Chapter 13

How I Became a Community Organizer as a Casework Social Work Student: The

Interrelationship between Case and Cause Advocacy

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I shifted the focus of my budding social work career from individual case work to community organizing while I was still a student, and that made all the difference in my career.

It all began when I was in college and volunteered to run a girls' group at a local settlement house that I later learned exemplified the social group work method. It was there that I discovered the value of community-based services in the lives of poor and working class populations. The settlement house never compartmentalized its services; rather, it focused on programs that would link the "case to the class." Direct services, such as help with housing or government benefits, always informed the types of programs and strategies developed; the staff members who I learned were called "social workers" evaluated and improved services on the basis of how a program affected the lives of the neighborhood residents. The settlement house and its social group work supervisors provided me with excellent foundational group work skills that I found invaluable later on in community practice. It provided necessary, critical, and even transformative strategies for affecting the lives of people.

When I decided right then to attend a graduate social work school, I was assigned to the casework method by requirement. The MSW program I attended did not allow just-out-of-college students to apply in the community organizing (CO) method. Retrospectively, it was this beginning direct service social work experience, albeit imposed, that taught me early about the

connections between policy and practice, and moving from the "case to the cause" or as

Schwartz (1968) named it "from the personal to the political." . I was assigned for my field work

to a family agency in a low-income, mixed ethnic neighborhood in New York City. It was there

that I learned how different policies adversely affected the daily lives of my two assigned clients

and those of their families and neighbors. My intensive, emotion-filled work with them is what,

ironically, propelled me toward the systems-change orientation of CO.

Narrative

Ms. T. was a young Puerto Rican mother with five children under the age of 8 whose

common law husband was in jail for drug dealing; Mr. H. was an 18-year-old African

American man caring for a schizophrenic mother and trying to keep his 12-year-old brother in

school and out of trouble. Both of them lived in run-down tenement buildings. The narrative

about my two clients I received from the "case record" and my supervisor was that they were

viewed by the agency as, respectively, "dependent" and "resistant." In the case of Ms. T., not

getting her children to a clinic for preschool immunizations was presented as a psychological

issue ("perhaps an unresolved Oedipal Complex," my field instructor speculated), and in the

case Mr. H, dropping out of a job-readiness program for adolescents who did not complete high

school was viewed as his avoiding responsibilities. Ms. T. and Mr. H. were perceived by the

systems they encountered—schools, welfare, private landlords, health care, public housing, and

even the family agency—through a lens of class and racial/ethnic deficits (Gunewardena, 2009)).

As I learned more about and immersed myself in their lives through home and office visits, they

taught me about their strengths and resilience indirectly, even before those concepts came into

the social work vernacular (McMillen, Morris, & Sherraden, 2004; Greene, G. J., Lee, M. Y.,

and Hoffpauir *).*

Although they let me into their lives, it took months to gain their confidence, as I

experienced how the core principles of "self-awareness" and "conscious use of self" were

revealed in my student practice (Burghardt, 2010a); I asked myself how a young, white middle-

class woman with good intentions could positively affect the lives of people from different

cultures, classes, and races/ethnicities. Was there a positive role for the outsider? the professional? the privileged? I want to be of help, but I realized that Ms. T. and Mr. H. needed to see me as an ally who neither imposed my will on them nor withheld timely advice and advocacy.

My incipient social work skills began to have an impact on Ms. T. and Mr. H.'s situations, the first and foremost of which emphasized building a relationship based on trust and authenticity. My most effective roles over time included the ability to stand by Ms. T. and Mr. H. and just be present, to "bear witness" to their struggles, and reveal to them their hidden strengths amidst their struggles; to provide them with information-gathering and navigation skills; to gather and present resources and opportunities to them; and to be an advocate who presented an alternative perspective on their circumstances to those officials and policymakers who shaped the quality of their lives and determined their future prospects.

Discussion

And there were multiple oppressors—intentional or not—whose collective impact I began to understand profoundly over time (Mullaly, 2007): In no particular order, these were the landlord not providing heat and hot water; the creditor extracting additional payments for inferior merchandise; the welfare clerk demanding inordinate amounts of proof of need to receive special clothing and furniture allowances; the public housing official denying single mothers (as Ms. T was classified) a place in the development across the street from her fifth-floor walkup apartment; the school registrar demanding proof of immunizations without understanding the lack of availability of accessible and culturally competent health facilities; the vocational employment program not providing flexible hours for Mr. H. to complete a training program because of his caretaking responsibilities; the overcrowded and understaffed psychiatric facilities temporarily housing Mr. H's mother after she drank a bottle of Clorox, which may have been an

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act of desperation or an accident due to her confused mental state; and, finally, the streets

teeming with drug dealers waiting to prey on stressed young adults operating under enormous

pressures. Ms. T and Mr. H encountered a slew of obstacles as they tried to survive and raise

their families against incredible odds.

Social Work Matters

There were certain strategies I learned to use individually to affect the lives of Ms. T. and

Mr. H. immediately and in the short term, and other strategies that required my joining with

other social workers and their allies to influence system change targets in the long term. As a

first example, Ms. T. kept her children entertained at home with the help of the television and

stereo; she was understandably afraid of the streets (they lived in a high drugs and crime area)

and therefore would not use the local settlement house's programs for toddlers and school-age

children. I contacted the settlement house staff about providing an escort service home for the

children after dark or at least to certain key locations. I also learned that the after-school program

was underused. The agency was willing to make that program change, which helped them

increase their enrollment, and Ms. T had some respite from her older children for a few hours a

day, four days a week.

As a second example, tenants' rights and protection organizations was contacted about

the deplorable conditions in which both clients lived. These housing organizations, with data

gathered by caseworkers like me, began to put pressure on the local government code

enforcement agency to tighten its tenant habitability regulations. The local neighborhood

association was also alerted to pay more attention to code enforcement. An ad hoc coalition was

formed with local the political leaders and together we developed an outreach strategy. It

included a sticker campaign—a self-adhesive sticker was to be placed in every tenement

apartment in the area that simply stated, "No heat and hot water? No secure locks on doors and windows?" and provided the numbers of the New York City housing enforcement agency and the tenants' rights organization. We knew these stickers were having a collective impact when they began being torn off mailboxes. We engaged a youth group in a settlement house along with other organizations to continue each week to put new stickers on the buildings and also distribute other housing information. Equally important, to counter landlord resistance, we located a landlord ally who demonstrated to the community and in public testimony that a landlord could still earn a profit and keep his or her buildings up to standard.

One a third front, I and many others at the time were reporting to the consumer protection agency on the practices of store owners, like the owner of an appliance store who convinced Ms. T. to purchase a new television that was way beyond her means. At the same time, not coincidentally, the expose *The Poor Pay More* (Caplovitz, 1967), created with the help of social workers at the local settlement house, was published (Hall, 1971). With the help of local elected officials, this led to the passage of city council legislation and regulations strengthening consumer protection laws and establishing a new unit in city government to enforce the newly instituted statutes.

In a fourth arena, during the same period, social workers from the parent organization in which I was placed were beginning to collect stories of seemingly unwarranted denials of benefits for public assistance and were also uncovering large numbers of people in the community who were eligible for certain benefits but had not received them, including people like Ms. T. and Mr. H's disabled mother. I was witnessing, then, the beginning of the "welfare rights movement," right in my backyard (Piven & Cloward, 1972; Pope, 1989), and the push for right to a "fair hearing" by legal and social work advocates. Without data from individual and

family social workers, the neglect of thousands of poor residents would probably have gone unnoticed or been ignored. Moreover, not only were social workers taking the lead in organizing welfare recipients, they were also empowering many recipients to themselves become leaders and spokespeople on their own individual and collective behalf.(

From Case to Cause

Social workers are often privy to the actual transactions between their clients and oppressive systems. They can be the bridges and catalysts for change. Even as a casework intern, I saw the need to focus on systems and policies that, if revised or strengthened, would improve the lives and conditions of the thousands of Ms. Ts and Mr. Hs struggling in untenable situations. I was also available to provide alternative explanations when questions were raised about the behavior or attitudes of Ms. T. or Mr. H. by those intruding ion their lives; often, those in control put an unfair onus of responsibility on clients. People in Ms. T's and Mr. H's situation are often pejoratively labeled as "weak" (at best) and "corrupt" (at worst), and along with those labels came stigma and shame and, perhaps, in some circumstances, self-fulfilling destructive behavior ("why bother?").

The conclusion I ultimately came to, through contentious dialogues with my field instructor, was that neither of us would not know if the psychological diagnoses assigned to my clients (through the *DSM* or equivalent) were accurate *until* the external obstacles in the clients' lives were ameliorated or minimized. The tendency was to see these clients through a lens of pathology rather than one of coping; the clients used mechanisms that were rational from their perspectives—given their struggle and survival needs (Brown, Westbrook, & Challagalla, 2005) —if not always effective. This perspective of assuming good will and common cause does not mean that we overromanticize poor or oppressed populations but, rather, that we examine the

frameworks for coping and adaptation that could make a difference in people's lives today. The question for our profession is this: How can social workers become agents for empowerment and change—individually and collectively (Hardcastle, Powers & Wenocur, 2010; Haynes & Mickelson, 2009). To be sure, clinical social workers can have an impact on the lives of individuals in "chronic crisis" (the oxymoron I came to use to characterize their often chaotic lives) (case advocacy); but, also, these social workers on the ground have such a profound understanding of their clients that it can—when collected, compiled, and categorized—provide a foundation for making systemic and policy change (class advocacy).

Policy Matters

I was working with these families when President Lyndon Johnson announced his "Great Society" program as the solution to his declared a "War on Poverty" in 1964 (Lyndon Johnson's "Great Society"; Boyer, 2001). He proposed transformative social programs that would allow the Ms. Ts and Mr. Hs of the country to take advantage of the opportunities, supports, and protections that were then being created and implemented. Though not perfect, among the programs that would have had (and maybe did have) enormous positive impact on goal of "equality of opportunity" were the Head Start Program; Section 8 Housing; the Elementary and Secondary Education Act; Community Health Centers; and the all-important Legal Service Program, which allowed poor people for the first time to sue in civil courts for their rights and benefits. Poor people flocked to take advantage of these services to redress grievances and obtain their entitlements. Others gained opportunities for employment and volunteer leadership in community action programs and were able to move up the ladder from lower to middle class. And perhaps most important were the myriad class-action lawsuits aimed at system reform of the public and private entities that were neglecting or abusing people without power, resources, or

voice (Legal Services Corporation Act of 1974;.Class Action Litigation Information) Some of these cases originated in the community in which I interned and later practiced as a community organizer; others gained national attention, which encouraged Congress to create Food Stamps and, during the years of President Nixon, federalized many of the public relief programs into Supplemental Security Income.

Specifically, neither Ms. T nor Mr. H and their families had access to affordable health care, and they were unaware of the few health and mental health resources that had been newly created then. All I could do at that time was provide them with information, escort them to the clinic, and at the same time encourage the one community health program to reach out more aggressively into the neighborhood. Plans for a new community hospital had been on the drawing board for almost a decade thanks to the advocacy of social workers and other community leaders, but they were slow in coming to fruition until I was assigned as a community organizer in my first job to begin a community campaign to complete the facility, which would include a community health center (Chowkwanyun, 2011; Mizrahi, 1993).). Because the right to good health was viewed as one factor in bringing people out of poverty, neighborhood health centers were created with government support by teams of physicians, social workers, and consumer advocates that allowed poor people access to preventive and primary care after generations of neglect of their health (Merten & Nothman, 1975).

And the very first one sponsored by a community-based organization, at the time when I was in the area, got its foundation indirectly because of the tragic instance of a woman from the neighborhood who died during the 1965 New York City transit strike as a result of not being able to be transported to the public hospital a few miles away (Dumois, 1971). . Because of community organizers' close contact with the hospital social workers in the same area, they were

able to pool ideas, experiences, and resources and develop proposals for new models of family-based health care with community input. The community eventually got its new hospital with the assistance of social work community organizers and others working with the health authorities. This was the result of organized and sustained community participation both "at the table" and "at the door" with rallies and public demonstrations (Mizrahi, 1993; 1999).

Social workers are often viewed as being both the social conscience of society (from the right wing) and social control agents (from the left wing). In the extreme, on one ("the right") hand we have been viewed as sympathizers and even "dupes" of the poor and underprivileged, and at times have been criticized for creating dependency (Reagan, date?) ; on the other (the "left") hand we have been portrayed as pawns of the capitalist power structure preventing fundamental structural change toward a more just and equal society (Wagner, 1990; Specht & Courtney, 1995) It seems that this is a contradiction with which we have to live; in reality, we are probably both. We are a tough and vibrant profession that has a complex role in society, especially in economically and socially conservative times. Are we up for the challenge? If we pool the millions of social work transactions with clients like the ones represented by Ms. T and Mr. H, we are all already engaged in transformative change. We just have to claim and demonstrate it.

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