Hyde, Cheryl A., 11 June 2013: 28 September 2020. Feminist Social Work Practice in https://oxfordre.com/socialwork/view/10.1093/acrefore/9780199975839.001.0001/acrefore-9780199975839-2-151.

17 IFSW and IASSW, July 2014 in https://www.ifsw.org/what-is-social-work/global-definition-of-social-work/.

18 Rodriguez, Luz Lopez, October 1990. A Feminist Critique of Social Work in the Philippines. https://thesis.eur.nl/pub/35428/RODRIGUEZ-MDS-1989-90-Rp-146_WandD.pdf, p. 47 https://atgender.eu/wpcontent/uploads/sites/207/2017/08/Teaching_Gender_in_Social_Work.pdf.

19 *Vesna Leskosek, ed., 2009. Teaching Gender in Social Work. Published by ATHENA3 Advanced Thematic Network in Women's Studies in Europe, the University of Utrecht and the Centre for Gender Studies, Stockholm University.*

20 Berlin and Kravetz, *op. cit.*

21 King, Jr., M.L. (1968). Where do we go from here. Chaos or Community. Beacon Press. Boston https://www.uni-five.com/upload/doc/82818file.pdf.

22 Huis, M.A., Hansen, N., Otten, S., and Lensink, R. (2017, September 28) A Three-Dimensional Model of Women's Empowerment: Implications in the Field of Microfinance and Future Directions. *Frontiers in Psychology*. https://www.frontiersin.org/articles/10.3389/fpsyg.2017.01678/full.

23 Eyeben, R. (2011, October). Supporting Pathways of Women's Empowerment. A Guide for International Development Pathways Policy Paper. Brighton: Pathways of Women's Empowerment RPC. https://opendocs.ids.ac.uk/opendocs/bitstream/handle/20.500.12413/5847/supporting_pathways_of_women_s_empowerment.

24 Ruth J. Parsons, James D. Jorgensen, Santos H. Hernandez, The Integration of Social Work Practice. Pacific Grove, California: Brooks/Cole Publishing Co. (1994), 112.

25 *Ibid.*

[26] Enid O. Cox and Ruth Parsons, Empowerment-Oriented Social Work Practice with the Elderly (Pacific Grove, California: Brooks/Cole Publishing Company (1993), 37.

[27] *Ibid.*

[28] Parsons, Jorgensen, Hernandez, *op. cit.* 107-110.

[29] E. Cox and Parsons, *op. cit.* 44.

[30] R. Parsons, Jorgensen, Hernandez, *op. cit.* 108.

[31] *Ibid.*, 109.

[32] E. Cox and R. Parsons, *op. cit.* 37.

[33] Cited in R. Parsons, Jorgensen, Hernandez, *op. cit.*, 109-110.

[34] Mendoza, Thelma Lee, *Social Welfare and Social Work*, Third Edition 2008, "Information Technology in Social Work", p. 540.

[35] Food and Agriculture Organization (2013). *Information and Communication Technologies.* Retrieved from http://aims.fao.org/information-and-communication-technologies-ict.

[36] National Association of Social Workers/Association of Social Work Boards (2005). *NASW & ASWB Standards for Technology and Social Work Practice.* Washington, D.C.

[37] Abubakar, B.M. (2010), *Incorporating Information Technology in Library and Information Science Curriculum in Nigeria. A strategy for survival in the 21st Century.* Library philosophy and practice.

[38] National Association of Social Workers/Association of Social Work Boards *op. cit.*

[39] Canadian Encyclopedia (2019). *Media Convergence.* Retrieved from https://www.thecanadianencyclopedia.ca/en/article/media-convergence.

[40] Berry, Horton, and Mazumbar (1997); The Economist (1996); Watkins, 1995; World Commission on Culture and Development 195 UNRISD (1995); Watkins (1997) and World Bank (1995) and (1996).

[41] In Human Development Report 2001. New York: Oxford University Press (2001) 27. (cited in Mendoza, Thelma Lee, *op. cit.*, 541).

[42] *Ibid.*, 27.

[43] Berry, Horton, and Mazumbar, *op. cit.*

[44] Cwikel, J.G., & Cnaan, R.A. (1991). *Ethical dilemmas in applying second-wave information technology to social work practice.* Social Work, 36(2), 114-120.

[45] International Telecommunication Union (2021). *Measuring digital development: Facts and Figures 2021.* Retrieved from https://www.itu.int/en/ITUD/Statistics/Pages/facts/default.aspx.

[46] Statista (2021). *Internet user penetration in the Philippines from 2017 to 2020, with forecasts until 2026.* Retrieved from https://www.statista.com/statistics/975072/internet-penetration-rate-in-the-philippines/.

[47] Morales, L. (2008). *Cable, internet news sources growing in popularity.* Retrieved from http://www.gallup.com/poll/113314/cable-internet-news-sources-growing-popularity.aspx.

[48] Cwikel, J.G. and Canaan, R.A. *op. cit.*

[49] Kaplan, D.M., Wade, M.E., Conteh, J.A., & Martz, E.T. (2011). *Legal and ethical issues surrounding the use of social media in counseling.* Counseling and Human Development; and Recupero, P.R. (2006). *Legal concerns for psychiatrists who maintain web sites.* Psychiatric Services, 57(4), 450-452.

[50] Bradley , L.J. & Hendrick, B. (2009). *E-mail and ethical issues.* The Family Journal, 17(3), 267-271.

[51] National Association of Social Workers/Association of Social Work Boards, *op. cit.*

[52] *Ibid.*

[53] *Ibid.*

[54] Sandell, K.S. & Hayes, S. (2002). *The web's impact on social work education: Opportunities. Challenges, and Future Directions* .Journal of Social Work Education, 38(1), 85.

[55] *Ibid.*

[56] Butcher, J.N., Perry, J., & Hahn, J. (2004). *Computers in clinical assessment: Historical developments, present status, and future challenges.* Journal of Clinical Psychology, 60(3), 331-345.

[57] National Association of Social Workers/Association of Social Work Boards *op. cit.*

- McCarthy, D., & Clancy, C. (2002). *Telehealth: Implications for social work practice.* Social Work, 47(2), 153-161.
- Wikipedia (2021). *Facebook Cambridge Analytica Data Scandal.* Retrieved from https://en.wikipedia.org/ wiki/ Facebook%E2%80%93Cambridge_Analytica_data_scandal
- Kaplan, D.M., Wade, M.E., Conteh, J.A., and Martz, E.T. (2011), and Recupero, P.R. (2006), *op. cit.*
- Deagnes, N. (2006). *Patient Care in a Technological Age.* Australian Nursing Journal, 14(1), 16-19.
- National Association of Social Workers. (2008). *Code of Ethics of the National Association of Social Workers.* Washington, D.C.
- International Federation of Social Workers (2018). *Global Definition of Social Work.* Retrieved from https://www.ifsw.org/what-is-social-work/global-definition-of-social-work/
- Mendiosa, Thelma Lee. *op. cit.*, p. 544.

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Appendix 1

REPUBLIC ACT NO. 4373

AN ACT TO REGULATE THE PRACTICE OF SOCIAL WORK AND THE OPERATION OF SOCIAL WORK AGENCIES IN THE PHILIPPINES AND FOR OTHER PURPOSES

Be it enacted by the Senate and House of Representatives of the Philippines, Congress assembled:

ARTICLE I. DEFINITION OF TERMS

Section 1. ***As Used in this Act.***

(a) "Social Work" is the profession which is primarily concerned with organized social service activity aimed to facilitate and strengthen basic social relationships and the mutual adjustment individuals and their social environment for the good of the individual and of society.

(b) A "social worker" as used in this Act, is a practitioner who by accepted academic training and social work professional experience possesses the skill to achieve the objectives as defined and set by the social work profession, through the use of the basic methods and techniques of social work (casework, group work, and community organization) which are designed to enable individuals, groups and

communities to meet their needs and to solve the problems of adjustment to a changing pattern of society and, through coordinated action, to improve economic and social conditions, and is connected with an organized social work agency which is supported partially or wholly from government or community solicited funds.

(c) A "social work agency" is a person, corporation or organization, private or governmental, that engages mainly and generally, or represents or represents itself to engage in social welfare work, whether casework, group work, or community work, and obtains its finances, either totally or in part, from any agency or instrumentality of the government and/ or from the community by direct or indirect solicitations and/ or fund drives, and/ or private endowment.

ARTICLE II. ORGANIZATION OF THE BOARD OF EXAMINERS FOR SOCIAL WORKERS

Section 2. ***Name and composition of the Board.***–Within sixty days after the approval of this Act, there shall be created a Board of Examiners for Social Workers hereinafter to be referred to as the Board, composed of a chairman and four members who shall be appointed by the President of the Philippines with the consent of the Commission on Appointments, from among social workers of recognized standing in the Philippines and who, at the time of their appointment shall:

(a) Be a citizen and resident of the Philippines;

(b) Be at least thirty years of age and of good moral character;

(c) Possess either a Bachelor's Degree in Social Work (B.S.S.W., B.S.S or its equivalent), or Master's Degree in Social work (M.S.S.W., M.S.S., M.A.S.W. or its equivalent), conferred by a reputable school, college or university duly recognized by the government;

(d) Have had at least five years of practice in a social work agency in the case of a holder of Bachelor's degree in Social Work or its equivalent, or Master's Degree in Social Work or its equivalent, after receiving the respective degree;

(e) Be a registered social worker duly qualified to practice social work under this Act:

Provided, however, That this qualification shall not be required of the first appointees to the Board under this Act; and

(f) Not be a member of the faculty of any school, college or university at the time of appointment; nor during the year immediately preceding the appointment to be a member of the Board conferring the Bachelor's and/ or Master's degree in social work, or shall have any direct or indirect pecuniary interest in such institution.

Section 3. ***Functions and duties of the Board.*** – The Board shall have the following functions and duties:

(a) To administer the provisions of the Act;

(b) To administer oaths in connection with the administration of this Act;

(c) To prepare the official seal of the Board;

(d) To issue, suspend, and revoke certificates of registration for the practice of social work;

(e) To look into the conditions affecting the practice of social work in the Philippines, and, whenever necessary, adopt such measures as may be deemed proper for the maintenance of the good standing and the ethics of the profession of social work; and

(f) To investigate such violations of this Act or of the rules and regulations issued thereunder as may come to the knowledge of the Board, and, for this purpose, to issue subpoenas and subpoenas *duces tecum* to secure the appearances of witnesses and the production of documents in connection therewith.

Section 4. ***Term of office***– The members of the board shall hold office for a term of three years or until their successors shall have been appointed and duly qualified; ***Provided,*** That the members of the first Board appointed under this Act shall hold office for the following terms: the Chairman for three years, two members for two years, and two members for one year, which shall be specified in their appointment. Any vacancy occurring within the term of a member shall be filled for the unexpired portion of the term only. Each member of the Board shall qualify by taking the proper oath of office prior to entering upon the performance of his or her duties. No member shall succeed himself on the Board.

Section 5. ***Executive Officer and Secretary of the Board.***– The Commissioner of Civil Service shall be the Executive Officer of the Board and he shall conduct the examination given by it according to the rules and regulations promulgated by the Board and approved by the President

of the Philippines, The members shall elect a Secretary among them, who shall take charge of the records. All the records of the Board, including examination papers, minutes of deliberations, and records of administrative proceedings and investigations shall be kept by the Civil Service Commission.

Section 6. ***Compensation of Board Members.***–The Chairman and members of the Board shall each receive as compensation the sum of ten pesos for each applicant examined.

Section 7. ***Removal of Board Members.***–Any member of the Board may be removed by the President of the Philippines upon the recommendation of the Commissioner of Civil Service for continued neglect of duty, incompetence, unprofessional, unethical, immortal, or dishonourable conduct, for commission or tolerance of irregularities in the examination, after having been given the opportunity to defend himself in a proper administrative investigation.

Section 8. ***Rules and Regulations.***– Subject to the approval of the President of the Philippines and with the advice of the Commissioner of Civil Service, the Board shall set ethical and professional standards for the practice of social work in general, and adopt such rules and regulations as may be necessary to carry out the provisions of this Act.

Such standards, rules and regulations shall take effect thirty (30) days after publication in the Official Gazette.

Section 9. *Annual Report.*–The Board shall submit an annual report to the President of the Philippines and to Congress after close of the fiscal year, giving a detailed account of the proceedings of the Board during the year and embodying such recommendations as the Board may desire to make.

ARTICLE III. EXAMINATION AND REGISTRATION OF SOCIAL WORKERS

Section 10. *Practice of social work appointment as Social Workers.*– Unless exempt from registration, no person shall practice or offer to practice social work in the Philippines as defined in this Act, or be appointed as a social worker or to any position calling for social worker in any social work agency whether private or government without holding a valid certificate of registration as a social worker issued by the Board of Examinees for Social Workers: *Provided,* That registration shall not be required of recognized social workers or authorities on social work who are residents and/or citizens of other countries called in for consultations in any agency working with the United Nations and/ or similar international social agencies: *Provided, further,* That no provisions of this Act shall be construed to prejudice permanently appointed social workers who are employed in private or

government social work agencies at the date of approval of this Act, who shall continue to enjoy right to promotion and salary increases, refinement benefits and other previously acquired rights: *Provided,* Furthermore, That those who at the time of the effectivity on this Act, possess the qualifications enumerated in Section twelve and are actually engaged in the practice of social work for a period of five years in a social work agency recognized by the Community Chest, Council of Welfare Agencies, Philippine Youth Welfare Coordinating Council, or Social Welfare Administration, shall be exempted from taking the examination as provided herein if they register as social workers within a period of one year after the approval of this Act: *Provided,* Still Further, That those who before the effectivity of this Act are holding regular appointment to social work positions in the government service on a provisional status for lack of the educational qualifications required under this Act for the purpose of taking the Board examination and have rendered five years or more of continuous and satisfactory service in social work shall, within a period of ten years but not later than December thirty-first, nineteen hundred seventy-eight, be allowed to retain their positions in order to qualify as registered social workers under the provisions hereof: And *Provided, finally,* that any person who at the time of the effectivity of this amendatory Act possesses the qualifications enumerated in Section twelve hereof except that which is specified in subparagraph (d) of Section two hereof and who has been openly performing the functions

of, or practising as, a social worker as defined in this Act for at least a total of ten years prior to the effectivity of this amendatory Act, shall be allowed to continue performing such functions or such practice in the same office or agency until he or she retires without the necessity of examination for registration provided that an affidavit affirming the circumstances of such continuous practice or a certification by the Civil Service to the same effect is filed with the Board.

Section 11. *Holding of examinations.*—Except as otherwise specifically allowed under the provisions of this Act, all applications for registration as social worker shall be required to undergo a written examination which shall be given by the Board annually in Manila at such time and place as may be fixed by it, subject to the approval of the Commissioner of Civil Service and the President of the Philippines. Written or printed notices of such examination shall be mailed to each candidate who has filed his name and address with the Secretary of the Board at least thirty (30) days prior to the date of examination.

Section 12. *Qualifications of applications.*—*In order to be admitted to take the social work examination an applicant must, at the time of filing his or her application therefore establish to the satisfaction of the Board that:*

(a) He or she is a citizen of the Philippines;

(b) He or she is at least twenty-one years of age;

(c) He or she is in good health and is of good moral character;

(d) He or she has received a diploma as a holder of a bachelor's degree in social work from an institution, college or university duly accredited and legally constituted;

(e) He or she has completed a minimum period of one thousand case hours of practical training in an established social work agency under the direct supervision of a fully trained and qualified social worker.

Section 13. *Scope of examination.*—The examination for practice of social work in the Philippines shall consist of a written test, the scope of which shall be determined and prescribed by the Board, taking into consideration the curriculum of all the social work courses offered in schools legally constituted in the Philippines: *Provided,* That no change or alteration in or addition to the subjects for examination shall be made within two years from the date of the promulgation of said subjects. It shall be the Board to prepare the schedule of subjects for examinations and to submit the same to the President of the Philippines for approval through the Commissioner of Civil Service, and to publish the same, as approved, at least three months before the date of the examination wherein they are to be used. Any alteration or amendment that may be made in said schedule shall likewise be approved by the President of the Philippines.

Section 14. *Ratings in the examination.*—In order to pass the examination, a candidate must obtain a general rating of at least seventy percent in the written test, with no rating below fifty percent in any subject.

Section 15. *Report of results of examinations.*—The Board of Examiners for Social Workers shall, within one hundred twenty days after the examination, report the ratings obtained by each candidate to the Commissioner of Civil Service who shall, with his recommendation, submit such ratings to the President of the Philippines for approval.

Section 16. *Oath of Social Workers.*—All successful examinees shall be required to take a professional oath before the board or before any person authorized to administer oaths, prior to entering upon the practice of social work in the Philippines.

Section 17. *Issuance of certificates.*—Certificates of registration as a social worker shall be issued to all applicants who pass the examination, after approval of her or his ratings by the President of the Philippines, and upon payment of required fees. Every certificate of registration shall show the full name of the registrant and serial numbers, and shall bear the signatures of the members of the Board, attested to by the Secretary of the Board, and duly authenticated with the official seal of the Board of Examiners for Social Workers.

Section 18. *Registration by reciprocity.*—A certificate of registration may be issued without examination to social

workers registered under the laws of any foreign state or country: *Provided*. That the requirements for the registration or licensing of social workers in said foreign state or country, are substantially the same as those required and contemplated by this Act: *And provided further,* That the laws of such state or country grant the same privileges to Filipino social workers on the same basis as the subject or citizens of such foreign state or country.

Section 19. *Fees of examination and registration.*—Applicants for examination for the social work profession shall pay an examination fee of fifty pesos. Successful applicants shall pay a registration fee of thirty pesos. All such fees shall be paid to the disbursing officer of the Civil Service Commission, and such officer shall pay from the receipts thereof, all the authorized expenses of the Board, including the compensation of its Chairman and members.

Section 20. *Refusal to issue certificates in certain cases.*—The Board of Examiners for Social Workers shall refuse to issue a certificate of registration to any person convicted by a court of competent jurisdiction of any criminal offense involving moral turpitude, and to any person guilty of immoral or dishonourable conduct, or to one of unsound mind or suffering from an incurable or infectious disease. The Board shall give the applicant a written statement setting forth the reason or reasons for its action, which statement shall be incorporated in the records of the Board.

Section 21. ***Revocation and suspension of certificates.*** — The Board shall also have the power to revoke or suspend the validity of a certificate of registration of a social worker for any of the causes mentioned in the preceding section, or for unprofessional conduct, malpractice, incompetency, or serious ignorance of or negligence in the practice of social work, or for making use of fraud, deceit, or falsity to obtain a certificate of registration.

Certificates of registration shall be revoked only after due notice and hearing.

Section 22. ***Reissue of revoked certificate and replacement of lost certificates.*** — The Board may, for reasons of equity and justice, and upon proper application and explanation therefor, issue another copy of the certificate upon payment of ten pesos.

A new certificate of registration to replace any certificate lost, destroyed, or mutilated may be issued subject to the rules of the Board and upon payment of ten pesos.

ARTICLE IV. REGISTRATION OF SOCIAL WORK AGENCIES

Section 23. ***Registration with the Social Welfare Administration.*** — No social work agency as defined herein shall operate and be accredited as such unless it shall first have registered with the Social Welfare Administration which shall then issue the corresponding registration certificate: *Provided,* That existing social work agencies at the time of approval of this Act shall have a period of one year within which to secure the corresponding certificate of registration.

Before any social work agency shall be duly registered, the following requirements must have been complied with to the satisfaction of the Social Welfare Administrator:

1. That the applicant must be engaged mainly or generally in social work activity;
2. That the applicant has employed sufficient number of duly qualified and registered social workers to supervise and take charge of its social work functions in accordance with accepted social work standards;
3. That the applicant must show in a duly certified financial statement that at least sixty percent of its funds are disbursed for direct social work services; and
4. That the applicant keeps a social work record of all cases and welfare activities handled by it.

Section 24. *Financial aid by government agency or instrumentality.*—No government agency or instrumentality shall give financial or other aid to any social work agency unless the agency has been duly registered with the Social Welfare Administration in accordance with the preceding section.

Section 25. *Revocation of Certificate of Registration.*—The Certificate of Registration issued to any social work agency may be revoked if, after due investigation, the Social Welfare Administration finds that it has failed to perform the function as social work agency, or it has violated existing laws, rules and regulations.

ARTICLE V. SUNDRY PROVISIONS RELATIVE TO THE PRACTICE OF SOCIAL WORK

Section 26. *Penal Provisions.*—The following shall be punished by a fine of not less than five hundred pesos nor more than two thousand pesos, or imprisonment for not less than one month nor more than two years, or both, in the discretion of the court:

(a) Any person who shall practice or offer to practice social work in the Philippines without being registered or exempted from registration in accordance with the provisions of this Act;
(b) Any person presenting or attempting to use as his own, the certificate of registration of another;
(c) Any person who shall give any false or fraudulent evidence or any kind to the Board or any member thereof in obtaining a certificate of registration as social worker;
(d) Any person who shall impersonate any registrant of like or different name;
(e) Any person who shall attempt to use a revoked or suspend certificate of registration;
(f) Any person who shall in connection with his or her name, otherwise assume, use, or advertise any title or description tending to convey the impression that he or she is social worker without holding a valid registration;
(g) Any person who shall violate any provision of this Act; or

(h) Any person or corporate body who shall violate the rules and regulations of the Board or orders promulgated by it, duly approved by the President of the Philippines, for the purpose of carrying out the provisions of this Act; or

(i) Any person, corporation or entity operating as a social work agency without the corresponding Certificate of Registration issued by the Social Welfare Administration.

Section 27. ***Separability Clause.***—If any provision of this Act or the application of such provision to any person or circumstance is declared invalid, the remainder of the Act or the application of such provision to other persons or circumstances shall not be affected by such declaration.

Section 28. Repealing Clause.—All Acts, executive orders, rules or regulations or part thereof inconsistent with the provisions of this Act are hereby repealed.

Section 29. ***Effectivity.***—This Act shall take effect upon its approval.

Approved, June 19, 1965.

REPUBLIC ACT NO. 5175

AN ACT TO AMEND REPUBLIC ACT NUMBERED FOUR THOUSAND THREE HUNDRED SEVENTY-THREE ENTITLED "AN ACT TO REGULATE THE PRACTICE OF SOCIAL WORK AND THE OPERATION OF SOCIAL WORK AGENCIES IN THE PHILIPPINES AND FOR OTHER PURPOSES"

Be it enacted by the Senate and the House of Representatives of the Philippine Congress Assembled:

Section 1. Subparagraph (a) of Section One of Republic Act Numbered Forty-Three Hundred Seventy-Three is hereby amended to read as follows:

"Sec. 1. As used in this Act;

"(a) Social work is the profession which is primarily concerned with organized social service activity aimed to facilitate and strengthen basic social relationship and the mutual adjustment between individuals and their social environment for the good of the individual and of society by the use of social work methods."

Section 2. Subparagraph (c) of Section two of the same Act is hereby amended to read as follows:

"(c) Possess a Master's Degree in Social Work (M.S.S.W., M.S.S., M.A.S.W., or its equivalent) conferred by a reputable school, college or university duly recognized by the government and also by a duly accredited school, college or university abroad."

Section 3. Section ten of the same Act is hereby amended to read as follows:

"Sec. 10. *Practice of Social Work and appointment as social workers.*—Unless exempt from registration, no person shall practice or offer to practice social work in the Philippines as defined in this Act, or be appointed as social worker or to any position calling for social worker in any social work agency whether private or government without holding a valid certificate of registration as a social worker issued by the Board of Examiners for Social Workers: *Provided*, That registration shall not be required of recognized social workers or authorities on social work who are residents and/or citizens of other countries called in for consultations in any agency working with the United Nations and/or similar international social agencies: *Provided, further*, That no provision of this Act, shall be construed to prejudice permanently appointed social agencies at the date of approval of this Act, who shall continue to enjoy rights to promotion and salary increase, retirement benefits and other previously acquired rights: *Provided, furthermore*, That those who at the time of the effectivity of this Act, possess the qualifications enumerated in Section twelve and are actually engaged in the practice of social work for a period of five years in a social work agency recognized by the Community Chest, Council of Welfare Agencies, Philippine Youth Welfare Coordinating Council, or Social Welfare Administration, shall be exempted from taking the examination as provided herein if they register as social workers within

period of one year after the approval of this Act: *Provided, still further*, That those who before the effectivity of this Act are holding regular appointment to social work positions in the government service on a provisional status for lack of the educational qualification required under this Act for the purpose of taking the board examination, and have rendered five years or more continuous and satisfactory service in social work shall, within a period of ten years but not later than December thirty first, nineteen hundred seventy-eight, be allowed to retain their positions in order to qualify as registered social workers under the provisions hereof: *And provided, finally*, That any person who at the time of the effectivity of this amendatory Act possess the qualifications enumerated in Section twelve hereof except that which is specified in Subparagraph (d) of Section two hereof and who has been openly performing the functions of, or practicing as, a social worker as defined in this Act for at least a total of ten years prior to the effectivity of this mandatory Act, shall be allowed to continue performing such functions or such practice in the same office or agency until he or she retires without the necessity of examination for registration provided that an affidavit affirming the circumstances of such continuous practice or a certification by the Civil Service to the same effect is filed with the Board."

"Section 12. *Qualification of applicants*—In order to be admitted to take the social work examination, an applicant

must, at the time of filing his or her application therefor establish to the satisfaction of the Board that:

"(a) He or she is a citizen of the Philippines;

"(b) He or she is at least twenty-one years of age;

"(c) He or she is in good health and is of good moral character;

"(d) He or she has received a diploma as holder of a bachelor's degree or master's degree or its equivalent in social work from an institution, college or university duly accredited and legally constituted: *Provided*, That the provisions of Republic Act Numbered Twenty-Two Hundred and Sixty insofar as cultural minorities are concerned be applied: and

"(e) He or she has completed a minimum period of one thousand case hours of practical training in an established social work agency under the direct supervision of a fully trained and qualified social worker."

Section 5. Subparagraph (h) of Section twenty-six of the same Act is hereby repealed

Section 6. Subparagraph (i) of Section twenty-six of the same Act is hereby re-designated as subparagraph (h)

Section 7. This Act shall take effect upon its approval.

Approved, August 4, 1967.

An act lowering the age requirement for applicants taking the board examination for social workers, providing for continuing social work education, and upgrading the sundry provisions relative to the practice of social work.

Section 12. *Qualification of Applicants.*–In order to be admitted to take the social work examination, applicant must, at the time of filing of application therefor:

a) Be a citizen of the Philippines;
b) Be at least eighteen (18) years of age;
c) Be in good health and of good moral character;
d) Have a bachelor's degree or master's degree or its equivalent in social work from an institution, college, or university duly accredited and legally constituted; and
e) Have completed a minimum period of one thousand (1,000) case hours of practical training in an established social work agency under the direct supervision of a fully trained and qualified social worker.

Section 26. *Continuing Professional Development (CPD).*– All registered social workers must provide proof of earning forty-five (45) units of continuing CPD courses given by any CPD provider duly accredited by the CPD Council for social workers as requirement for the renewal

of the professional identification card of social workers xxx

Section 27. *Integration of the Social Work Profession.*–All registered and licensed social workers shall be united and integrated into one (1) national organization xxx

Section 28. *Issuance of Special Temporary Permits.*– Special Temporary Permits (STPs) may be issued by the Board, subject to the approval of the Commission and payment of the prescribed fees, to any of the following

a) Foreign social workers called by the Philippine Government for a specific public purpose or project;
b) Foreign social workers to be employed by any domestic private firm/ establishment;
c) Foreign social workers to be engaged as professors or lecturers in a higher educational institution or university for the enhancement of the social work education in the country; and
d) Foreign social workers, including volunteers, whose services are engaged during disasters, calamities, or any emergency cases as may be determined by the Board xxx

Section 29. *Penal Provision* – Fine or imprisonment for not less than six (6) months but not more than two (2) years, or both;

a) Any person who shall practice or offer to practice social work in the Philippines without being registered or exempted from registration in accordance with the provisions of this Act;
b) Any person presenting or attempting to use as one's own, the certificate of registration of another;
c) Any person who shall give any false or fraudulent evidence of any kind to the Board or any member thereof in obtaining a certificate of registration as social worker;
d) Any person who shall impersonate any registrant of like or different name;
e) Any person who shall attempt to use a revoked or suspended certificate of registration;
f) Any person who shall in connection with one's name, otherwise assume, use, or advertise any holding a valid registration.

Appendix 2

SOCIAL WELFARE LEGISLATION

FAMILY

R.A. 8187 June 11, 1996)	"Paternity Leave Act of 1996" An Act granting paternity leave of seven (7) days with full pay to all married male employees in the private and public sectors for the first four (4) deliveries of the legitimate spouse with whom he is cohabiting and for other purposes.
R.A. 8369 Oct. 28, 1997)	"Family Courts Act of 1997" An Act establishing family courts granting them exclusive original jurisdiction over child and family cases, amending Batasang Pambansa Bilang 129, as amended, otherwise known as the Judiciary Reorganization Act of 1980, appropriating funds therefor and for other purposes.
R.A. 8972 Nov. 7, 2000)	"Solo Parents Welfare Act of 2000" An Act providing for benefits and privileges to solo parents and their children, appropriating funds therefor and for other purposes.
R.A. 9208 May 26, 2003)	"Anti-Trafficking in Persons Act of 2003" An Act to institute policies to eliminate trafficking in persons especially women and children
R.A. 9995 July 27, 2009)	"Anti-Photo and Video Voyeurism Act of 2009" An Act defining and penalizing the crime of photo and video voyeurism, prescribing penalties therefor, and for other purposes

R.A.10354 (Jan. 17, 2013)	"The Responsible Parenthood and Reproductive Health Act of 2012" (The "RH Law guarantees universal and free access to nearly all modern contraceptives for all citizen, including impoverished communities)
R.A. 11036 (June 21, 2018)	"Mental Health Act" An Act establishing a national mental health policy for the purpose of enhancing the delivery of integrated mental health services, promoting and protecting the rights of persons utilizing psychiatric, neurologic, and psychosocial services, appropriating funds therefor and for other purposes
R.A. 11166 (Dec. 20, 2018)	"Philippine HIV and AIDS Policy Act" An Act strengthening the Philippine Comprehensive policy on human immunodeficiency syndrome (AIDS) prevention, treatment, care and support.
R.A 11291 (April 12, 2019)	An Act Providing for a Magna Carta for the Poor An Act which guarantees the rights of the poor to adequate food, decent work, relevant and quality education, housing and the highest attainable standards of mental and physical health.
R.A 11310 (April 17, 2019)	An Act Institutionalizing the Pantawid Pamilyang Pilipino Program (4Ps)—the national poverty reduction strategy and a human capital investment program that provides conditional cash transfer to poor households for a maximum of seven (7) years to improve the health, nutrition, and education aspect of their lives

CHILDREN AND YOUTH

P.D. 603 (Dec. 12, 1974) — The Child and Youth Welfare Code

The Code defines "child" and "youth" and their rights and entitlement including services that should be provided for their wholesome development.

R.A. 6972 (Nov. 23, 1990) — An Act establishing a Day Care Center in every barangay, instituting therein a total development and protection of children program, appropriating funds therefor, and for other purposes

R.A. 7610 (June 17, 1992) — An Act providing for stronger deterrence and special protection against child abuse, exploitation and discrimination and for other purposes

R.A. 7658 (Nov. 9, 1993) — An Act prohibiting the employment of children below 15 years of age in public and private undertakings

R.A. 8552 (Feb. 25, 1998) — An Act establishing the rules and policies on the domestic adoption of Filipino children and for other purposes

R.A. 9231 (July 28, 2003) — An Act providing for the elimination of the worst forms of child labor and affording stronger protection for the working child

R.A. 9344 (July 25, 2005) — "Juvenile Justice and Welfare Act 2006"

An Act establishing a comprehensive juvenile justice and welfare system, creating the Juvenile Justice and Welfare Council under the Department of Justice, appropriating funds therefor and for other purposes

R.A. 9523 (March 12, 2009) — An Act requiring certification of the Dept. of Social Welfare and Development to declare a child legally available for adoption as a prerequisite for adoption proceedings

R.A. 9775 (Nov. 17, 2009) — "Anti Child Pornography Act of 2009"

An Act defining the crime of child pornography, prescribing penalties therefor and for other purposes

R.A. 10165 (June 11, 2012) — "Foster Care Act of 2012"

An act to strengthen and propagate foster care and to provide funds therefor

R.A. 10410 (March 26, 2013) — An Act recognizing the age from zero (0) to eight (8) years as the first crucial stage of educational development and strengthening the early childhood care and development system, appropriating funds therefor

R.A. 10533 (May 15, 2013) — "Enhanced Basic Education Act of 2013"

An Act enhancing the Philippine basic education system by strengthening its curriculum and increasing the number of years for basic education, appropriating funds therefor and for other purposes

R.A. 10630 (Oct. 3, 2013) — An Act strengthening the juvenile justice system in the Philippines (amending R.A. 9344)

R.A. 10821 (May 18, 2016) — "Children's Emergency Relief and Protection Act"

An Act mandating the provision of emergency relief and protection for children before, during, and after disasters and other emergency situations

R.A. 10931 (August 3, 2017) "Universal Access to Quality Tertiary Education Act"

An act promoting universal access to quality tertiary education by providing for free tuition and other school fees in state universities and colleges local universities and colleges, and state-run technical-vocational institutions, establishing the tertiary education subsidy and student loan program, strengthening the unified student assistance system for tertiary education, and appropriating funds therefor.

R.A. 11188 (January 10, 2019) "Special Protection of Children in Situations of Armed Conflict"

An Act providing for the special protection of children in situations of armed conflict and providing penalties for violations thereof

R.A. 11510 (December 23, 2020) "Alternative Learning System Act"

An act institutionalizing the alternative learning system in basic education for out-of-school children in special cases and adults and appropriating funds therefor

R.A. 11596 (December 10, 2021 Prohibition of Child Marriage Law

An act prohibiting the practice of child marriage and imposing penalties for violations thereof (the facilitation and solemnization of child marriage as well as cohabitation of adults with children shall be penalized)

R.A. 11642 (January 6, 2022) "Domestic Administrative Adoption and Alternative Child Care Act"

This Act shall provide for and allow simpler and inexpensive domestic administrative adoption

processes, and shall streamline services for alternative child care.

WOMEN

R.A. 6955 (June 13, 1990) An Act to declare unlawful the practice of matching Filipino women for marriage to foreign nationals on a mail-order basis and other similar practices

R.A. 7192 (Dec. 2, 1992) "Women in Development and Nation-Building Act"

An Act promoting the integration of women as full and equal partners of men in development and nation building and of other purposes

R.A. 7877 (Feb. 14, 1995) "Anti-Sexual Harassment Act of 1995"

An Act declaring sexual harassment in the employment, education or training environment, and for other purposes

R.A. 8353 (Sept. 30, 1997) "The Anti-Rape Law of 1997"

An Act expanding the definition of the crime of rape, reclassifying the same as a crime against persons

R.A. 8505 (Feb. 13, 1998) "Rape Victim Assistance and Protection Act of 1998"

An Act providing assistance and protection for rape victims, establishing for the purpose a Rape Crisis Center in every province and city, authorizing the appropriation of funds therefor, and for other purposes

R.A. 9208 (March 26, 2003)	An Act to institute policies to eliminate trafficking in persons especially women and children, establishing the necessary institutional mechanisms for the protection and support of trafficked persons, providing penalties for the violation and for other purposes
R.A. 9262 (March 8, 2004)	An Act defining violence against women and their children, providing for protective measures for victims, prescribing penalties therefor, and for other purposes
R.A. 9710 (Aug. 14, 2009)	"Magna Carta of Women" A comprehensive women's human rights law that seeks to eliminate discrimination against women by recognizing, protecting, fulfilling and promoting the rights of Filipino women, especially those in the marginalized sector.
R.A. 9995 (July 21, 2009)	"Anti-Photo and Video Voyeurism Act of 2009" An Act defining and penalizing the crime of photo and video voyeurism prescribing penalties therefor, and for other purposes
R.A. 10354 (Jan. 17, 2013)	The "Responsible Parenthood and Reproductive Health Act" An Act providing for a national policy on responsible parenthood and reproductive health. It provides for universal access to methods of contraception, fertility control, sexuality education, and maternal care in the Philippines
R.A. 11210 (Feb. 20, 2019)	"Expanded Maternity Leave Law" The law extends the previous 60-days (78 days for caesarean section delivery for women workers in the private sector) paid maternity leave to 105 days. Additional 15 days paid maternity leave shall also be granted to solo parents

ELDERLY

R.A. 7432 (April 23, 1992)	"Senior Citizens Act of 1991" An Act to maximize the contribution of senior citizens to nation building, grant benefits and special privileges and for other purposes
R.A.7876 (Feb. 14, 1995)	An Act establishing a Senior Citizens Center in all cities and municipalities of the Philippines and appropriating funds therefor
R.A. 9994 (Feb. 15, 2010)	"Expanded Senior Citizens Act of 2010" An Act granting additional benefits and privileges to senior citizens further amending R.A. 7432
R.A. 10645 (Nov. 5, 2014)	"Mandatory Philhealth Coverage for All Senior Citizens" An Act providing for the mandatory PHILHEALTH coverage for all senior citizens amending for the purpose R.A. 7432 as amended by R.A. 9994 otherwise known as the "Expanded Senior Citizens Act of 2010"
R.A. 10868 (June 23, 2016)	"Centenarian Act of 2016" An Act honouring and granting additional benefits and privileges to Filipino centenarians and for other purposes

R.A. 10911 (July 21, 2016)	"Anti-Age Discrimination Act of 2016" An act prohibiting discrimination against any individual in employment on account of age and providing penalties therefor.
R.A. 11350 (July 25, 2019)	National Commission of Senior Citizens Act An Act mandated to ensure the full implementation of laws, policies, and programs of the government on senior citizens, review and conduct related studies and recommend policy to Congress and the President.
R.A. 11916 (July 30, 2022)	An Act increasing the social pension of indigent senior citizens and appropriating funds therefor, amending R.A. No. 7432

DIFFERENTLY-ABLED PERSON PERSONS WITH DISABILITIES (PWD)

Batasang Pambansa Blg. 344	Accessibility Law An Act to enhance the mobility of disabled persons by requiring certain buildings, institutions, establishments, and other public utilities to install facilities and other devices
R.A. 3562 (June 21, 1963)	An Act to Promote the Education of the Blind in the Philippines This Act mandated the establishment of a residential school for the blind which shall be known as the Philippine National School for the Blind, and declared a permanent government commitment to the training of SPED teachers for the blind

R.A. 6759 (Sept. 18, 1989)	"White Care Act" An Act to promote and protect the physical, moral, and social well-being of all handicapped persons, such as the blind, and to undertake studies on specific causes of the high percentage of blind people in the Philippines
R.A. 7277 (March 24, 1992)	"Magna Carta For Disabled Persons" An Act that grants rights and privileges for disabled persons
R.A. 9442 (April 30, 2007)	An Act amending R.A. No. 7277 (Magna Carta for Disabled Persons) granting additional privileges and incentives and prohibitions on verbal, non-verbal ridicule and vilification against persons with disability
R.A. 10754 (March 23, 2016)	An Act Expanding the Benefits and Privileges of Persons with Disability (PWD)
R.A. 11228 (Feb. 22, 2019)	An Act Providing for the Mandatory Philhealth Coverage for All Persons with Disability (PWDs) Amending for the Purpose R.A. 72771.

DOMESTIC WORKERS (BATAS KASAMBAHAY)

R.A 10361 (Jan 18, 2013)	"Domestic Workers Act" (or Batas Kasambahay) An Act instituting policies for the protection and welfare of domestic workers

INFORMAL SETTLERS (URBAN POOR)

R.A. 7279 (March 24, 1992) — "Urban Development and Housing Act of 1992"

An Act to provide for a comprehensive and continuing urban development and housing program, establish the mechanism for its implementation and for other purposes

R.A. 10884 (July 17, 2016) — An Act strengthening the balanced housing development program, amending for this purpose R.A. No. 7279 otherwise known as the urban development and housing Act of 1992

INDIGENOUS PEOPLES

R.A. 8371 (Oct. 29, 1997) — "The Indigenous People's Rights Act of 1997" (IPRA)

An Act to recognize, protect and promote the rights of indigenous cultural communities/indigenous peoples, creating a National Commission on Indigenous People, establishing implementing mechanisms, appropriating funds therefor, and for other purposes

FARMERS

R.A. 6657 June 10, 1988) — "Comprehensive Agrarian Reform Law of 1998"

An Act instituting a comprehensive agrarian reform program to promote social justice and industrialization, providing the mechanism for its implementation, and for other purposes

MIGRANT WORKERS

R.A. 8042 (June 7, 1995) — "Migrant Workers and Overseas Filipinos Act of 1995"

An Act to institute the policies of overseas employment and establish a higher standard of protection and promotion of the welfare of migrant workers, their families, and overseas Filipinos in distress, and for other purposes

R.A. 10022 (July 27, 2009) — An Act amending R.A. 8042, further improving the standard of protection and promotion of the welfare of migrant workers, their families, and overseas Filipinos in distress, and for other purposes

HEALTH

R.A. 8344 (August 25, 1997) — Ant Act penalizing the refusal of hospitals and medical clinics to administer appropriate initial medical treatment and support in emergency or serious cases, amending for the purpose Batas Pambansa Bilang 702, otherwise known as "An Act Prohibiting the Demand of Deposits or Advance Payment for the Confinement or Treatment of Patients in Hospitals and Medical Clinics in Certain Cases"

R.A. 9439 (April 27, 2007) — An Act prohibiting the detention of patients in hospitals and medical clinics on grounds of non-payment of hospitals bills or medical expenses

R.A. 11036 (February 12, 2018)	An Act establishing National Mental Health Services, promoting and protecting the rights of persons utilizing psychosocial health services
R.A. 11223	"Universal Health Care Act"
(Feb. 20, 2019)	An Act instituting universal health care for all Filipinos, prescribing reform in the health care system, and appropriating funds therefor.

Appendix 3

GLOBAL SOCIAL WORK STATEMENT OF ETHICAL PRINCIPLES

This Global Statement of Ethical Principles was approved at the General Meetings of the International Federation of Social Workers and the General Assembly of the International Association of Schools of Social Work (IASSW) in Dublin, Ireland, in July 2018).

This Statement of Ethical Principles (hereafter referred to as the Statement) serves as an overarching framework for social workers to work towards the highest possible standards of professional integrity.

Implicit in our acceptance of this Statement as social work practitioners, educators, students, and researchers is our commitment to uphold the core values and principles of the social work profession as set out in this Statement.

An array of values and ethical principles inform us as social workers; this reality was recognized in 2014 by International Federation of Social Workers and The International Association of Schools of Social Work in the global definition of social work, which is layered and encourages regional and national amplifications.

All IFSW policies including the definition of social work stem from these ethical principles.

Social work is a practice-based profession and an academic discipline that facilitates social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility, and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledge, social work engages people and structures to address life challenges and enhance wellbeing. http://ifsw.org/get-involved/global-definition-of-social-work/

Principles:

1. Recognition of the Inherent Dignity of Humanity

   Social workers recognize and respect the inherent dignity and worth of all human beings in attitude, word, and deed. We respect all persons, but we challenge beliefs and actions of those persons who devalue or stigmatize themselves or other persons.

2. Promoting Human Rights

   Social workers embrace and promote the fundamental and inalienable rights of all human beings. Social work is based on respect for the inherent worth, dignity of all people and the individual and social/civil rights that follow from this. Social workers often work with people to find an appropriate balance between competing human rights.

3. Promoting Social Justice

   Social workers have a responsibility to engage people in achieving social justice, in relation to

society generally, and in relation to the people with whom they work. This means:

3.1 Challenging Discrimination and Institutional Oppression

Social workers promote social justice in relation to society generally and to the people with whom they work.

Social workers challenge discrimination, which includes but is not limited to age, capacity, civil status, class, culture, ethnicity, gender, gender identity, language, nationality (or lack thereof), opinions, other physical characteristics, physical or mental abilities, political beliefs, poverty, race, relationship, status, religion, sex, sexual orientation, socioeconomic status, spiritual beliefs, or family structure.

3.2 Respect for Diversity

Social workers work toward strengthening inclusive communities that respect the ethnic and cultural diversity of societies, taking account of individual, family, group, and community differences.

3.3 Access to Equitable Resources

Social Workers advocate and work toward access and the equitable distribution of resources and wealth.

3.4 Challenging Unjust Policies and Practices

Social workers work to bring to the attention of their employers, policymakers, politicians, and the public situations in which policies and

resources are inadequate or in which policies and practices are oppressive, unfair, or harmful. In doing so, social workers must not be penalized.

Social workers must be aware of situations that might threaten their own safety and security, and they must make judicious choices in such circumstances. Social workers are not compelled to act when it would put themselves at risk.

3.5 Building Solidarity

Social workers actively work in communities and with their colleagues, within and outside of the profession, to build networks of solidarity to work toward transformational change and inclusive and responsible societies.

4. Promoting the Right to Self-Determination

Social workers respect and promote people's rights to make their own choices and decisions, provided this does not threaten the rights and legitimate interest of others.

5. Promoting the Right to Participation

Social workers work toward building the self-esteem and capabilities of people, promoting their full involvement and participation in all aspects of decisions and actions that affect their lives.

6. Respect for Confidentiality and Privacy

6.1 Social workers respect and work in accordance with people's rights to confidentiality and

privacy unless there is risk of harm to the self or to others or other statutory restrictions.

6.2 Social workers inform the people with whom they engage about such limits to confidentiality and privacy.

7. Treating People as Whole Persons

Social workers recognize the biological, psychological, social, and spiritual dimensions of people's lives and understand and treat all people as whole persons. Such recognition is used to formulate holistic assessment and intervention with the full participation of people, organizations, and communities with whom social workers engage.

8. Ethical Use of Technology and Social Media

8.1 The ethical principles in this Statement apply to all contexts of social work practice, education and research, whether it involves direct face-to-face contact or through use of digital technology and social media.

8.2 Social workers must recognize that the use of digital technology and social media may pose threats to the practice of many ethical standards, including but not limited to privacy and confidentiality, conflicts of interest, competence, and documentation and must obtain the necessary knowledge and skills to guard against unethical practice when using technology.

9. Professional Integrity

9.1 It is the responsibility of national associations and organizations to develop and regularly update their own codes of ethics or ethical guidelines, to be consistent with this Statement, considering local situations. It is also the responsibility of national organizations to inform social workers and schools of social work about this Statement of Ethical Principles and their own ethical guidelines. Social workers should act in accordance with the current ethical code or guidelines in their country.

9.2 Social workers must hold the required qualifications and develop and maintain the required skills and competencies to do their job.

9.3 Social workers support peace and nonviolence. Social workers may work alongside military personnel for humanitarian purposes and work toward peace building and reconstruction. Social workers operating within a military or peacekeeping context must always support the dignity and agency of people as their primary focus. Social workers must not allow their knowledge and skills to be used for inhumane purposes, such as torture, military surveillance, terrorism, or conversion therapy, and they should not use weapons in their professional or personal capacities against people.

9.4 Social workers must act with integrity. This includes not abusing their position of power and relationships of trust with people that they engage with; they recognize the boundaries between personal and professional life and do not abuse their positions for personal material benefit or gain.

9.5 Social workers recognize that the giving and receiving of small gifts is a part of the social work and cultural experience in some cultures and countries. In such situations, this should be referenced in the country's code of ethics.

9.6 Social workers have a duty to take the necessary steps to care for themselves professionally and personally in the workplace, in their private lives, and in society.

9.7 Social workers acknowledge that they are accountable for their actions to the people they work with; their colleagues; their employers; their professional associations; and local, national, and international laws and conventions, and that these accountabilities may conflict, which must be negotiated to minimize harm to all persons. Decisions should always be informed by empirical evidence; practice wisdom; and ethical, legal, and cultural considerations. Social workers must be prepared to be transparent about the reasons for their decisions.

9.8 Social workers and their employing bodies work to create conditions in their workplace environments and in their countries, where the principles of this Statement and those of their own national codes are discussed, evaluated, and upheld. Social workers and their employing bodies foster and engage in debate to facilitate ethically informed decisions.

Appendix 4

Selected Behavorial And Social Science Theories In Social Work

Human behaviour can be explained adequately by understanding the biological, physical, psychological, and social factors which influence such behaviour. These forces interact and affect each other, which is why we say the individual is a "biopsychosocial" being. With this concept in mind, here are some theories which further expound this notion.*

Psychoanalytic Theory

External forces do not always explain the difficulties and problems of people. It is always necessary to examine inner forces. When doing this, the social worker should be guided by psychoanalytic and ego psychology theories about human behaviour and personality.[1]

Sigmund Freud (1856-1939), who founded psychoanalysis, is the best known personality theorist. Freud's basic theory proposes that at birth, individuals are pushed by unconscious and irrational drives toward satisfaction of desires which are largely unconscious and irrational. Classical psychoanalytic theory in its entirety has few adherents today. In his lifetime, Freud himself made many changes on his original concepts, and many of

* This material is taken from Thelma Lee-Mendoza, *Social Work Theory and Practice in the Philippines*. Office of Academic Support and Instructional Services, U.P. Open University, 1995.

his followers and associates disagreed with him and developed their own theories or modified and expanded on his original theory.

Carl Jung and Alfred Adler, for example, disagreed with him on the role of the libido or sexual motivation as the root of all human conflicts and anxieties. Jung believed that human beings are guided as much by aims and aspirations as by sexual urges, while Adler's tenet is that human beings have an innate social interest and a tendency to strive for superiority.

Many of Freud's concepts and ideas, however, are still useful to social workers in understanding client behaviour and planning intervention. Among these concepts are the following:

1. *Homeostasis* – the organism's tendency to maintain a relatively stable internal environment.

2. *Psychological determinism* – thoughts and actions are caused by one's unsatisfied drives or desires.

3. *Personality structures* – Every person possesses three personality structures: the *id*, the *ego* and the *superego*. The *id* comprises the psychic representatives of the drivers — the "inner world of subjective experience:" the *ego* consists of those functions which have to do with the individual's relation with his environment — the "mediator" between instinct and environment; the *superego* comprises the "moral precepts of our own minds as

well as our ideal aspirations" — internal representatives of values and ideals of society which the child learns from adults.

4. *Defense mechanisms* – thoughts and behaviour which, while not on the level of the individual's consciousness, serve to ward off anxiety and guilt, *e.g.*, repression, rationalization, and denial.

Through the years, psychologists whose original base was psychoanalytic theory, began to focus on the development of the rational, conscious processes of the ego instead of on the irrational and instinctual forces of the *id*. These theorists are called "ego psychologists."

Ego Psychology

In *ego psychology*, the ego is viewed as that part of the personality that takes action in life situations. It is considered as the "executive officer" of the personality. It is believed to have twelve functions: (1) reality-testing; (2) judgment; (3) sense of reality of the world and self; (4) regulations and control drives, affects and impulses; (5) object relations; (6) thought processes; (7) adaptive regression in the service of the ego; (8) defensive functioning; (9) stimulus barrier; (10) autonomous function (*i.e.*, attention, concentration, memory, learning, perception, and motor functions); (11) mastery-competence; and (12) synthetic-integrative function.

Among ago psychologists, Erik Erikson (1902-1999) is one of the best known. According to him, there are eight

psychosocial stages in the development of personality and each stage is critical for developing certain personality characteristics and for preparing the individual for subsequent ones. Erikson's theory holds that each stage involves a specific development task and crisis (*i.e.*, there is a state of tension or disequilibrium at the beginning of a new stage), the successful resolution of which leads to optimal ego development.

The resolution of the crisis of each stage is seen as dependent on the following. (a) the individual's own innate capacities; (b) those with whom he interacts; (c) culture; and (d) environment as they shape child-bearing practices and provide opportunities or obstacles to optimal adaptation. Erikson saw reciprocity between the individual and the environment in that if the environment meets the basic needs of the individual, the person will take his place in society.

The eight development tasks which Erikson claims every person must resolve are the following: Trust vs. Mistrust (Infancy, 0-1 year); Autonomy vs. Shame and Doubt (Toddlerhood, 1-3 years); Initiative vs. Guilt (Early Childhood, 3-5 years); Industry vs. Inferiority (Later Childhood, 6-11 years); Identity vs. Role Diffusion (Adolescence, 11-20 years); Intimacy vs. Isolation (Early Adulthood); Generativity vs. Stagnation (Middle Adulthood); and Ego Integrity vs. Despair (Later Adulthood/Old Age).

Humanistic Theory

Carl Roger's Humanistic Theory of Personality emphasizes the importance of the present experience and essential worth and dignity of the whole person; promotes creativity, free choice, and spontaneity; and fosters the belief that people can solve their own psychological problems.[2]

It uses the person-centered approach or orientation which believes that individuals have within themselves vast resources for self-understanding and for altering their self-concepts, basic attitudes, and self-directed behaviour. These resources can be tapped by providing a climate of facilitative psychological attitudes.

Basic Concepts:

1) The organism: is the locus of all experience—
   - The Phenomenological Field: encompasses the experience which includes everything potentially available to awareness that is going on within the organism.
   - Phenomenological field constitutes the subjective reality of a person and is made up of conscious (symbolized) and the unconscious (unsymbolized) experience.

2) The self, or self-concept is the portion of the phenomenological field, which gradually becomes differentiated. It is composed of organized perceptions of the characteristics of the "I" or "Me"

of their relationship to others and to various aspects of self, together with the values attached to these perceptions (called the self-structure).

- A person's self is a set of perceptions, with values attached to these perceptions about the self, it includes all the individual's evaluation of his organismic function and human relationships which he uses to order and interpret his experiences.
- The ideal self: is the self a person most values and desires to be. It is the self-concept, which one would like to possess, upon which s/he places the highest value for him/herself.

3) Congruence or incongruence: may exist between the self as perceived and the actual experience of the organism, between subjective reality (phenomenological field) and external reality (the world as it is), and between self and ideal self.
   - When the symbolized experiences that constitute the self faithfully mirror the experiences of the organism, the person is said to be adjusted, mature, and fully functioning.

4) Need for positive regard (*i.e.*, receiving warmth, acceptance, etc.) from relevant people in one's life. Giving of positive regard is contingent on desirable

behaviours thus creating conditions of worth for one to experience positive regard.

5) Need for self-regard: the need to view self positively; from wanting others to feel good about self and subsequently wanting to feel good about self (unconditional positive regard).

6) Actualizing tendency is the inherent tendency of an individual to develop all capacities in ways which serve to maintain or enhance the organism.

7) Self-actualization is the person's lifelong process of realizing his potentialities to become a fully functioning person. Its goal is to be that self which one is truly is—what is organismically valued by the total person who is inwardly free to move in any direction.

In order to facilitate the individual's self-actualization, three core conditions are necessary in a client-worker relationship:

- Emphatic understanding: the social worker trying to understand the client's point of view.
- Congruence: the therapist exudes genuineness towards the client.
- Unconditional positive regard: the social worker conveys a non-judgemental attitude.

Feminist Theory

Feminist theories developed out of the philosophy of the women's movement or feminism ("an awareness of women's oppression and exploitation in society, at work and within the family, and conscious action by women and men to change this situation"). These theories resulted from the view of many women that major personality theories have a strong sexist bias, such as psychological concepts about sex differences that lead to gender stereotypes. Common elements in these theories include a positive view of the female body and an emphasis on the development of equal responsibility talents, skills, and power in women.

Existing feminist theories continue to be critiqued and refined by women scholars from varied backgrounds.

Major contemporary feminist theorists include Nancy Chodorow (1994 -), Carol Giligan (1936 -), Jean Baker Miller Institute (1995), and Sandra Bem (1944 -).

Systems Theory

General systems theory has developed concepts about human systems that have provided social work with a useful model for practice.

A system is defined as a whole consisting of interdependent and interacting parts, or as a "set of units with relationships among them." In social systems theory, all social units—individuals, groups, organizations, and communities are conceived of as systems. Each system has an internal organization consisting of subsystems and is related to other systems in its environment (our earlier

notion of the individual as a "biopsychosocial being" reflects a system perspective about the individual).

Systems theory provides social work with a tool for analyzing and organizing data about clients, and offers many options for intervention. The use of a systems model as a conceptual model for practice allows social workers to focus their attention on the person-situation/environment interrelatedness, thereby avoiding the tendency to think of the individual or society as the cause of problems and, therefore, the primary target of change. Among the concept in systems theory that are useful to social work are the following.[3]

1. *Open and closed systems.* An *open system* is one that is engaged in interchanges with its environment and therefore continues to grow and change. *Closed systems* do not interact with other systems, neither accepting inputs from them, nor producing outputs to them. They have a quality called *entropy, i.e.,* over time, they tend toward less differentiation of their parts and towards loss of organization and function.

2. *Boundaries.* A boundary is a closed circle around selected variables where there is less interchange of energy or communication across the circle around than there is within the circle. Open systems have semi-permeable boundaries and have ways of maintaining these boundaries.

3. *Tension.* Systems theory conceives of tension as characteristic of, and necessary to complex,

adaptive systems, though there is recognition that tension may manifest itself in either destructive or constructive ways. Tension or conflict, *per se*, are not seen as positive or negative but, rather, as attributes of all systems simply because they are alive and open to transaction across their boundaries.

4. *Feedback.* This refers to a "communication network which produces action in response to an input of information and includes the results of its own action in the new information by which it modifies its subsequent behaviour." Negative feedback conveys information that the system's behaviour is making it difficult to achieve its goal, and therefore correction is needed in line with its goal. Positive feedback means that the system is behaving correctly in relation to its goal and so, more behaviour of the same quality is called for.

5. *Change and stability.* Open systems are constantly in the process of change, which represents their attempt to take purposive, goal-directed action. However, a system must also maintain a dynamic equilibrium — a steady state, *i.e.*, a certain amount of order and stability is necessary.

6. *Role.* This refers to the expected behaviour of a person occupying a particular social status or position in a social system. Besides being useful in understanding the interaction within the system, the concept of role serves as bridging concept between the individual and the larger social system.

Systems theory views the client, the worker, and the agency as social systems that comprise a social system network. Allen Pincus and Anne Minahan developed a related concept about six types of social systems with whom the social worker interacts in the course of practice.[4]

1. the *change agent system*: the agency or organization that employs the social workers who will plan and work with the six systems toward change;
2. the *client system*: those who have asked for the worker's services, those who are expected to benefit from these services, and those who have entered into an explicit contract with the worker;
3. the *target system*: the people that the change agents need to change or influence in order to accomplish their goals (this may overlap with the client system when it is the client that needs to be changed);

4. the *action system*: those with whom the social worker interacts in a cooperative way in order to bring about change helpful to the client;

5. the *professional system*: the professional association of social workers, the educational system by which workers are prepared, and the values and sanctions of professional practice; and

6. the *problem identification system*: The system that acts to bring a potential client to the attention of the worker.

A systems model is a holistic approach which is particularly relevant to social work practice in the country.

Systems theory is complex and social workers are not expected to understand and use all its concepts including its elaborate jargon. Social workers, however, can apply concepts and jargon that relate to human systems which are now widely used in the social sciences.

Role Theory

Social work's focus of concern is social functioning which results from person-situation interaction. Because person-situation interaction involves role performance (which is why social functioning is also seen as the sum of the roles performed by the individual), it is important that the social worker has a basic understanding of role theory and its related concepts. Role theory can also help her understand and use systems theory, since the structure of a social system is described as a network of roles.

The term *role* refers to the socially expected behaviour prescribed for a person occupying a particular status or position in a social system. Social norms for a particular position provide guides for the attitudes, feelings, and behaviour that are permitted, expected or prohibited for the individual in a given role. These norms differ from culture to culture, and have important implications to a social worker. The following are among the concepts relating to role:[3]

1. *Status*: refers to one's rank or standing in a group based on the kind of job he holds.

2. *Norms:* refers to rules and standards of behaviour that come from a group or society, and may apply to individuals or to groups.

3. *Role sets or role clusters:* an array of roles that any one person may be occupying at any particular time.

4. *Role complementarity or reciprocity:* role positions are usually paired, *e.g.*, parent-child. The theory is that some reciprocity of expectation between role partners is needed if a system is to enjoy some stability and integration.

5. *Role conflict:* this occurs when there are conflicting expectations because the person occupies two or more positions simultaneously.

6. *Role incongruity:* a situation in which one's own perception of one's role is defined differently from the expectation of significant others in the system or the environment.

Role and its related concepts are part of the knowledge base useful to social workers in assessment and intervention planning.

Communication Theory

Interactions between and among human systems involve communication. Thus, to a profession like social work which deals with human beings, communication theory is an important area of concern.

Communication is the process of transferring and sharing messages and meanings through the use of symbols like words, gestures, and sounds. Social workers, engaged in helping relationships with individual, families, groups or communities, need to understand the elements of the interpersonal communication process.[6]

1. *Source:* the origin of the message, *i.e.,* some person or group with a purpose for engaging in communication.
2. *Message:* the idea that is communicated
3. *Channel:* the means by which a message is transmitted from the source to the receiver (*e.g.,* oral, written or body language)
4. *Receiver:* the target of communication who interprets the message being transmitted

5. *Effects:* the changes occurring in the receiver as a result of the transmission of the message, *e.g.,* changes in knowledge, attitudes, and behaviour
6. *Feedback:* information that comes back to the sender and tells him how his message is being received which can guide his further communication and repair any damage that may have taken place.

There are many factors that affect or influence these elements of the communication process which the social worker should know about. For example, in interviewing (a major tool utilized by a social worker), she should know what would make the interview an effective source of information, *e.g.,* the worker's credibility, the client's attitude towards the worker, the atmosphere in the interviewing area, etc.

Communication theory today covers many important areas that are useful to social workers: theories about verbal and non-verbal communication, theories about communication structure relevant to social work with groups; theories about the cultural aspects of communication (*e.g.,* language and values); and communication strategies and techniques appropriate for particular audiences.

With its continuing efforts to strengthen its scientific foundation, and as the country keeps pace with developments in modern communication technology, we expect social workers to increasingly apply new learning from this field to its own practice settings.

Small Group Theory

Social work is one of the earliest professions to recognize explicitly that groups can be managed in order to bring about desired changes on the part of its members.[7]

Today, more than at any other times in the past, social workers meet countless opportunities to work with different kinds of groups because of their employment in a wide variety of settings. For this reason, the need to know how to manage groups is keenly felt.

Research and theory about small groups have so expanded that group dynamics is now considered an important branch of knowledge.[8] Simply put, the term "group dynamics" means the social and psychological forces present during face-to-face encounters of individual. The need to understand and apply group dynamics theory in social work is borne out of the desire to use groups consciously and deliberately to modify or change human behaviour and social institutions.

Knowledge about two major group phenomena — *group structure* and *group process* - is essential to the social worker who is concerned with the improvement of the functioning of groups and helping them attain socially desirable goals.

Group structure refers to "patterns that develop and maintain themselves over time in interpersonal relations."[9] The following are the major aspects of group structure which are often called the structural properties of groups:[10]

1. *Size:* the number of persons in the group
2. *Communication structure:* who interacts with whom about what, and the channels and flow of communication, etc.
3. *Affectional structure:* interpersonal relations that are produced from the liking and disliking that develop among the members of a group
4. *Power structure: power* (the potentiality for inducing forces in other persons toward acting or changing in a given direction) or influence that facilitates the group's organization, its control, and goal-attainment
5. *Leadership:* the ability to influence other people in some way, which can be positive or negative
6. *Role structure:* the interrelated patterns of behaviour of the group member based on their mutual learned expectation from each other, *e.g.*, leader, mediator, member, etc.
7. *Group norms:* rules and standards of behaviour which emerge in a group in the process of interaction.
8. *Status:* rank or standing in a group based on certain characteristics possessed by a person.

Group process. The other major phenomenon about which social workers need to have basic understanding of has many connotations. Some use it interchangeably with group dynamics. Others view it as change in the conditions of the group as a whole. There are social scientists who look at group process as the movement of a group from one level of social organization to another. All these views are useful and social workers would do well to understand all these concepts about group process. However, the definition of group process as an interaction process or what goes on between members is very essential to social workers. The forces generated by the relationships between people and their interactions in the group, have important implications for the individual members and the group as a whole. These are the forces:[11]

1. *Group bond:* the feeling of belongingness that exists in the group;
2. *Conformity:* yielding to the majority;
3. *Conflict:* a sharp disagreement or clash arising out of the interpersonal conflicts between or among individuals;
4. *Group cohesiveness:* the degree to which the members of the group desire to remain with the rest of the group;
5. *Decision making:* the process by which the group, using certain procedures, arrives at decisions, *e.g.*, voting, consensus, postponing decision, and delegation of decision making authority.

Culture Theory

Culture is defined as "that complex whole which includes knowledge, belief, art morals, laws, customs, and other capabilities and habits acquired by man as a member of his society."[12] It refers to the entire way of life of a people or society which they create, acquire from other societies, and will be ready to transmit to subsequent generations. A social worker's understanding of people she works with can be greatly facilitated by the knowledge of culture theory.

It is important for a social worker to know that culture is 1) learned; 2) shared; 3) cumulative: 4) dynamic; 5) diverse; and 6) whole; *i.e., it is a system with many mutually interdependent parts.*[13]

It is important to know and understand the intangible aspects of culture because of the considerable influence they exert on people's behaviour. These are the aspects of culture:

1. *Beliefs:* concepts about how the world operates and where individuals fit in it; may be rooted in blind faith, experiences, traditions, or scientific observation;
2. *Value:* the general and shared concepts of what is good, right, appropriate, worthwhile and important; either reflected in behaviour or expressed verbally;
3. *Norms:* the written and unwritten rules that guide behaviour and conduct appropriate to given situations. Included in these are *folkways* or *customs* (the behaviour patterns of everyday life)

and *mores* (folkways which involve moral or ethical values).

Concepts about subcultures, cultural relativism, language, culture shock, ethnocentrism, cultural universals, can also affect social work practice.

Learning Theory

Learning theory underscores the significance of the environment in shaping human behaviour. A basic assumption is that because behaviour can be acquired or learned in the course of an individual's development, structured learning situations can be used to develop healthy behaviors and eliminate unhealthy ones.

The following concepts from learning theory are being utilized by social workers particularly those involved in child/group care programs in correctional institutions: [14]

1. *Reinforcement:* refers to specific rewards or supports that affect the strength of the response. A reinforcer is a stimulus which determines the probability of occurrence of the response which it follows: There are two kinds of reinforcement;
   a. *Positive reinforcers* which tend to increase the frequency of the response. *i.e.,* the individual learns to react in a certain way if he finds that his response is followed by a gratifying consequence or reward; rewarded behaviour is repeated.

   b. *Negative reinforcers* increase the desired response through introduction of negative or aversive stimuli, *i.e.,* if behaviour is followed by a painful or unpleasant consequence, that behaviour will not be repeated.

   Reinforcers can be *social responses* (personal response of other people to a behaviour such as praise approval, reward deprivation, scolding, and other forms of punishment), and *artificial responses* (gifts, food, tokens, money).

2. *Shaping:* a process used in establishing more complex behaviour patterns by breaking behaviour into smaller units and reinforcing each unit in turn until the desired pattern is established.
3. *Modeling:* a process in which a person imitates a model who is displaying the desired behavioural pattern.

Organization Theory

Social workers in the country function within a social agency, to which they are accountable. Some social agencies are small, with only three levels of hierarchy: the executive, the supervisor(s), and the workers. Others are large, formal organizations that are structured in what is believed to be the most efficient way of getting a big job done. This type of administrative organization is called a *bureaucracy.*

Majority of our professionally trained social workers today are employed in bureaucratic organizations, most of which are national government agencies (*e.g.*, the Department of Social Welfare and Development and the National Housing Authority). Those who are not employed in bureaucratic organizations cannot, however, avoid dealing with such organizations because they are part of the resource network of every social worker. Their policies and practices, constraints and problems, affect the delivery of services.

All social workers should understand the following distinguishing characteristics of a bureaucracy:

1. *Specialization and hierarchy:* an organization of appreciable size and complexity cannot avoid the standard pyramid of the 'line' organization, which means that it is comprised of people with different but interrelated skills;
2. An *emphasis on rules* manifested in the routinization of activity and formalization of relationship;
3. *Assignment of roles* on the basis of technical qualifications; and
4. *Clear and official areas of jurisdiction* for the different roles.

While bureaucracy has its *disadvantages* or pathologies (timidity, delay, officiousness, red tape, exaggeration of routine, limited adaptability), it also has its advantages or gains (efficiency, reliability, precision,

fairness). There are, of course, factors which affect the degree to which these disadvantages and advantages are present in an agency: *size* (the bigger, the more bureaucratic), *proportion of personnel* which is professionally oriented (which may work toward accentuating or toward reducing bureaucratic tendencies), and *auspices* (compared to the private agency, a public agency is larger, often less professionally staffed, and generally more tied up with extensive hierarchies of control.[15]

Many of the positive as well as negative features of social agencies are but the normal characteristics of bureaucracy. An awareness and understanding of organizational theory particularly about bureaucracy, can lead to innovative efforts that can help minimize its disadvantages.

References

[1] For a discussion of psychoanalytic theory and ego psychology, the following references will be helpful: Feshback and Weiner, *Personality.* Lexington, Massachusetts: D.C Heath and Company (1991); Beaulah Roberts Compton and Burt Galaway, *Social Work Processes.* Homewood, Illinois: The Dorsey Press (1979).

[2] For a discussion of Humanistic Theory, refer to Engler B. (2014) Personality Theories: An Introduction. 9th ed. Boston Houston. Feist, J., Feist G. and Roberts, T.A. (2013). Theories of Personality. 8thMcgrawHill International edition. Hutchison, Elizabeth. (2008) Dimensions of Human Behavior, Person and Environment. 3rd ed. Sage: California.

[3] For a discussion of Systems Theory, a system approach that will be useful to social workers, refer to Compton and Galaway, *ibid.*

[4] *See* Pincus, Allen and Minahan, Anne, *Social Work Practice: Model and Method.* Itasca, III: Peacock Publishers (1973).

[5] *See* Compton and Galaway, op. cit. 86-89.

[6] *See* Alan H. Monroe and Douglas Ehringer, *Principles and Types of Speech Communication.* Glenview, III. Scott Foresman & Co. (1974).

[7] Cartwright, D. And Zander, A., *Group Dynamics: Research and Theory,* 2nd Edition. Evanston, Illinois: Row, Peterson & Co. (1960) 8.

[8] *Ibid.* 4.

[9] Charles D. Garvin & Paul Glasser, "*Social Group Work: The Preventative and Rehabilitative Approach,*"in Glasser, P., Sarri, R., and Vinter, R.D. *Individual Change Through Small Groups.* The Free Press, Macmillan Publishing Co. (1974), 43.

[10] *See* Hare, P., *Handbook of Small Group Research.* New York: The Free Press (1976); Cartwright and Zander, op. cit., Homan, Olmstead Donald W., *Social Groups.* Michigan State University (1961).

[11] *See* Cartwright, D. And Zander A., op. cit.

[12] Chester L. Hunt, Lourdes R. Quisumbing, Socorro C. Espiritu, Michael A. Costelo, Luis L. Lacar, *Sociology in the Philippine Setting.* Quezon City: Phoenix Publishing House (1987), 42.

[13] *Ibid.* 45-48.

[14] Seymour Feshback and Bernard Weiner, op. cit. 124-154.

[15] Wilensky, Harold L. And Lebeaux, Charles, N., *Industrial Society and Social Welfare.* New York: Russel Sage Foundation (1958). *See* also Nestor N. Pilar and Rafael A. Rodriguez., eds. *Readings in Human Behavior in Organization.* Quezon City, Philippines, JMC. Press (1981).

Appendix 5

THE TRADITIONAL AND SECONDARY METHODS OF SOCIAL WORK PRACTICE

The traditional methods of social work developed in the United States which were taught in social work schools in the Philippines and applied in practice as separate "specialties" (until questions were raised resulting in the advocacy for the Integrated/Generalist Method of practice), are defined as follows:

SOCIAL CASEWORK: a helping process which consists of a variety of activities that may include the giving of material assistance; referrals to other community facilities; rendering emotional and psychological support through sensitive listening; expressions of acceptance and reassurance; making suggestions; appropriately advising and setting limits, encouraging the individual to express or suppress his feelings, likewise encouraging him to effect his plans; assisting the individual to narrate and examine his situation; and/or working out with him a consideration and better understanding of the causal connection between his present attitudes and mode of adjustment with past experience. All these may be used in combination to respond to the person under stress, so as to enable him to meet his need more fully and to function more adequately in his social relationships.

The logical steps of study, diagnosis or assessment, and treatment are used.

Viloria, Esther C.,

"Social Casework,"
***Philippine Encyclopedia of Social Work* (1971).**

Four major casework processes or techniques are used:

a) *Environmental Modification:* the steps taken by the caseworker to change the environment in the client's favour by the worker's direct action.

b) *Psychological Support*: encouraging the client to talk freely and express his feelings; expressing sympathetic understanding of the client's feelings and acceptance of his behaviour; interest in the client; desire to help; expression of confidence that a way can be found to improve his situation; confidence in the client's ability to solve his difficulty, to make his own decision; and direct encouragement of attitudes that will enable the client to function more realistically as well as more comfortably.

c) *Clarification:* Usually accompanying psychological support, the dominant tone is understanding by the client of himself, his environment, and/ or people with whom he is associated. It is directed towards increasing the ego's ability to see external realities more clearly and to understanding the client's own emotion, attitudes, and behaviour. Sometimes the worker makes direct interpretations concerning effect or significance of client's actions. Always, the effort is to help the client to think more clearly, to react more realistically, and to plan more wisely.

d) *Insight Development:* this involves carrying understanding to a deeper level than that described in clarification. Current and past emotions must be re-lived in a therapeutic atmosphere in order that some of the effect may be discharged and that irrationalities may be brought clearly to the surface that they can be recognized, at first in the safety of the treatment situation and later in real life.

The above classification was later revised (1955) so that the classification came to be divided only into: a) supportive treatment and b) development of self-awareness.

Hollis, Florence, *Women in Marital Conflict.* New York. Family Service Association of America, (1949); and Florence Hollis, *Casework: A Psychosocial Therapy.* New York: Random House (1964).

SOCIAL GROUP WORK: It is a process and method through which group life is affected by a worker who consciously guides the interaction process towards the accomplishment of goals which are conceived in a democratic frame of reference.

Wilson, Gertrude and Gladys Ryland, *Social Group Work Practice.* Massachusetts: Houghton Mifflin (1949).

It is a method through which members in many groups in a variety of community agency settings are helped by a worker who guides their interaction in programs and activities designed for them to relate themselves to others and to experience growth opportunities in accordance with their needs and capabilities towards group and community development.

Trecker, Harleight B., *Social Groupwork.* New York Association Press (1965).

It is a mode of serving individuals through sustained face-to-face interaction to induce desired changes among the client participants.

The treatment sequence in this group work (remedial) model consists of intake, diagnosis and treatment-planning, group composition and formation, group development and treatment evaluation, and termination.

Vinter, Robert D., "The Essential Components of Social Group Work Practice," *Individual Change Through Small Groups.* Eds. Paul Glasser, Rosemary Sarri, and Robert D. Vinter. New York: The Free Press (1974).

COMMUNITY ORGANIZATION: A process by which a community identifies its needs or objectives, orders (or ranks) these needs or objectives; finds the resources (internal or external) to deal with those needs or objectives; takes action in respect to them; and in so doing extends and develops cooperative and collaborative attitudes and practices in the community.

Murray G. Ross,
Community Organization Theory and Principles.
New York: Harper,
(1955).

It is a conscious process of social interaction and a method of social work concerned with any of the following objectives: a) the meeting of broad needs and bringing about and maintaining adjustment between needs and resources in a community or other area; b) helping people to deal more effectively with their problems and objectives by helping them develop, strengthen and maintain qualities of participation, self-direction, and cooperation; and c) bringing about changes in community and group relationships and in the distribution of decision-making power.

Dunham, Arthur,
The New Community Organization. New York,
Thomas Y. Crowell, Co.
(1970).

Three models of community organization practice are: 1) locality development; 2) community planning; and 3) social action. In reality, there may be "variants or mixed forms" which may constitute separate models.

Cox, Fred M., John L. Erlich, Jack Rothman and John E. Tropman,
Strategies of Community Organization.
Itasca, Illinois: Peacock
Publishers, Inc. (1979).

The "secondary" social work methods are also called "auxiliary" methods. These methods facilitate the use of the preceding methods:

SOCIAL ACTION/SOCIAL REFORM is an organized effort with the aim of securing social progress and of solving mass social problems by influencing social legislation or the administration of social services. It involves public pressure by influencing public opinion through information or educational publicity in newspapers, pamphlets, lectures, radio broadcasts, television or public meetings.

The promotion of social legislation by pressure upon the legislators. . . . is one form of social action, and it may aim to social advance in the practice or interpretation of social work and at the improvement of conditions of child and women labor, housing, slum clearance, or other socially desirable objects. . . . Social action or social reform often seem

indispensable if general economic and health conditions cause illness, suffering, and destitution which cannot be remedied by social agencies on an individual basis.

In its operation, social action applies social research in order to find and present reliable and convincing facts and prepares a plan for social legislation . . . Social workers have for a long time considered the participation in social action as one of their professional duties with regard to their intimate knowledge of those social conditions which require reform or social change.

SOCIAL WORK RESEARCH. This is the critical inquiry and the scientific testing of the validity of social work organization, function, and methods in order to verify, generalize, and extend social work knowledge and skill.

The five major steps in conducting research:

Step 1. Clarify the Purpose and Define the Objectives

1) What is the research problem?

2) What is the importance of the research?

3) How will the research findings be used?

4) How accurate should be results be?

5) When are the results needed?

6) What is the budget limitation for this research?

Step 2. Plan and Organize the Research Study (*i.e.*, specific aspects)

1) Administrative (funds, staff, equipment)

2) Technical (formulation of hypotheses once the problem is understood): data (needed; data available; resources needed to obtain data; method of collection); design and formatting of research instrument (*e.g.*, interview schedule/questionnaire); sampling (size and distribution), work schedule

Step 3. Conduct the Research Study
1) Briefing for interviewers
2) Interviewing procedures

Step 4. Evaluate the Data
1) Editing
2) Weighing
3) Grouping data

Step 5. Present the Research Study findings

Quieta, Romeo C., "Social Work Research" in *Philippine Encyclopedia of Social Work 2000* Edition. Megabooks Company and the National Association for Social Work Education (NASWEI).

SOCIAL WELFARE ADMINISTRATION. Administration of public and private social agencies is designed and organized to achieve the full effect of the services for which they have been established. Management of social agencies is oriented to aid people in the most efficient way possible.

The skills of social welfare administration are derived from public administration in general and from the techniques of business management. However, what distinguishes the management of social agencies from that of commercial and industrial enterprises (and other public services that do not deal directly with human beings) is its special objective – to help human beings.

Social agency administration activities can be grouped into seven functions:

1. *Planning:* the process of envisioning the future structure and operation of the social agency, including the determination and clarification of the objectives, functions, and policies to be pursued.

2. *Organizing:* this provides the administrative structure of agency. It determines the functions of the "group of ultimate control," such as the members of a private family welfare agency, of the "governing board," of the executive, and of the staff.

3. *Staffing:* this refers to personnel administration, which includes the realization of the agency's personnel policies on recruitment and employment, tenure, salaries, vacations, and working conditions, and the evaluation of the performance of the members of the staff to ensure efficient service and fair treatment.

4. *Directing:* this is the function of the executive involving the responsibility for final decisions and for the supervision of the administrative process of the agency.

5. *Coordination:* this is the distinct determination of each staff member's assignment and the establishment of lines of responsibility and authority.

6. *Reporting:* this is the administrative function of rendering to the governing board, to the membership or legislative body, and to the public an account of the agency's work. It requires a system of recording and accounting, statistics, and research upon which the reports are based.

7. *Budgeting:* the function of mobilization, disbursement, and control of the financial resources of the agency. It also involves the setting up of proper accounts, fiscal records, and controls to guarantee that the received money is

spent wisely and in accordance with the policies and rules of the agency.

(Luther Gulick is cited for having invented a kind of "magic formula," for this above classification: "POSDCORB").

Friedlander, Walter A., *Introduction to Social Welfare.* New York: Prentice Hall, Inc. (1955).

Appendix 6

ECOLOGICAL MAP (ECO-MAP)

An Ecological Map or ECO-MAP is a simple paper-and-pencil simulation that has been developed as an assessment, planning, and interventive tool. This tool pictures the family or individual in the life space and enables us to see the client not as an isolated entity for study but as a part of a complex ecological system. (The science of Ecology studies the delicate balance that exists between living things and their environments and the ways in which this mutuality may be enhanced and maintained).

The Eco-Map focuses on the network of human relationships of an individual or family: it shows the major systems that are a part of the family's life and the nature of the family's relationship with the various systems; it pictures the important *nurturant* or *conflict-laden* connections between the family and the world; it demonstrates the *flaw of resources* or the *lacks and deprivations* The mapping procedure highlights the nature of the interfaces and points to *conflicts to be mediated, bridges to be built, and resources to be sought and mobilized.*

Uses of the ECO-MAP

Its primary value is in its *visual impact* and its *ability to organize* and present concurrently not only a great deal of factual information but also the *relationships between variables in a situation.*

It shows connections, themes, quality of the individual's family life which lead to a more holistic and integrative perceptions.

It leads to increased understanding and acceptance of the self on the part of the client/ individual.

Because it focuses attention on the client's relationship with the life space, it facilitates intervention with both worker and client becoming active in initiating changes in the life space.

It can also portray the past and the future (one's world before and what is anticipated). It encourages anticipatory planning and preparation for a new life, consideration of appropriate replacement for lost activities and possible new resources to be tapped, all of which could expand the client's horizons.

It is a useful tool to present and record a case situation. It makes the total situation clear to the worker and serves as a means of communicating to others what the situation is.

It can be used to evaluate outcomes and measure change (*i.e.*, a comparison of an eco-map at the start of the helping process and at termination) and, thus, a device in maintaining accountability.

Instructions for Drawing an ECO-MAP

1. The nuclear family system or household is drawn in a large circle at the map's center. It has been a common practice to use squares to depict males and circles to depict females. Relations are indicated as in the traditional family tree or generic chart.

2. Put the person's age in the center of the circle or square. Thus a circle with "68" in the center represents an elderly woman.

3. Add the connections between the family and the different parts of the environment. Some common systems in the lives of most families have been labelled as work, extended family, recreation, health care, school, and so on.

4. Connections between the family and the various systems are indicated by drawing lines between the family and those systems. The nature of the connection can be expressed in the type of line drawn as:

   4.1 A solid or thin line (—) represents an important or strong connection.

   4.2 A dotted line (----) represents a tenuous connection.

4.3 Jagged marks across the line (≠≠≠) represents a stressful or conflicted relationship

5. Indicate the direction of the flow of resources, energy or interest by drawing arrows along the connecting lines

   (→→) or at the end of the lines (——→).

6. When using the map as an interviewing tool, ask clients to describe the nature of the connection and then qualify that connection by writing a brief description along the connecting line.

Reference

The preceding explanation about the Eco-Map was culled from Ann Hartman. "Diagrammatic Assessment of Family Relationships" in Beulah R. Compton and Burt Galaway, *Social Work Process*. Woodsworth Publishing Co., 1989.)

Appendix 7

Group Program/Activities In Social Work With Groups

In social work with groups, usually 7 to 21 members (too large a group will not allow for in-depth discussion and active participation by members), the social worker uses "program" or group activities as her main tool for guiding group structure and processes which are intended to bring about the achievement of the goals for the individual members (*e.g.*, change in attitudes, behaviour) and the group.

The following are some examples of program/activities that the social worker can use as appropriate and necessary. All group activities are planned by the Social Group Worker (Social Worker) with the group's participation if appropriate.

1. Group discussion – a versatile technique that can be used repeatedly. It can be used as the only activity for a group session, or supplemental by another activity, or as a "companion" of another activity. Group program should not be limited to the use of group discussion as other activities may be more appropriate and responsive to a particular group's situation.

2. "Unfreezing" "getting to know you" exercises (*e.g.*, "Who am I", "My seatmate is...")

3. "Self-Portrait" to further unfreeze and help members get to know one another; helps bring about an understanding of one's self as well as of others; can be used as entry point for moving into another activity.

4. Sentence complexion exercises (Social worker (SW) prepares questions relevant to the group members' concerns/problems, and guides/facilitates the discussion)

5. "Q and A" session (SW prepares questions that are appropriate to ask based on her knowledge about the group and its members; members write their answers; discussion follows, guided and facilitated by the SW).

6. Role-Play (SW decides on situations to be role-played given her knowledge of the members'/ group concerns and problems (*e.g.* parent-child conflicts, gang influence, etc.) Role-play can allow for more group members' participation by allowing any member to simply stand behind the person whose role he/she wants to assume (several group members can keep standing behind the "original" role players and input his/her own feelings/ reactions, etc. until the SW "ends" the role-plays). Discussion follows.

7. "Trigger techniques" – poems, popular songs, radio dramas, interpretation of quotations, essay writing, storytelling, movies, anecdotes, true-to-life stories, photos.

8. Values listing, values discussion: value conflicts, value dilemmas, value judgments, values voting

9. Paper and pencil exercises: Yes or No, True or False, Agree or Disagree

10. Visual aids, Charts

11. Mini-lectures/Lecturettes (by SW or guest/resource person)

12. Film viewing and discussion of learning points

13. Group trips relevant to group goals

14. Selected games appropriate and relevant to group goals (consider age, sex, education, physical/ cultural/health, etc. limitations of group members)

Appendix 8

International Social Welfare
(Agencies and Organizations Employing Social Workers)

United Nations (UN) Organizations

Economic and Social Commission for Asia and the Pacific (UN ESCAP)

United Nations Children's Fund (UNICEF)

United Nations High Commission for Refugees (UNHCR)

United Nations Development Fund for Women (UNIFEM)

International Social Welfare NGOs
(Non-Government Organizations)

Care International

Child Fund International

Community and Family Services International (CFSI)

International Federation of Red Cross/Red Crescent

Kindernothlife

Medicines Sans Frontiers

Plan International

Save the Children International

Save the Children, U.S.A.

World Vision International

Agencies/Organizations Working with Governments of Developing Countries by Providing Loans and/or Grants for Development and Related Projects

(Some Offer Fulltime and Consulting Posts)

(see https://www.undp.org/careers)

Asian Development Bank (ADB)

World Bank (WB)

Australian Agency for International Development (AUSAID)

Japan International Cooperation Agency (JICA)

Government of Korea's Economic Development Cooperation Fund (EDCF)

European Bank for Reconstruction and Development (EBRD)

Canadian International Development Agency (CIDA)

Korean International Corporation Agency (KOICA)

U.S Agency for International Development (USAID)

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