Please provide feedback Please support the ScholarWorks@UMBC repository by emailing scholarworks-group@umbc.edu and telling us what having access to this work means to you and why it's important to you. Thank you.

Opportunities to "Make Macro Matter" through the Grand Challenges for Social Work

Authors: Samantha Teixeira, Astraea Augsberger, Katie Richards-Schuster, Linda Sprague Martinez, and Kerri Evans

Abstract

The Grand Challenges for Social Work initiative is led by the American Academy of Social Work and Social Welfare (AASWSW) and aims to organize the social work profession around twelve societal challenges that represent today's most entrenched social problems. Addressing the root causes of the Grand Challenges will take a coordinated effort across all levels of social work practice, but given their societal scale, macro social work skills and practices will be particularly essential. We consider how macro practice skills can be applied to solving the Grand Challenges and provide two case studies that illustrate these practices. We then review the implications for social work and map a path forward.

Keywords: macro practice, community practice, social work practice frameworks, community-level intervention, Grand Challenges

Introduction

The Grand Challenges (GCs) for Social Work initiative is led by the American Academy of Social Work and Social Welfare (AASWSW) and aims to organize the social work profession around twelve societal challenges that represent today's most entrenched social problems. The GCs are organized within three broad categories: Individual and family well-being (which includes ensure healthy development for all youth; close the health gap; stop family violence; and advance long and productive lives), stronger social fabric (including eradicate social isolation; end homelessness; create social responses to a changing environment; and harness technology for social good), and just society (including promote smart decarceration; build financial capability for all; reduce extreme income inequality; and achieve equal opportunity and justice) (Grand Challenges, 2019). Achieving these significant societal goals will require the full spectrum of social work practice, from clinical to macro, as well as social work scholars working in a coordinated fashion-- translating research to policy and practice.

In this paper, we examine the GCs with the aim of aligning macro practice strategies with efforts to address them. A macro lens is essential, given that examining root causes of each of the GCs reveals that they are 1) interconnected and 2) the result of oppressive ideologies like racism that are embedded in both policy and practice. A critical macro lens offers the perspective that the greatest challenges we face as a society are not the result of broken social, educational, or criminal justice systems, but instead the result of systems working as they were intended to work and for whom they were intended to work (Hayes-Greene & Love, 2018). Macro analysis and intervention thus allow for strategies that address the root causes (e.g., capitalism, patriarchy, white supremacy culture) upstream, while simultaneously tackling the byproducts (GCs) mid and downstream.

Addressing the root causes of the GCs will take a coordinated effort across all levels of social work practice, but given their societal scale, they offer particular opportunities for macro social workers. The Special Commission to Advance Macro Practice (referred to hereafter as the Special Commission) was formed in 2013 to address low macro student enrollment and a limited offering of macro content in many social work programs (Rothman, 2012; Santiago, et al., 2015). The Special Commission's rallying cry for social work is "Make Macro Matter" and a number of efforts are underway to further this agenda, focused on raising the visibility of macro practice and increasing social workers' ability to affect public policy and intervene in structural inequality (ACOSA, 2019). We believe the GCs provide a unique platform to "Make Macro Matter" and in this manuscript, aim to highlight how macro practice frameworks can be harnessed to intervene in the GCs and address root causes.

We begin with an overview of the current state of macro practice and how the GC initiative could act as a catalyst to "Make Macro Matter." Then, drawing on Santiago and colleagues' (2015) Frameworks for Advancing Macro Practice, we consider how macro practice skills can be applied to solving the GCs and provide two case studies that illustrate these practices. Finally, we review the implications for social work and map a path forward.

Macro Practice: Overview and Application to the Grand Challenges

Macro practice, or social work practice aimed at affecting change in large systems, is often broken into the areas of community practice, management/social administration, and policy practice (Reisch, 2016). The roots of social work are intimately tied to macro practice. Early iterations of social work emerged from the community development work of Settlement Houses and advocacy to create social service systems at the turn of the 20th century (DiNitto & Johnson,

2016). Social workers were often the key architects in developing major social policy, including social security, child welfare, and labor policies (Reisch, 2016; Rothman, 2012).

Despite this history, macro social work practice has been undervalued and social work has trended toward medical models of intervention (Specht & Courtney, 1995). Unfortunately, this devaluation is occurring at the same time as an increased need in the field for graduates skilled at creating systems-level change, and GCs that call for addressing systemic, root causes of social issues. The GCs will require a change in focus to promote macro practice skills. A possible framework for this effort is provided below.

Frameworks for Advancing Macro Practice and their Application to the Grand Challenges

The Special Commission produced a document outlining frameworks for macro practice (Santiago, et al., 2015). The five frameworks outline social work's traditional paradigms and describe how macro practice methods can advance social work's reach and impact. The authors note that, "Although designed for macro practice, each framework effectively links the experience of individuals to the wider context of oppression that affects personal, organizational, and community well-being" (Santiago, et al., 2015, p. 3). The frameworks are: case to cause, organizational management and leadership, community organizing, policy practice, and human rights. We adapt these frameworks to develop a vision as of how macro social work practices can be utilized to solve the GCs. Table 1 includes each GC and provides illustrative examples from practice to operationalize the frameworks [Insert Table 1 about here].

The *case to cause* framework aims to bring together clinical social work traditions that focus on individual case methods with "cause" based macro methods that look to change structural conditions. This framework provides a model that encourages social workers at all levels of practice to be equipped with macro competencies to intervene when individual

problems are situated within larger contexts (Santiago et al, 2015). This framework can help

social workers balance the real and pressing needs of individuals while also considering larger

societal structures that shape and pattern those needs.

The *organizational management and leadership framework* looks to develop

organizations that are responsive to individual and societal needs and foster progressive

organizational policies (Santiago et al, 2015). This is an important framework for solving the

GCs because organizations are both the primary settings where social workers are employed and

the main vehicle "on the ground" for enacting social change (e.g., NGOs, human services

organizations; Santiago, et al., 2015). Each of the GCs includes mezzo elements that necessitate

strong organizational leaders who can manage and design programs that "counteract oppression

and expand social justice for communities" (Santiago, et al., 2015, p. 16).

The *community organizing* approach is perhaps the most well-known contribution of

macro social work. Community organizing is an activist tradition that focuses on identifying

problems, strengths, and opportunities within communities and working to leverage relationships

and collective action to solve problems (Santiago, et al., 2015). Community organizing can be

credited for progress on many social issues and promises to be essential to solving the GCs.

The *policy practice* approach involves social workers in analyzing policy and advocating

for policy change at mezzo and macro levels (Santiago et al., 2015). Social workers are charged

with elevating the voices of individuals and communities, to advance policy that redresses

inequality and improves well-being (Santiago et al 2015). Padilla and Fong (2016) argue that

each GC requires social work's involvement in policy analysis and advocacy to ensure that

resources are allocated and collective action can be taken.

The *human rights* framework asserts human rights are universal and all humans have civil, political, economic, social, and cultural rights (Santiago et al 2015). Though consistent with the value system and professional code of ethics that guides social workers, the human rights framework is still viewed as an emerging framework for social work (Santiago et al 2015). In order to promote individual human rights, macro social workers build coalitions, engage community members in decision making processes, and enhance public policies to promote human dignity.

These frameworks can be used to advance macro practice and bridge the gap between a clinical focus on individuals and a macro focus on structural change in the context of the GCs. With these frameworks in mind, we offer two descriptive examples to illustrate their utility.

Application to The Grand Challenges: Examples in Practice

Here we provide case examples that illustrate how the macro practice frameworks described above have been applied to two of the GCs and to illustrate how they might be applied to addressing root causes of all of the GCs. We look at the challenges of *Creating Social Responses to a Changing Environment* and *Achieving Equal Opportunity and Justice* as illustrative examples.

Create Social Responses to a Changing Environment

This GC aims to engage the social work profession in responding to the human impacts of environmental changes (e.g., climate change; Kemp et al., 2015). We use a social work response to the Flint Water Crisis to illustrate how macro frameworks for practice were deployed to mitigate harm and to discuss how they could be applied more broadly to address this GC.

Childhood lead exposure has been associated with irreversible negative developmental outcomes and behavioral problems (Hanna-Attisha, LaChance, Sadler, & Schnepp, 2016).

Typically, childhood lead poisoning is seen as an individual problem and treatment focuses on children who have been exposed and individual sources of exposure, like their homes (Leech, Adams, Weathers, Staten, & Filippelli, 2016). Recent events including the Flint Water Crisis, have drawn scholarly and media attention to structural causes of inequality in lead exposure including race, place, and discriminatory housing practices (Benz, 2019).

In 2014, authorities in Flint, Michigan made the austerity-driven decision to cease purchasing water from the Great Lakes Water Authority in Detroit and began using the Flint River as the city's water source (Krings, Kornberg, & Lane, 2019). Despite concerns about contamination, city officials pushed forward with the switch and residents immediately complained about water quality problems and physical symptoms like hair loss and rashes (Krings, Kornberg, & Lane, 2019). Resident complaints were largely ignored by city officials until professionals substantiated their concerns (Krings, Kornberg, & Lane, 2019).

In the wake of the exposure of the Flint Water Crisis, the Michigan chapter of the National Association of Social Workers (NASW) called on clinical social workers to provide psychological first aid and for macro social workers to contribute by coordinating services, organizing residents, and acting as liaisons between agencies (NASW, 2016). In addition to mobilizing macro practitioners, NASW established a task force, organized their members, and made policy recommendations. Students and faculty at Wayne State University established a Policy to Action initiative, developing partnerships and lobbying for water-related social justice issues (Wayne State, 2017). Citizen-scientist collaborations were established that were sensitive to how systems of oppression affect response and recovery (Gaber, 2019). Residents organized and joined with organizations and faith leaders to form a larger coalition--their tactics included

legal action against the city, documenting individual complaints, and distributing safe bottled water (Johnson, Key, & The Flint Water Community Narrative Group, 2018).

It is important to note that the residents' efforts alone fell on deaf ears. It was not until the local coalitions joined with scientists and national activists to gain power and credibility for their efforts that regulatory institutions attended to the residents' concerns (Krings, Kornberg, & Lane, 2019). Johnson and colleagues (2018) note that the media cast the largely black residents as victims and disregarded their mobilization efforts. This highlights the importance of attending to structural inequities at the root of such crises and also cautions for professionals acting as liaisons who must take care not to perpetuate narratives of residents as passive victims.

The case above demonstrates several of the frameworks to advance macro practice including community organizing, case to cause, policy practice, and human rights. *Community organizing* played a key role in providing direct services to affected residents, drawing media attention, and building coalitions to take collective action. Macro social workers and residents built people power with necessary support from outside "experts." Social responses to the water crisis also illustrate the *case to cause* framework; moving from an individual focus on providing bottled water to residents, to a broader effort to challenge the systems that were causing water poisoning. This also spurred *policy practice* efforts to address the austerity-driven policies that led to and complicated the crisis. Further, these efforts illustrate the centrality of a *human rights framework* and its necessity when creating social responses to environmental change. Its focus on macrosystems that perpetuate unequal exposure to lead and its negative health impacts was a cornerstone of moving beyond an individual, harm reduction approach to a systematic, upstream intervention. The coalitions of residents, social workers, and other professionals brought attention to the structural causes of vulnerability to lead poisoning, namely, poverty, racism, and

inequality in Flint. Using an environmental justice focus, social workers can target communities most at risk and coordinate organized response efforts and build resilience.

Achieve Equal Opportunity and Justice

Our second case example uses the work of a Community Health Center (CHC) to illustrate how macro practice frameworks have been applied to the *achieve equal opportunity and justice* GC. This GC aims to address racial and social injustices by dismantling systems of oppression and exposing inequity (Grand Challenges, 2019). Health is determined by the social conditions within which people live, work and play; conditions which are, not by chance, inequitable across population groups (Marmot, 2005). Meanwhile, these very systems are designed to serve those who are advantaged and to exclude those who are most in need. CHCs were designed to serve the unmet health needs of racially marginalized groups and provide a unique practice setting for dismantling racism and mitigating its negative effects on health.

Today, there are more than two dozen CHCs in Boston that adapt practice methods to address the impacts of institutionalized racism, using health as an entry point to services for those who have been systematically marginalized by racial oppression (Adashi, Geiger, & Fine 2010; Geiger, 2005; Lefkowitz, 2007). For example, a CHC in Boston's Jamaica Plain neighborhood employed organizational change strategies to tackle white supremacy culture and the ways it presents in health care delivery. Southern Jamaica Plain Health Center (SJP) first began to explicitly work at the intersection of racism and health in 2008 after receiving a grant from the Boston Public Health Commission to participate in a regional learning collaborative on the topic. The health center convened a neighborhood Racial Justice and Equity Collaborative and their leadership resulted in a neighborhood health equity strategy and a shared understanding of the role of racism in shaping the conditions that produce ill health.

SJP began this work by focusing inward, engaging employees in creating a shared understanding of the ways in which white supremacy culture was presenting in their work. As their racial equity work was unfolding, they identified racial reconciliation and healing as a tool for lifelong engagement in the work of racial justice and health equity, beginning with youth work and expanding to the broader medical community. SJP uses affinity spaces as a practice method both internally with staff and providers and externally with patients to promote community health and to improve service delivery. Racial justice affinity spaces are run concurrently for whites and people of color. People of color are given space to grapple with the ways in which racism and white supremacy have been internalized and operate within and between racial and ethnic groups of color and to heal from the trauma associated with racism and white supremacy (Abramovitz & Blitz, 2015; Blitz & Kohl, 2012). Affinity spaces for whites provide the space for white people to address internalized white superiority and "white bodies supremacy" so that they are better able to take the lead on the early education and support of other white people's learning and engage in their own liberation (Menekam, 2017).

SJP integrated *organizational management and leadership* frameworks for practice with a *case to cause* framework. They made it a priority to assess organizational policies, procedures, and practices that reproduce inequity and inadvertently oppress. In addition, they built supportive systems for staff to grapple with structural conditions. They were explicit in their work about the roles for white people and people of color in the fight for health equity in accordance with the *human rights framework*, which created a model in which the burden of addressing inequity was not the responsibility of people of color alone. As these macro frames were implemented there was a significant shift in health promotion programming at the center. What has emerged is a culture of health promotion that embraces the assets that all patients bring to the health center

and more importantly a commitment to design their work using a Critical Race Theory lens. Programming at SJP reflects the notions that patients are experts in their own lives and employs critical reflection on oppressive societal systems. Using the *community organizing* framework, SJP has created programs for both older adults (Nuestra Generación) and youth (Get Hip) that are co-designed and run with patients. Using a Critical Race Theory lens has allowed SJP to consider community reparations in their design. They ask questions like, will contractors who are paid for services keep their money in Boston and support the local economy and people of color? They also promote human dignity in programs, for example, changing the sterile presentation of a food pantry by transforming it into a social scene with cheese and crackers, music, and identity sharing. Patients generate ideas for programs, are involved in the identification of speakers, and are engaged in the budgeting process. This shift would not have occurred without a new approach to organizational management and leadership. The changes implemented at SJP have influenced patient engagement in treatment as well as patient outcomes.

Implications and Next steps for Macro Social Work and the Grand Challenges

The GCs provide a unique opportunity to revisit the critical role of social work in addressing society's most complex social issues. Since the 1930's, the social work profession has experienced an identity crisis. The desire to professionalize led to an overemphasis on clinical social work practice and a marginalization of macro practice (Specht & Courtney, 1995). As demonstrated in the two case studies, to tackle systemic inequity and promote meaningful change, it is critical for social workers to connect clinical traditions with macro methods. Clinical social workers are trained in assessment and intervention on an individual, family, and group level. Macro practitioners are trained in assessment and intervention at the mezzo and macro level, learning to identify root causes (i.e., racism, poverty) of individual and community

issues, develop organizational policies relevant to diverse constituencies, engage and empower communities for collective action, advance policies that meet the needs of diverse groups, and ensure all individuals are afforded basic human rights.

At their core, both macro social work and the GCs aim to promote social, economic, political, and environmental well-being. Macro competencies include the ability to engage with organizations and communities, to apply strategies to promote social justice and human rights, and to engage in collaboration with other disciplines and those affected by social problems (Gamble, 2011). The macro frameworks summarized in this paper provide concrete practice examples and tools that can be readily utilized by social work practitioners in order to address the complex social issues laid out in the grand challenges. These macro practices should be integrated into both BSW and MSW required courses and the overall curriculum in order to make strides on the GCs. Without macro social workers to adapt focused responses, and plan for resilience in communities, the progress will be impossible to achieve.

The time to "Make Macro Matter" is now. Each of the GCs are rooted in inequity, oppression, and systemic racism. By focusing narrowly on individual cases, we miss the opportunity to make meaningful change in oppressive systems and structures. Padilla and Fong (2016) note, "to maximize the impact of the GCs we will need to consider the structural issues underlying social problems at all stages-from problem definition to intervention-and to reinforce policy relevance and policy reform" (Padilla and Fong, 2016, p. 142). As seen in our case examples, macro social workers are well positioned to engage communities and organizations in identifying priorities and developing solutions that are relevant to those most affected.

Conclusion

The GCs provide an opportunity to reimagine the field of social work by bridging the divide between clinical and macro practice to address the most complex and entrenched social issues. The macro social work frameworks for practice outlined in this paper are asset-based and aim to redistribute power to individuals and communities. They tackle root causes such as poverty, racism, and white supremacy. They elevate social work values of social justice by promoting community engagement, participatory democracy, and creating a space at the table for individuals who historically have lacked a voice in decision making processes. They address the reality that human rights are a priority for all individuals and not just those who are most affected. There is a need for social work to coordinate our efforts from downstream to upstream in order to tackle these complex issues. Macro social work is uniquely positioned to lead this effort and make headway in solving the Grand Challenges.

References

American Academy of Social Work and Social Welfare [AASWSW]. (2016). Grand challenges

      impact model: Scope, products, impacts, and timeframes. Retrieved from

      http://aaswsw.org/wp-content/uploads/2016/01/Oct24_GC-ImpactModel-Statement-and-

      Model-REV.pdf

ACOSA. (2019). About the Special Commission. Retrieved from

      https://www.acosa.org/content.aspx?page_id=22&club_id=789392&module_id=335370

Abramovitz, M., & Blitz, L. V. (2015). Moving toward racial equity: The undoing racism

      workshop and organizational change. *Race and social problems, 7*(2), 97-110.

      doi: 10.1007/s12552-015-9147-4

Adashi, E. Y., Geiger , H. J., & Fine , M. D. (2010). Health care reform and primary care: The

      growing importance of the community health center. *New England Journal of Medicine,*

      362(22), 2047-2050. doi:10.1056/NEJMp1003729

Benz, T. A. (2019). Toxic cities: Neoliberalism and environmental racism in Flint and Detroit

      Michigan. *Critical Sociology, 45*(1), 49-62. doi:10.1177/0896920517708339

Blitz, L. V., & Kohl, B. G. (2012). Addressing racism in the organization: The role of White

      racial affinity groups in creating change. *Administration in Social Work, 36*(5), 479-498.

      doi:10.1080/03643107.2011.624261

DiNitto, D. M., & Johnson, D. H. (2016). Social welfare: Politics and public policy (8th ed.).

      Boston, MA: Pearson Education.

Gaber, N. (2019). Mobilizing health metrics for the human right to water in Flint and Detroit,

      Michigan. *Health and Human Rights, 21*(1), 179-189.

Gamble, D. N. (2011). Advanced concentration macro competencies for social work

      practitioners: Identifying knowledge, values, judgement and skills to promote human

      well-being. *Journal of Community Practice, 19*(4), 369-402. doi:

      10.1080/10705422.2011.625914

Geiger, H. J. (2005). The first community health centers: A model of enduring value. *The

      Journal of Ambulatory Care Management, 28*(4), 313-320.

Grand Challenges. (2019). Grand challenges for social work: About. Retrieved from

      http://grandchallengesforsocialwork.org/grand-challenges-initiative/about/

Goldbach, J. T., Amaro, H., Vega, W., & Walter, W. D. (2015). The grand challenge of

      promoting equality by addressing social stigma. Retrieved from American Academy of

      Social Work and Social Welfare at http://grandchallengesforsocialwork.org/wp-

      content/uploads/2016/01/W16-The-Grand-Challenge-of-Promoting-Equality-by-

      Addressing-Social-Stigma1-1-2.pdf

Hanna-Attisha, M., LaChance, J., Sadler, R. C., & Schnepp, A.C. (2016). Elevated blood lead

      levels in children associated with the Flint drinking water crisis: A spatial analysis of risk

      and public health response. *American Journal of Public Health, 106*(2), 283-290.

Hayes-Greene, D. & Love, B.P. (2018). The Groundwater Approach: Building a Practical

      Understanding of Structural Racism. The Racial Equity Institute. Retrieved from

      https://www.racialequityinstitute.com/groundwaterapproach

Johnson, J. E., & Key, K., & The Flint Water Community Narrative Group. (2018). Credit where

      credit is due: Race and recognition in responses to the drinking water crisis in Flint.

      Progress in Community Health Partnerships: Research, Education, and Action, 12(2),

      215-221. doi: 10.1353/cpr.2018.0041

Kemp, S. P., Palinkas, L. A., Wong, M., Wagner, K., Mason, L. R., Chi, I., . . . Rechkemmer, A.

    (2015). Strengthening the social response to the human impacts of environmental change

    (Grand Challenges for Social Work Initiative Working Paper No. 5). Cleveland,

    OH: American Academy of Social Work and Social Welfare.

Krings, A., Kornberg, D., & Lane, E. (2019). Organizing under austerity: How residents'

    concerns became the Flint Water Crisis. *Critical Sociology*, *45*(4-5), 583-597.

    doi: 10.1177/0896920518757053

Lavitt, M. R. (2009). What is advanced in generalist practice? A conceptual discussion. *Journal*

    of Teaching in Social Work, *29*(4), 461-473. doi: 10.1080/08841230903253267

Leech, T. G., Adams, E. A., Weathers, T. D., Staten, L. K., & Filippelli, G. M. (2016).

    Inequitable chronic lead exposure: A dual legacy of social and environmental injustice.

    Family & Community Health, 39(3), 151-159. doi: 10.1097/FCH.0000000000000106

Lefkowitz, B. (2007). *Community health centers: A movement and the people who made it*

    happen: Rutgers University Press.

Marmot, M. (2005). Social determinants of health inequalities. *The Lancet, 365*(9464), 1099-

    1104. doi: 10.1016/S0140-6736(05)71146-6

Menakem, R. (2017). My Grandmother's Hands. Las Vegas, Nevada: Central Recovery Press.

National Association of Social Workers. [NASW]. (2016). Flint water crisis: How NASW is

    responding. Retrieved from https://www.nasw-michigan.org/news/272282/Flint-Water-

    Crisis-How-NASW-is-responding.htm

Padilla, Y. C., & Fong, R. (2016). Identifying grand challenges facing social work in the next

    decade: Maximizing social policy engagement. *Journal of Policy Practice*, *15*(3), 133-

    144.

Reisch, M. (2016). Why macro practice matters. *Journal of Social Work Education, 52*(3), 258-
      268. doi:10.1080/10437797.2016.1174652

Rothman, J. (2012). *Education for macro intervention: A survey of problems and prospects*.
      (Unpublished manuscript). Association for Community Organization and Social
      Administration. Retrieved from https://www.socialworkhelper.com/wp-
      content/uploads/2013/06/ACOSA+Report-by+Dr.+Rothman.pdf

Santiago, A. M., Rosenberg, B., Coulton, C., Bartle, E., Beck, E. L., Sherraden, M., Barretti, M.,
      Abramovitz, M., Esaki, N., Fernando, R., Shukla, S., Stoeffler, S. W., Roll, S., Shaia, W.,
      Chang, Y. (2015). Macro practice in social work: From learning to action for social
      justice. Frameworks for practice: Report of the Special Commission to Advance Macro
      Practice in Social Work. September 2015.

Socha, K., Mullooly, A., & Jackson, J. (2016). Experiences resettling Eritrean youth through the
      US unaccompanied refugee minor program. *Journal of Human Rights and Social Work,
      1*(2), 96-106. doi:10.1007/s41134-016-0008-x

Specht, H., & Courtney, M. E. (1995). *Unfaithful angels: How social work has abandoned its
      mission*. New York, New York: Simon and Schuster.

Wayne State (2017). Flint resiliency requires self-determination, recovery expert tells social
      work audience. Retrieved from https://socialwork.wayne.edu/news/flint-resiliency-
      requires-self-determination-recovery-expert-tells-social-work-audience-28693