

SpringerBriefs in Rights-Based Approaches to Social Work

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Shirley Gatenio Gabel, Fordham University, New York, NY, USA

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Kathryn R. Libal · Scott Harding

Human Rights-Based Community Practice in the United States

 Springer

Kathryn R. Libal
School of Social Work
University of Connecticut
West Hartford, CT
USA

Scott Harding
School of Social Work
University of Connecticut
West Hartford, CT
USA

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Foreword

Even though you and I are in different boats, you in your boat and we in our canoe, we share the same River of Life.

—Chief Oren Lyons, Onandaga Nation, USA

The rights of every man are diminished when the rights of one man are threatened.

—John F. Kennedy, Civil Rights Announcement, June 11, 1963

For over a century, social workers have worked to improve the lives and situations of individuals, families, and communities. Social workers, often acting on behalf of the state's interests, typically intervened according to what they themselves perceived to be deficits in the lives and behaviors of persons in need. This approach to working with people patronizes, stigmatizes, and too often revictimizes those we seek to assist. It is long past time to revitalize and reframe our approach to working with those we seek to serve. The books in this series reframe deficit models used by social work practitioners and instead propose a human rights perspective. Rights-based social work shifts the focus from human needs to human rights and calls on social workers and the populations they work with to actively participate in decision-making processes of the state so that the state can better serve the interests of the population. The authors in the series share their strategies for empowering the populations and individuals we, as social workers, engage with as clinicians, community workers, researchers, and policy analysts.

The roots of social work in the United States can be traced to the pioneering efforts of upperclass men and women who established church-based and secular charitable organizations that sought to address the consequences of poverty, urbanization, and immigration. These were issues that were ignored by the public sphere at the time. Little in the way of training or methods was offered to those who volunteered their resources, efforts, and time in these charitable organizations until later in the nineteenth century when concepts derived from business and industry were applied to distribution of relief efforts in what became known as “scientific charity.” This scientific approach led to the use of investigation, registration, and supervision of applicants for charity, and in 1877, the first American Charity

Organization Society (COS) was founded in Buffalo, New York. The popularity of the approach grew quickly across the country. COS leaders wanted to reform charity by including an agent's investigation of the case's "worthiness" before distributing aid because they believed that unregulated and unsupervised relief led to more calls for relief.

Around the same time, an alternative response to the impact of industrialization and immigration was introduced and tested by the settlement house movement. The first US settlement, the Neighborhood Guild in New York City, was established in 1886, and less than three years later, Jane Addams and Ellen Gates Starr founded Hull House in Chicago, which came to symbolize the settlement house movement in the United States. Unlike the individually oriented COS, the settlement house movement focused on the environmental causes of poverty, seeking economic and social reforms for the poor and providing largely immigrant and migrant populations with the skills needed to stake their claims in American society.

The settlement house movement spread rapidly in the United States and by 1910, there were more than 400 settlements (Trolander, 1987; Friedman & Friedman, 2006). Advocacy for rights and social justice became an important component of the settlement activities and led to the creation of national organizations like the National Consumers' League, Urban League, Women's Trade Union League, and the National Association for the Advancement of Colored People (NAACP). The leaders of the movement led major social movements of the period, including women's suffrage, peace, labor, civil rights, and temperance, and were instrumental in establishing a federal-level children's bureau in 1912, headed by Julia Lathrop from Hull House.

During this same period, the charity organization societies set to standardize the casework skills for their work with individuals. Their methods became a distinct area of practice and were formalized as a social work training program in 1898 known as the New York School of Philanthropy and eventually, the Columbia University School of Social Work. In 1908, the Chicago Commons offered a full curriculum through the Chicago School of Civics and Philanthropy (now the University of Chicago's School of Social Service Administration) based on the practices and principles of the settlement movement. By 1919, there were 17 schools of social work.

Efforts already underway to secure and strengthen pragmatically derived casework knowledge into a standardized format were accelerated following Abraham Flexner's provocative lecture in 1915 questioning whether social work was a profession because he believed it lacked specificity, technical skills, or specialized knowledge (Morris, 2008). By the 1920s, casework emerged as the dominant form of professional social work in the United States and remained primarily focused on aiding impoverished children and families but was rapidly expanding to work with veterans and middle-class individuals in child guidance clinics.

As social work branched out to other populations, it increasingly focused on refining clinical treatment modalities and over time clinical work too often stood apart from community work, advocacy, and social policy. Although social work education standards today require all students to be exposed to clinical and

casework, community practice, advocacy, research and policy, most schools do not prioritize the integrated practice of these areas in the advanced year of social work education (Austin & Ezell, 2004; Knee & Folsom, 2012).

Despite the development of sophisticated methods for helping others, social work practice overly relies on charity and needs-based approaches. These approaches are built on the deficit model of practice in which professionals or individuals with greater means diagnose what is “needed” in a situation and the “treatment” or services required to yield the desired outcome that has been set by the profession or other persons of advantage. Judgments of need are based on professional research, practice wisdom, and theory steeped in values (Ife, 2012). These values, research, theories, and practices typically reflect the beliefs of the persons pronouncing judgment, not necessarily the values and theories of the person who is being judged. This has the effect of disempowering and diminishing control of one’s own life while privileging professionals (Ife, 2012). In turn, this risks reinforcing passiveness and perpetuating the violation of rights among the marginalized populations we seek to empower and at best maintains the status quo in society.

Needs-based approaches typically arise from charitable intentions. In social welfare, charity-based efforts have led to the labeling of persons worthy and unworthy of assistance, attributing personal behaviors as the cause of marginalization, poverty, disease, and disenfranchisement, and restricted the types of aid available accordingly. Judgments are cast by elites regarding who is deserving and who is not based on criteria that serve to perpetuate existing social, economic, and political relationships in charity-based approaches. Needs-based approaches attempt to introduce greater objectivity into the process of selecting who is helped and how by using evidence to demonstrate need and introducing effective and efficient interventions to improve the lot of the needy and society as a whole. Yet the solutions of needs-based efforts like charity-based ones are laden with the values of professionals and the politically elite and do not necessarily reflect the values and choices of the persons who are the object of assistance. Needs-based approaches prioritize the achievement of professionally established goals over the process of developing the goals, and, too often, the failure of outcomes is attributed to personal attributes or behaviors of individuals or groups who receive assistance. For example, the type of services a person diagnosed with a mental disorder receives in a needs-based approach will be often decided by authorities or experts according to their determination of what is best for the person and is likely to assume that a person with a mental disorder is incapable of making choices or at least not “good” choices. Programmatic success would then be evaluated according to adherence to the treatment plan prescribed by the persons with authority in the situation and may omit consumers’ objections or own assessments of well-being.

Unlike needs-based and charity-based approaches, a rights-based approach places equal value on process and outcome. In rights-based work, goals are temporary markers that are adjusted as people perpetually re-evaluate and understand rights in new ways calling for new approaches to social issues. For example, having

nearly achieved universal access to primary education, a re-evaluation of the right to education might lead to a new goal to raise the quality of education or promote universal enrollment in secondary education among girls. Rights-based approaches are anchored in a normative framework that are based in a set of internationally agreed upon legal covenants and conventions, which in and of themselves can provide a different and potentially more powerful approach. A key aspect of this approach posits the right of all persons to participate in societal decision making, especially those persons or groups whom are affected by the decisions. For example, Article 12 of the United Nations Convention on the Rights of the Child (UNCRC) asserts that states “shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child” (UNCRC, 1989). Likewise, the preamble to the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) holds states responsible for “redressing the profound social disadvantage of persons with disabilities and (to) promote their participation in the civil, political, economic, social, and cultural spheres with equal opportunities” (UNCRPD, 2006).

A rights-based approach requires consideration of the universally recognized principles of human rights: the equality of each individual as a human being, the inherent dignity of each person and the rights to self-determination, peace and security. Respect for all human rights sets the foundation for all civil, political, social, and economic goals that seek to establish certain standards of well-being for all persons. Rights-based efforts remove the charity dimension by recognizing people not only as beneficiaries, but as active rights holders.

One of the areas of value added by the human rights approach is the emphasis it places on the *accountability* of policy makers and other actors whose actions have an impact on the rights of people. Unlike needs, rights imply duties, and duties demand accountability (UN OHCHR 2002: paragraph 23). Whereas needs may be met or satisfied, rights are realized and as such must be respected, protected, facilitated, and fulfilled. Human rights are indivisible and interdependent and unlike needs that can be ranked, all human rights are of equal importance. A central dynamic of a rights-based approach is thus about identifying root causes of social issues and empowering rights holders to understand and if possible claim their rights while duty bearers are enabled to meet their obligations. Under international law, the state is the principal duty bearer with respect to the human rights of the people living within its jurisdiction. However, the international community at large also has a responsibility to help realize universal human rights. Thus, monitoring and accountability procedures extend beyond states to global actors—such as the donor community, intergovernmental organizations, international non-governmental organizations (NGOs) and transnational corporations—whose actions bear upon the enjoyment of human rights in any country (UN OHCHR, 2002: paragraph 230).

Table 1 summarizes the differences between charity-, needs-, and rights-based approaches.

It can be argued that rights-based practice is not strikingly different from the way many social workers practice. For example, the strengths perspective that has

Table 1 Comparison of charity-, needs-, and rights-based approaches to social issues

	Charity-based	Needs-based	Rights-based
Goals	Assistance to deserving and disadvantaged individuals or populations to relieve immediate suffering	Fulfilling an identified deficit in individuals or community through additional resources for marginalized and disadvantaged groups	Realization of human rights that will lead to the equitable allocation of resources and power
Motivation	Religious or moral imperative of rich or endowed to help the less fortunate who are deserving of assistance	To help those deemed in need of help so as to promote well-being of societal members	Legal obligation to entitlements
Accountability	May be accountable to private organization	Generally accountable to those who identified the need and developed the intervention	Governments and global bodies such as the donor community, intergovernmental organizations, international NGOs, and transnational corporations
Process	Philanthropic with emphasis on donor	Expert identification of need, its dimensions, and strategy for meeting need within political negotiation. Affected population is the object of interventions	Political with a focus on participatory process in which individuals and groups are empowered to claim their rights
Power relationships	Preserves status quo	Largely maintain existing structure, change might be incremental	Must change
Target population of efforts	Individuals and populations worthy of assistance	Disadvantaged individuals or populations	All members of society with an emphasis on marginalized populations
Emphasis	On donor's benevolent actions	On meeting needs	On the realization of human rights
Interventions respond to	Immediate manifestation of problems	Symptomatic deficits and may address structural causes	Fundamental structural causes while providing alleviation from symptomatic manifestations

become a popular approach in social work practice since the 1990s focuses on strengths, abilities, and potential rather than problems, deficits, and pathologies (Chapin, 1995; Early & GlenMaye, 2000; Saleebey, 1992a) and “interventions are directed to the uniqueness, skills, interests, hopes, and desires of each consumer, rather than a categorical litany of deficits” (Kisthardt, 1992: 60–61). In the strengths-based approach, clients are usually seen as the experts on their own situation and professionals are understood as not necessarily having the “best vantage point from which to appreciate client strengths” (Saleebey, 1992b, p. 7). The focus is on “collaboration and partnership between social workers and clients” (Early & GlenMaye, 2000: 120).

The strengths perspective has provided a way for many social workers to engage themselves and the populations they work with in advocacy and empowerment that builds upon capabilities and more active processes of social change. Indeed, strengths-based and rights-based approaches build upon the strengths of individuals and communities and both involve a shift from a deficit approach to one that reinforces the potential of individuals and communities. Both approaches acknowledge the unique sets of strengths and challenges of individuals and communities and engage them as partners in developing and implementing interventions to improve well-being giving consideration to the complexities of environments. However, the strengths-based perspective falls short of empowering individuals to claim their rights within a universal, normative framework that goes beyond social work to cut across every professional discipline and applies to all human beings. Rights-based approaches tie social work practice into a global strategy that asserts universal entitlements as well as the accountability of governments and other actors who bear responsibility for furthering the realization of human rights.

The link between social work and human rights normative standards is an important one as history has repeatedly demonstrated. In many ways, social work has been moving toward these standards (Healy, 2008) but has yet to fully embrace it. Social work has been a contradictory and perplexing profession functioning both to help and also to control the disadvantaged. At times social workers have engaged in roles that have furthered oppression (Ife, 2012) and served as a “handmaiden” to those who seek to preserve the status quo (Abramovitz, 1998, p. 512). Social benefits can be used to integrate marginalized populations but also be used to privilege and exclude, particularly when a charity-based approach is utilized. When conditional, benefits can also be used as a way to modify behaviors and as a means of collecting information on private individual and family matters.

This contradictory and perplexing role of social work is shown albeit, in an extreme case, by social work involvement in the social eugenics movement specifically promulgated by National Socialists leaders in the 1930s and 1940s (Johnson & Moorehead, 2011). Leading up to and during World War II, social workers were used as instruments to implement Nazi policies in Europe. Though the history of social work and social work education is different in each European country, in at least Germany, Austria, Switzerland, Czechoslovakia, and Hungary, authorities used social workers to exclude what the state considered at the time to be

undesirable populations from assistance, to reward those who demonstrated loyalty and pledged to carry forth the ideology of the state, and to collect information on personal and family affairs for the state (Hauss & Schulte, 2009). University-based and other forms of social work training were closed down in Germany in 1933 when the National Socialists assumed control because welfare was regarded as superfluous and a “waste for persons useless to the national community” (*Volks-gemeinschaft* as quoted in Hauss & Schulte, 2009, p. 9). “Inferiors” were denied support and social workers were re-educated in Nazi ideology to train mothers on how to raise children who were loyal and useful to the ambitions of the National Socialists (Kruse, 2009). Similarly in Hungary, where social workers were referred to as “social sisters,” social workers were re-educated to train mothers about the value of their contributions to the state (mainly their reproductive capacity and rearing of strong children for the state) and were instrumental in the implementation of Hungary’s major welfare program that rewarded “worthy” clients with the redistribution of assets from Jewish estates (Szikra, 2009). As Szikra notes, “In the 1930s social policy and social work constituted a central part of social and economic policy-making that was fueled by nationalist and anti-Semitic ideology, influenced by similar practices in Germany, Italy and Czechoslovakia” (p. 116). Following Nazi ideological inoculation based on eugenics and race hate, social workers in Austria were charged with the responsibility of collecting incriminating information regarding mental illness, venereal disease, prostitution, alcoholism, hereditary diseases, and disabilities that would then be used to deny social benefits, prohibit marriages, and even select children for Austria’s euthanasia program (Melinz, 2009).

Using social workers to realize state ideology was also employed to advance the Soviet agenda beginning in 1918 (Iarskaia-Smirnova & Romanov, 2009). The provision of social services was distributed across multiple disciplines among the helping professions and the term social work was not used because of its association to Western social welfare (Iarskaia-Smirnova & Romanov, 2009). These professionals, often referred to as social agents (workers in nurseries and youth centers, activists in women’s organizations and trade unions, nurses, educators and domestic affairs officials), were charged with the double-task of social care and control. Early on social agents contributed to the establishment of standards designating worthy and unworthy behavior and activities and practices such as censure and social exclusion designed to alienate those who did not comply with state goals (Iarskaia-Smirnova & Romanov, 2009).

The use of social workers to carry out goals seemingly in contradiction of social work’s ethics can be found in many examples in the United States as well (Abramovitz, 1998). In his book, *The Child Savers: The Invention of Delinquency* (1965), Anthony Platt demonstrates that despite well-intentioned efforts to protect youth, the establishment of the juvenile justice system in the United States removed youth from the adult justice systems and in doing so created a class of delinquents who were judged without due process. Platt argues that “child savers should in no sense be considered libertarians or humanists” (Platt, 1965, p. 176). The juvenile justice system that these reformers—many of who were social work

pioneers—created in the United States purposefully blurred the distinction between delinquent and dependent young people. Labeling dependent children as delinquents, most of whom had committed no crime, robbed them of their opportunity to due process. The state and various religious organizations were given open reign to define delinquency as they saw fit and children who were perceived to be out of order or young women who were viewed as immoral were committed to institutions or other forms of state supervision with no means of redress.

More recently, Bumiller's analysis of domestic violence in the United States rouses our consciousness of the ways in which social workers engaged with persons involved in domestic violence and/or rape may inadvertently squash rather than empower individuals and families (Bumiller, 2008). Bumiller (2008) uses sexual violence to demonstrate how lawyers, medical professionals, and social workers may be contributing to passivity of social service beneficiaries and in doing so, enlarge the state's ability to control the behaviors of its members. As Bumiller explains, our public branding of perpetrators of sexual violence as deserving of severe punishment and isolation allow us then to deem them incapable of rehabilitation, and so we offer few opportunities for perpetrators to rejoin society as functioning members. In contrast, we expend resources toward "treating" victims to turn them into successful survivors and in the process of doing so instill their dependency on the state. We do this by requiring victims who seek support and protection from the state to comply with authorities, which in many cases are social workers, and acquiesce to the invasion of state control into their lives. In return for protection and assistance, needy women and children often relinquish control of their own lives and are forced to become individuals who need constant oversight and regulation. "As women have become the subjects of a more expansive welfare state, social service agencies have viewed women and their needs in ways that have often discouraged them from resisting regulations and from being active participants in their own decisions" (Bumiller, 2008). Some social workers use professional authority to support a deficit approach that allows social workers to scrutinize the parenting skills, education, housing, relationships, and psychological coping skills of those who have experienced sexual violence and then prescribe behaviors necessary to access to benefits. Those who voice complaints and resist scrutiny may be denied benefits such as disqualifying women from TANF benefits who fail to comply with work requirements or cutting off assistance to women who return to violent relationships. As key actors in this process, social workers have the opportunity to legitimize women's voice both within social welfare institutions and within the confines of relationships rather than reinforcing dependency and in some circumstances, revictimizing the individuals by making compliance a prerequisite for assistance.

The commonality of these examples lies in the omission of a normative frame that transcends national borders. The foundation of a rights-based approach is nested in universal legal guarantees to protect individuals and groups against the actions and omissions that interfere with fundamental freedoms, entitlements, and human dignity as first presented in the Universal Declaration of Human Rights (United Nations, 1948). International human rights law is based on a series of

international conventions, covenants, and treaties ratified by states as well as other non-binding instruments such as declarations, guidelines, and principles. Taken together these inalienable, interdependent, interrelated, and indivisible human rights are owned by people everywhere and responsibility to respect, protect, and fulfill these rights is primarily the obligation of the state.

Bonding social work practice to these international legal instruments obligates social workers to look beyond their own government's responses to social issues, to empower the populations they work with to have their voice heard, and to recast the neglected sovereignty of marginalized individuals and communities. It moves social workers away from being agents of the state to being change agents in keeping with the founding vision of social work. It reunites the different methods of social work practice by obligating all social workers to reflect on how public policies affect the rights of individuals and communities as well as how individual actions affect the rights of others (see Table 2). A rights-based approach compels social workers to look beyond existing methods of helping that too often exist to justify state intervention without addressing the root causes of the situation. It calls upon social workers who often act as agents of the state to acknowledge and act on their responsibility as moral duty bearers who have the obligation to respect, protect, and fulfill the rights of rights holders.

Rights-based approaches in social work have gained international acceptance in the past two decades more so outside of the United States than within. Social workers in the United States are relatively new to human rights practice, in part because of longstanding resistance known as "American exceptionalism" which

Table 2 Rights-based approaches to social work practice at different levels of intervention

Individuals seeking assistance are not judged to be worthy or unworthy of assistance but rather are viewed as rights holders. Social workers assist others in claiming their rights and helping others understand how individual rights have been violated. Interventions offered are not patronizing or stigmatizing, rather methods provide assistance based on the dignity of and respect for all individuals.

Example of individual-centered change: *Sexually trafficked persons are viewed as rights holders whose rights were violated rather than as criminals and are offered healing services and other benefits to restore their wholeness.*

Community/group/organization efforts are redirected away from proving that they deserve or need a resource toward learning about how they can claim their entitlements to resources. Social workers facilitate human rights education among group members including knowledge of human rights instruments, principles, and methods for accessing rights.

Example of group-centered change: *Groups are offered opportunities to learn about their housing rights, the change process in their community and learn skills so that they can claim their right to participation in community decisionmaking.*

Society redirects its social policies and goals to facilitate the realization of human rights including addressing human needs. Macropracticing social workers affect the policy process and goals by expanding means for all members of a society to have their voices heard in the decision-making process.

Example of society-centered change: *Persons with disabilities are able to participate in the policy-making process through the use of technology that allows them to participate in meetings from their homes.*

allows the United States to initiate and even demand compliance of human rights abroad while repeatedly rejecting the application of international standards for human rights in the United States (Hertel & Libal, 2011). Most Americans are knowledgeable about civil and political rights, yet far fewer are as familiar with economic, social, and cultural rights. Relatively limited engagement in this area by social workers also stems from the perception that human rights activism is best led and achieved by lawyers or elite policy advocates. The books in this series are written to facilitate rights-based approaches to social work practice both in the United States and around the world and recognize that exposure to human rights multilateral treaties and applications may vary depending on where the reader was educated or trained.

A rights-based approach brings a holistic perspective with regards to civil, political, social, economic, and cultural roles we hold as human beings and a more holistic understanding of well-being that goes beyond the meeting of material needs. Our understanding of human rights is always evolving, and our methods, practices, research, interventions, and processes should evolve as our understanding deepens. The purpose of this series is to assist social work practitioners, educators, and students toward operationalizing a new approach to social work practice that is grounded in human rights. It is hoped that the books will stimulate discussion and the introduction of new methods of practice around maximizing the potential of individuals, communities, and societies. The books, like social work, reflect the wide range of practice methods, social issues, and populations while specifically addressing an essential area of social work practice. By using current issues as examples of rights-based approaches, the books facilitate the ability of social workers familiar with human rights to apply rights-based approaches in their practice. Each book in the series calls on social work practitioners in clinical, community, research, or policy-making settings to be knowledgeable about the laws in their jurisdiction but to also look beyond and hold states accountable to the international human rights laws and framework.

Fordham University, New York, NY

Shirley Gatenio Gabel

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