

Malcolm Payne

Manchester Metropolitan University

APPLYING CRITICAL SOCIAL WORK THEORY IN PRACTICE

Abstract

Critical social work theory is a discourse about the nature of social work expressed through its formulation of practice. Three traditions of thinking contribute to it: taking a sceptical stance towards knowledge for practice, ideas critical of existing social orders and theory from sociological traditions, in particular Marxist thought, critical social theory of the Frankfurt School and post-modern and feminist thought. These influences have both receded and developed within social work during the 20th century and built a renewed form of practice that includes critical reflection, advocacy and self-help in the face of poverty and social oppressions, ideas about anti-oppression, feminism and social identity. Although radical social work of the 1970s focused on revolutionary social change, recent practice developments have built a structural practice and a range of other transformational strategies that can be applied to many different client groups.

Key words: critical social work theory, social work practice

Critical social work theory is partly a discourse about the nature of social work; it also offers a formulation of social work practice within social work as critical theories interpret it. Thus, it is both an attempt to explain the contribution that social work makes or might make to a society and to propound a system of practice that might carry out that contribution. While the practice implements the ideology and objectives of critical theories, it also offers methods that might be incorporated into other practices. When this happens, it means that critical ideas may also shift the centre of gravity of other approaches to social work towards critical perspectives on social work and its practice.

To consider the potential contribution of critical social work this paper examines, first, its ideological position on the role of social work in society and second, the practice that follows from that ideology and that may be applied more widely. Separating these elements of practice for this analysis is, of course, artificial, because they interact with each other and can be used in combination.

Critical social work theory: three elements

Three sets of ideas contribute to critical social work theory:

- Taking a questioning, sceptical stance to information and research that is claimed to be knowledge and to implementing proposed social work practices.
- Theory that is critical of existing social orders and of widely-accepted ideas about society.
- Theory that is derived from a sociological tradition, including ideas from the political and social theorist Karl Marx and his followers and the political and social theory of the Frankfurt School of sociologists.

The sceptical stance

The 'sceptical stance' is the broadest of these ideas. A widely-adopted position in academic analysis, it also underlies the other theoretical positions within critical social work theory. It has two main sources. One is scientific method, the view that the findings and insights gained from all knowledge and research are provisional, always open to be tested by further scholarship that may confirm, refine or refute earlier findings.

The other source of the sceptical position in much social science thinking includes phenomenology and social construction thinking. Phenomenology claims that knowledge is from the appearance of things, how human beings perceive and interpret them. Social construction proposes that knowledge is created in social relationships in which people arrive at a shared view about the nature of reality. According to such ideas, knowledge and understanding is always influenced by the cultural and social contexts and historical experiences within which people are living as knowledge emerges. Social construction thinking is sometimes criticised as being relativistic. The complaint is that assuming constant ambiguity in knowledge means that it cannot be used to provide a consistent base for practice. Archer (1995) argues, however, that knowledge changes through a process of small variations, so we can understand and adjust to social trends. Moreover, change is not constant, so that social construction often reinforces existing knowledge and social experience and the current social order. Social construction therefore provides a more open representation of how knowledge is used in social relations, and rejects the idea that the only worthwhile knowledge is that validated by universally applicable research.

Critique of existing social orders

The second area of critical theory, concerned with critique of existing social orders, draws on two important social work traditions. One is a long-standing concern for people in poverty and the other is a more recent concern for groups of people experiencing

disadvantage or oppression. Recently, thinking in the first tradition has been interpreted as securing social justice in the face of social inequalities associated with poverty. Critical theory in the second tradition has recently focused on the issue of oppressed and disadvantaged groups' social identities.

In its early European and American development, social work focused on people in poverty, aiming to improve their capacity to manage its effects through moral and practical guidance. More broadly, social workers have always seen the need to respond to social forces that create poverty in society. This has been a continuing theme of the profession's role, because among many other things poverty has major consequences for the lives of people affected by it and on wider social relations in society (Backwith 2015).

At times when poverty seemed a significant social issue, this professional theme gained importance. Even so, poverty has often been such a difficult social issue that social work practice has seemed unequal to the task of combating it. This was true in the economic depression of the 1930s, when national programmes to relieve people affected by unemployment and poverty were the most important responses to the issue, rather than personal help. It has continued to be a concern in the late twentieth and early twenty-first centuries, as global poverty and its consequences, and at times national economic failure has had very significant impacts on people's lives. This has been expressed in the Millennium Development Goals to combat poverty and associated concerns internationally (United Nations 2015), and the succeeding global policy to promote Sustainable Development Goals (United Nations Economic and Social Council 2016). International social work organisations have, in the 21st century, shifted from a focus on developing the profession internationally (Askeland, Payne 2017).

The critique of existing social orders that focuses on particular groups in society suffering disadvantage and oppression emerged from the concern for poverty, extending it to other issues faced by particular social groups. The traditional stance is to identify such issues as 'social problems' that affect societies; different sociological analyses have developed to explain how these arise (Best 2016). Most such analyses consider broad social policy responses. The critical social work position emphasises how social problems often derive from the structure and organisation of most societies, arguing that social work practice must address the social and structural issues that create the problem. This view is often disputed because most social workers are not in an institutional position to achieve structural change.

Since the 1980s, concern has focused on the position of women, racial and ethnic minorities, people of non-heterosexual identities, disabled people and older people. Prejudice and processes of discrimination against identifiable groups such as sexism, racism and ageism have generated both social action and professional practice. Practice theory concerned with each of these areas has emerged, and ideas drawn from feminist, multicultural, anti-discriminatory and anti-oppressive theory have been significant contributors to critical theory in social work (Payne 2014: chs 12–14; Fook 2016).

More recently, these ideas have developed to promote an ecological or green social work (Gray, Coates, Hetherington 2012; Dominelli 2012). This argues that the global

impact of environmental crises requires reactions to local disasters and social issues, and community and family conflicts. Such actions contribute to critical social work theory because they promote political and social understanding of and support for interventions that identify and address social and structural inequalities.

A particular stream of thinking has emphasised a concern for indigenous groups in societies where dominated by new populations. Aboriginal people in Australia, first nation peoples in Canada and the USA, Maori people in Aotearoa/New Zealand and Sami people in the Nordic countries are examples. Indigenous theory seeks knowledge drawing on the cultures of such indigenous groups, and occasionally ideas from such sources have influenced practice developments in wider social work (Gray, Coates, Yellow Bird 2010; Briskman 2014; Hart, Burton, Hart, Halonen, Pompana 2016). A well-known example is Maori cultural practices that have informed family group conferencing in working with young people in difficulties (Burford, Hudson 2000; Fox, Lyons, Littlechild 2005). These approaches are considered part of critical social work because they challenge the knowledge base of conventional practice.

Work on political and social conflict (Ramon 2008; Lavalette, Ioakimidis 2011) similarly argues that political and social conflict leads to opportunities for evolving new models of practice that responds to inequalities and social structural problems.

Sociological traditions of radical and critical theory

The third area of critical theory, the sociological tradition, forms a continuing element of social work thinking, and connects with the other two traditions. Reisch and Andrews (2002) propose that, in the USA, social work thinking was always influenced by the experience of radical practitioners and academics, who often had personal experience of marginalization and oppression that formed their political views. Its interaction with more conventional social work ideas often led to such approaches being devalued in favour of individualized practice. Many social workers were co-opted into acceptance of dominant, mainly individualist and psychological, political and social approaches to social work.

Different emphases are apparent in writings from different English language traditions. An early British text (Attlee 1920) saw the social worker as an agitator; its author went on to become prime minister in the administration that introduced substantial welfare reforms in the 1940s (Payne 2005). During the early part of the 20th century, in the USA, progressivism was a political movement that sought greater state responsibility for social provision. The period between the world wars of the 20th century was marked by critiques of the increasingly psychotherapeutic emphasis of social work thinking of the time in the USA (Alexander 1972). Throughout the 1930s, responses to economic depression and the growing emphasis on social work as interpersonal help. The 'rank and file' movement of US social workers proposed political and structural interventions (Abramovitz 1998; Reisch, Andrews 2002: ch. 4) and some important figures such as Lurie (1935; Schriver

1987). and van Kleek (Selmi, Hunter 2001), maintained a continuing campaign for radical, political and structural solutions to poverty and other social concerns German and Polish literature on social pedagogy criticised individualistic social assistance in favour of approaches focused on progress in community development among working class communities (Lorenz 1994: 91–97).

The post-1945 period of the development of Western welfare states emphasised social work as a supporter of traditional domestic family values. It was also the time of the Cold War between Western powers and Soviet regimes in Europe and Asia. Anxiety about communist infiltration into American public life led to criticism of radical and political thought within social work (Reisch, Andrews 2002: chs 4–6).

During the 1960s, social change led to a change in social work thinking, allied to the growing development of social sciences in universities. Civil rights campaigning in the USA (Katz 1996: 259–299) generated concern about discrimination against black people, and led to civil unrest. Urban poverty programmes were an important response. International political action about apartheid policies in South Africa also raised concern about race relations. Migration from former colonies to colonial countries in Europe, in particular France and the UK, made concern about racial discrimination an important issue in Western European countries. Substantial post-war welfare state housing re-development led to concern about inner-city decline and urban planning failures. Community development ideas proposed active responses to such issues, significantly influenced by attempts to harness community self-help as part of social development in former colonies (Payne 2005).

The focus on the self-help movement of the 1970s was to encourage the development of social provision by agencies employing non-professional staff. Self-help ideology reflects the view participation helps to encourage people to become involved in social relations and this helps to combat social problems (Gartner, Reissman 1977: 115–117). An important element of this was ‘recovery’ or ‘ex-patients’ movements in the mental health field. Mental health activism influenced American mental health services during the 1980s and 1990s (Adame, Leitner 2008). Many Western governments, including Ireland, New Zealand, the UK and the USA, developed policies favouring recovery in the 21st Century (Watts, Higgins 2017).

The emergence of radical theory

During the 1960s and ’70s, resulting from all of these trends, a form of radical social work emerged, specifically based on Marxist thinking. Important sources were the work of Galper (1975, 1980) in the US, Bailey and Brake (1975), and Corrigan and Leonard (1978) in the UK. In Canada, Moreau (1979, 1990; Carniol 1992), Carniol (2011; Kennedy-Kish, Sinclair, Carniol, Baines 2017) and eventually Mullaly (2007; 2010) were influential in developing a ‘structural’ social work, emphasising analysis and practice that focused on social structures that caused oppression. A group of writers in

Australia (Allan, Briskman, Pease 2009; Fook 1993, 2016) were influential in developing these strands of thinking, eventually incorporating feminist and postmodern thinking.

Rojek (1986) identified three main theoretical positions within this writing:

- A progressive position, arguing that social work can be a positive agent of change in society.
- A reproductive position, seeing social workers as agents of class control by the state of working class people within dominant capitalist social structures.
- A contradictory position, arguing that social workers are both agents of capitalist control but also undermine class inequalities in societies through providing social services and increasing working class people's capacity to understand and function within the limitations of such societies.

Influential theoretical notions from radical writing at the time included the Marxist concept of 'praxis', the idea that experiences of oppression should inform the objectives and methods of practice actions. The concept of 'conscientization' drawn from the work of the radical Brazilian educationalist, Freire (1972), proposed methods of group discussion which allowed communities with shared interests or living in shared localities to become aware of social restrictions that limited their opportunities.

Neo-liberal policies, deprofessionalization and critical theory

Withdrawal from political commitment to welfare state provision and retrenchment of social expenditure occurred during the 1980s and '90s in many Western countries. Neo-liberal policies were reinforced, favouring people's freedoms to pursue their own economic interests, reducing state intervention and policy-making that limits those freedoms through deregulation (Stark 2010). The development of new public management (NPM) policies in the late twentieth century in many countries (Clarke, Newman 1997) led to managerialism, a focus on managing professional activities so that they were financially efficient. This detracted from professional discretion in working with clients (Pollitt 1993).

Associated with these developments, the value of social work was questioned. Three elements of this were:

- Concern about service failures, particularly in child protection and care of people with mental illness and learning disabilities.
- An attack on professionalization and therapeutic pretensions, proposing that social service provision was not a professional activity, but required only common-sense practical action.
- Political attack on social work's role in creating dependency among people receiving services.

The deprofessionalization analysis of these trends suggests that social work activities are becoming devalued and industrialized. This is true of many roles in society that relied on the education and training of middle class professionals to provide services using

discretion and judgement. Broad and flexible decision-making roles were divided into more compartmentalized roles, using staff with more focused training.

An important example of deprofessionalization in social work is the development of care or case management processes (Gorman, Postle 2003; Dustin 2007). Care management coordinates services offered to an individual client or family. The social worker assesses the situation, and, together with the client or family, plans services to be provided, which may include social work help. A 'package of care' is devised and the elements of the package organised to be delivered to the client or family (Payne 2009b). Rather than individual social workers providing personal help and counseling, their role becomes mainly administrative (Challis 1994), and the helping role is distributed around a variety of services contributing to the package. In this way, social work roles are becoming deprofessionalized, raising questions about whether lengthy and high-level education is justified. This has further developed in 'cash for care' policies in social services provision, in which clients and carers receive cash payments to buy their own care, rather than having packages of services organised for them by professionals (Arksey, Kemp 2008). The focus on 'care' rather than therapeutic intervention also suggests that self-evidently concrete services are the priority, rather than more complex human interventions.

The relationship of critical social work theory to the deprofessionalization analysis is ambiguous. On the one hand, critical social work questions the 20th century project to establish and strengthen the professional standing of social work (Payne 2013). The critical position argues that professionalization favours the interests of professionals rather than clients and oppressed people in society, whose interests should have priority. For these reasons, it rejects professionalization. On the other hand, the critical position questions deprofessionalization because it supports neo-liberal political objectives of limiting state provision and financing for meeting the needs of working class people, and aims to manage rather than liberate poor and oppressed people.

Moreover, neo-liberal policies and managerialism avoid more complex and critical analyses of the position of social work clients that might emerge from wider understandings of the role of social work practice. Ritzer's (1993) theory of the 'McDonaldisation' of complex professional roles suggests that this is happening more widely in society. This is an extension of 'Fordism', referring to the industrial techniques of the American motor car manufacturer. The idea is that even complex products can be produced cheaply and efficiently by emulating assembly line production in which workers specialise in limited processes, which they contribute to a complex product one after the other. Developing industrial processes in this way has important consequences more widely for the social position of working people and more broadly for social relations (Jessop 1992). McDonald's restaurants produce a small range of simple standardised products in the same way, and their international economic success leads to similar social change, in Ritzer's (1993) analysis. The critical position argues that social work services cannot be adapted as less complex services in this way, because of the human concern and interaction that is essential to social work.

With the ascendancy of political trends towards neoliberal social policy in the 1980s, leading to retrenchment and withdrawal from commitment to broad welfare state policies in many countries, radical social work lost its influence. Writers in the 1980s, such as Langan and Lee (1989), mourn its loss. It was renewed by the impacts of feminism and postmodernism in the broader social sciences and of the social model of disability in health and social work.

The social model of disability argues that disabled people are an oppressed group, excluded from ordinary society because it makes no allowance for the impact of their physical impairments on social participation (Oliver 1996: 22). The development of the social model has led to a movement for social change to transform society and incorporate disability as a natural variation in social, living, and has empowered disabled people to value themselves as they are, rather than seeing them as having deficits from a 'normal' ideal of the human body (Shakespeare, Watson 2002). Although criticised by feminist writers for neglecting the reality of pain and distress caused by chronic sickness and disability, the social model has allowed disabled people to value their disabled identities and combat the devaluation of their lives (Edwards 2005), and promote the value of love, friendship, intimacy, support and care in their relationships (Shakespeare 2006).

Among the sociological thought that had direct influence in social work, the ideas of Foucault and the Frankfurt school of social theorists became important. Foucault's work, in particular concerning the ways in which services such as social work served to manage and discipline social behaviour through surveillance and social interventions, connected well with the radical concern for the 'social policing' role of social work (Chambon, Irving, Epstein 1999). Habermas's social philosophy has important implications for social work, particularly his focus on how communicative action within societies reflects and incorporates power relations (Houston 2012). Gramsci, similarly, has been important because of his analysis, which connects with other work of Habermas, of how culture is a channel for power relations (Ledwith 2011), and Bourdieu's analysis of economic and social capital and social space (Emirbayer, Williams 2005; Garrett 2007) have also gained influence. The importance of many of these conceptualizations is that they focus on the complexities of power relations and how influence and power is often diffused in complex ways within any society.

Thus, a broader critical social work emerged which incorporated many of these aspects of theory and other strands of thinking which collectively form a postmodern turn in social thinking. Postmodernism emphasizes how understanding and knowledge is always provisional and arise and apply only in its social and historical context. The main implication for social work of postmodernist thinking is an assumption that there will be alternatives to any system of social thinking about how people think about and understand what is happening to them. Therefore, any social order, anything that says this is how the world is, or how the world should be, cannot be taken for granted. This opens the possibility that social intervention both at the personal, family and group level and at the level of societies may be able to lead to change: social relations and societies are not set in stone.

Postmodernism is, however, problematic for radical social theory because while it allows for and even assumes social change, it questions the deterministic assumption of Marxist and related thinking that societies are formed by their economic systems and cannot be reformed without revolutionary change. While postmodernism allows for social work to contribute to social change, therefore, it does not define a direction for that change. Neither does it focus on inequalities between social groups as the source of social failure. Instead, it focuses on relatively diffuse issues such as social identity. There are thus both affinities and oppositions between radical and postmodern identity theories, and the history of the development of critical social work since 1990 has been the struggle to express a practice that satisfies both conceptualizations of social change.

Critical social work positions in practice

In this section, I draw out some of the practice implications of the three main traditions of thought that underlie modern critical social work theory. These implications provide a conceptual frame of social work's current implementation of critical theories.

The sceptical stance in practice

The sceptical stance is a conventional and widely accepted position in academic discourse, since it derives from the provisional nature of all knowledge, and acknowledges the socially constructed nature of social knowledge and understandings. This has useful parallels in how social workers practice. For example, when assessing a client's social situation, a social worker is presented from a range of sources with knowledge about clients, their families and social environment to be used as the basis of practice actions and possibly official reports. A thoughtfully sceptical approach, questioning the validity and consistency of different points of view, is likely to lead to a more valid analysis of the situation, which would therefore be a better basis for action than an incomplete or biased assessment. Often a social worker might look for inconsistency between what someone says and what they do (Milner, O'Byrne 2009; Walker, Beckett 2010).

An example might be observing how a family member treats vulnerable elderly relatives whose care they are responsible for. A sceptical stance helps a practitioner in several ways. They can help more effectively if they understand complex and ambiguous feelings and attitudes within the relationships in the family. Preventing domestic violence to vulnerable older people is an important public policy objective. It can only be achieved if practitioners are realistic about behaviour in the family that may be hidden from ordinary enquiry.

Moreover, social workers often have responsibilities for assessing people's social relationships and circumstances on behalf of social agencies as part of decision-making in the allocation of public resources and the administration of justice. Examples might

be providing social histories to help mental health services understand the social influences on and consequences of psychiatric illness or behavioural problems or reports for courts on criminal behaviour, or to help decisions on divorce or the care of children. In all these assessment roles, a sceptical stance is expected by the agencies employing social workers, and by the ethical requirements of social work.

The provisional character of knowledge is also important in social work's assessment role. Often, practitioners are presented by a client with a particular issue in their life. When this is explored further, the practitioner may find that the client has misinterpreted what is happening, or has only a partial view, while other people around them have alternative interpretations. There may be many other complexities about the situation that are only revealed some time after starting to work with a client. Most accounts of assessment in social work see it as a process that continues throughout a practitioner's engagement with a client, a constant readjustment as more about the situation comes to light. It is not, as some agency procedures require, a once and forever decision at or near the outset of interventions. The provisional nature of social work assessment therefore needs to be distinguished from assessment for decisions about resource allocation by agencies, in which social workers may be involved.

Transferring the sceptical stance directly into practice thinking, however, useful though it is, also presents problems for social work practitioners. This is because it places the practitioner in an authoritative and what may be perceived to be an expert position in relation to users of social work services. If a social worker is openly sceptical about what a client or family member is telling them, this may damage their relationships and discourage people from raising important issues with them. Moreover, a consistently sceptical attitude may establish a communication style which clients may perceive as critical and may consequently limit a practitioner's acceptability to clients and their families.

Moreover, a sceptical stance within agencies can lead practitioners into difficulties because a expressing adverse opinion consistently can be demotivating for other staff, lead to hostility from managers and lead to a conflictual or hostile atmosphere in staff groups.

The sceptical stance in critical reflection

One widely-practised way of incorporating the sceptical stance into an individual's practice, training and education and team and agency systems is the idea of critical reflection. This proposes a model of thinking about practice actions. It originates from the 'reflective practice' of Argyris and Schön (1974; Schön 1983), who proposed that some professions deal with complex and variable situations that require a standardized form of flexible thinking. These ideas have been developed by later writers (Payne 2009a), in particular Fook and her associates (White, Fook, Gardner 2006; Fook, Gardner 2007).

Reflective practice is a cycle in which a practitioner has an experience, reflects upon it, then develops new directions for action as a result of their reflection. Thus, practitioners apply their minds to concrete examples of their experience. They apply theoretical ideas to them, identify alternatives to their current approach to the situation they are dealing with, consider how they might implement those alternatives and think about priorities. From this, they can create a new mode of practice, or variations on their present practice. Schön (1983) argues that through practical experimentation they can establish new guidelines for action in similar situations. In this way, reflective practice can develop new policy relevant to the agency and devise or amend practice theory to be more relevant to the practice situations encountered.

Critical reflection seeks to extend reflective practice by incorporating into it critical processes drawn from critical social theory. In particular, it uses ideas about reflexivity, which is particularly associated with feminist thought and research, and deconstruction, particularly associated with constructionism. It thus brings into play elements of the renewed critical theory of the 21st century. Reflexivity is a process of thinking through different points of view among the people involved in an experience, to clarify alternative understandings of events, not just the practitioner's own reflections. Reflexivity involves generating alternative observations of the practitioner and agency and their work. Deconstruction is a process of taking apart the elements of situations to make sure practitioners and agencies are aware of all the factors involved, not just those that conform to understandings from their own theoretical and social position. Finally, critical reflection explicitly draws on critical theory from the sociological tradition, to identify oppressive power and influence in play in the situation.

Critical reflection may thus not only be a useful development of reflective practice but a way of responding to the deprofessionalization of social work. Because it renews conceptions of social work as a complex activity, using theoretical analysis directly deriving from practice and agency requirements it connects practice, theory and critical analysis. It argues against over-simplification and industrialization of social work.

Practice changing the social order: advocacy, self-help, peer support

The critical analysis focused on poverty and social inequalities identifies the importance of practitioners' consistent awareness of inequalities, helping them to find ways of overcoming or contesting them. It is useful to focus on services that are important instruments of that inequality, such as education, health, housing and social security and try to help clients achieve a resolution of difficulties in these areas as a priority in practice.

The most important strategy has been advocacy, and this is an element strongly present in most critical practice theory. This is because it permits relationships of equality between practitioners and clients, and, in many situations, allows significant self-help by clients and groups. We saw above a significant growth in the use of self-help and peer support

in many countries. Professional advocacy practice has in recent years shifted towards human rights approaches, and this further emphasizes change-oriented social equality.

Advocacy has always been an important role in social work (Ad hoc Committee on Advocacy 1969; Payne 2014: ch. 11). Professional practice in case advocacy aims to enhance people's access to the provisions designed to benefit them. This might involve completing applications for a service within the agency or with other agencies, acting on clients' instructions in appeal processes or pressing their case with another agency in other ways. An important strand of practice lies in welfare rights, helping clients receive entitlements from other services, particularly social security. The boundaries between welfare rights, with its legal implications, and helping practice in social work are blurred, since practitioners need relationship skills to work with people to understand their rights and help them to take up opportunities (Bateman 2005). Skills such as assertiveness and negotiation are crucial.

Wilks (2012: 38) suggests that practitioners within agencies may be limited in what they can do by their employee status within the organisation that provides services they are requesting. They may also have conflicting loyalties with colleagues, and must act within professional constraints, whereas independent advocates act purely on the instructions and in the interests of their clients. Within these limitations, however, a policy of 'determined advocacy' is possible. This includes taking up every opportunity for seeking review of official decisions, including seeking administrative discretion and any possibility for appeal, extending to the highest legal mechanisms, such as supreme courts and international jurisdictions.

A more critical perspective sees 'systemic advocacy' in two ways. The first is indirect practice developing or supporting social movements or community organizations involving and acting on behalf of particular groups or individuals (Boylan, Dalrymple 2009: 120–125). Second, practitioners may provide a service to protect the rights and interests of a vulnerable client group such as children (pp. 126–128) or disabled or older people. This may be a professional responsibility for practitioners, or policy development and influence can be achieved through third-sector agencies and government agencies, both local and central. Practitioners can feed clients' experiences and needs to policy development agencies.

Advocacy in which practitioners act only on clients' instructions, following a legal model that distinguishes advocacy from the helping role may be practised separately from individual social work. Boylan and Dalrymple (2009: 108–118) also identify a range of 'non-instructed advocacy' to implement empowerment and advocacy approaches where the helping role predominates or agency constraints make it impossible to take up a full 'determined' advocacy role.

During the 1980s, advocacy became an important social movement supporting participation by service users in decisions about their care, starting in mental health and learning disabilities services, but soon extending beyond those areas (McDonald 2006: 111–112). Citizen advocacy involved volunteers recruited to befriend and understand the views of someone who cannot speak for themselves because of learning or physical

disabilities or mental illness. Self-advocacy provided training and group support to enable service users to learn the skills and gain the emotional strength to advocate for themselves. Group advocacy brought together people with similar interests who could work together to advocate for their shared needs. Brandon et al. (1995: 103–118) also identified peer advocacy, with a long history in psychiatry, associated with peer support and provided by ‘survivors of the system’ rather than the volunteers of citizen advocacy. They describe sponsorship, interceding with aggrieved employers, the police or other people with whom service users might have difficulty in presenting their needs, and mentoring.

Cause advocacy promotes social change for the benefit of the social groups from which the clients come. In the USA, advocacy mainly refers to cause advocacy to change legislation or policy on particular issues that affect social work client groups, referred to in recent years as ‘policy practice’ (Jansson 2011) is an identifiable stream of professional practice. Much of it is carried out through social workers’ organizations or by practitioners’ involvement in social activism within their private lives, although they can often transfer some knowledge and skill from their social work roles.

Ife (2008) argues that all these approaches are within the ‘first-generation’ practice of advocacy. A second-generation practice has emerged in which focus on organizational practice; how the organisation works or fails to work for clients, policy development and research to support action on behalf of oppressed groups. A third-generation practice involves community development to generate the capacity of client groups and the localities from which they come to pursue their own human rights.

Human rights work of this kind is an important development of advocacy associated with critical practice. It involves moving beyond a concern for individual or community needs, towards identifying where people in society as a whole, have rights that should be protected and enabled. Ife (2008) argues that postmodern ideas suggest a need for practitioners to be aware that there will always be diverse understandings of people’s rights deriving from different cultures, and that these should be made explicit and equal in discourses about appropriate professional action. People’s rights should always be respected in the use of language and the treatment of clients, and rights often provide a basis and opportunity for effective advocacy.

Self-help and peer support was not only significant in advocacy, but also important in service development. Early research into self-help groups established that group members were helped by peer support. Stigmatised groups benefited from reinforcement of their identity and acceptance within a social group despite behaviour problems that excluded them from ordinary social involvement. Being active in working on their problems was also empowering, whereas professional services often generated passive behaviour (Gartner, Reissman 1977: 97–99). An important mechanism that generated this positive finding was the ‘helper-therapy’ principle that people who help are helped most (Gartner, Reissman 1977: 99–107). This was thought to be because helpers:

- Experience an increase in a sense of personal competence, because they made a useful contribution – ‘I must be well if I can help others.’

- Value a sense of equality in both giving and taking as part of the service.
- Gain valuable personal learning from their helping relationships.
- Receive social approval from helping.

A further important factor is the engagement of consumers as producers of the service, which draws on the reality that successful human service depends on the involvement and motivation of the consumers. In recent years, co-production has been an important policy emphasis in health and social care provision (Hunter, Ritchie 2007).

Clients are not the only users of social services. The shift away from residential towards community care of people with long-term care needs during the 1980s increasingly highlighted the role of carers who were neighbours, friends or family members of people with care needs (Qureshi, Challis, Davies 1989). Attempts to set up neighbourhood care services by local volunteers were researched and the definitive findings that these could not substitute for formal public provision led to a move away from attempts to promote such provision (Abrams, Abrams, Humphrey, Snaith 1989).

Relatives and especially spouses provide most informal care (Bulmer 1987); friends are less important (Willmott 1986). Family care may be problematic, however, because people's kinship networks vary. Willmott (1986) distinguished families that had large numbers of relatives living locally, from extended families where there were many connections, but people lived at a distance and from others where there was only occasional contact. Some people had only residual networks, where there was little contact. Evidence developed of stress on family and other carers' resilience, health and family finances of caring for mentally ill people (Perring, Twigg, Atkin 1990); and this was also found among other groups of carers.

One of the achievements of critical practice from the 1990s onwards has been a significant growth in support for carers. By listening carefully to their needs, building local organizations to support them, this has grown into national and international support movements. Many countries make such provision. In the UK, carers are entitled to separate assessment and funding to meet education and other social needs where they are caring for an adult family member with long-term care needs (Payne 2009b).

Practice changing the social order: social identity interventions

While advocacy has continued to develop towards human rights approaches and service changes, practice interventions have also been developed seeking changes in the social order through a focus on social identity. The main sources of practice developments have been empowerment theory, anti-oppression practice and feminist theory.

Empowerment theory derives originally from work with minority ethnic groups in the USA (Solomon 1976), and retains an emphasis on work with minority client groups, but has been extended to all potential client groups. The main objectives are to make progress towards social justice, enabling people to overcome barriers to achieving their life objectives. It seeks to help clients gain powers of decision and action in their own lives

by reducing the effects of social and personal blocks to exercising their existing power, increasing their capacity and self-confidence to use their power, and transferring power to those who lack it (Payne 2014: 294). Lee's (2001) analysis of empowerment practice focuses on helping people to have a multifocus vision of the world, enabling them to identify alternatives to their present situation and action that can help achieve them.

Anti-oppression theory is a development, and to some degree a critique of 'anti-racism', attempts to combat racial prejudice, and anti-discriminatory practice, which broadens the scope of concern to other common grounds for discrimination such as gender, disability, sexuality and age. The aim of the broader perspective is to avoid prioritizing racial discrimination above other kinds of discrimination. Anti-discriminatory practice derives from the sociological and psychological study of the processes by which some social groups and individuals devalue and discriminate against people in social relations on the bases of these characteristics. Anti-oppressive practice derives from an analysis of how such difference and discrimination leads to social divisions – the way in which divisions create social identities that generate oppression is central to anti-oppressive theory (Dominelli 2002a).

In a recent interpretation of critical anti-oppressive practice, Williams and Graham (2016b: 14–15) propose that there should be four elements to any 'transformative' practice:

- Critical reflexive interrogation: a continual exploration of our self, the locality, nation, culture, historical context and social relations in this particular place that may lead to oppression and injustice. This is to ensure that we are constantly aware of the issues that a practitioner, her agency and clients must deal with.
- Responsiveness: a careful process of building trust through engagement and consultation in equal dialogic relationships with clients, carers and their families.
- Co-production: enabling clients, their carers and families to have a voice and as much choice as possible in how services provided are designed and delivered.
- Rights-based advocacy: acting in the interests of clients, their carers and families – interests understood after critical reflexive interrogation and responsive engagement – and seeking strategic change in services and agencies.

Das and Anand Carter (2016: 29–30), discussing work with black and minority ethnic groups, argue that working with individuals and families rather than at the macro level is not an either-or decision, since there is 'no justice without healing'. They suggest that work on culture and individual and social identity is crucial to all transformational practice.

Williams and Graham's (2016a) edited text proposes a range of transformational strategies, which I have generalized from specific case studies:

- Strengths-based work: looking for strengths in individuals and families where there may be discrimination and oppression.
- Narrative appraisal: helping people tell their stories in their own words in the early stages of working with potential excluded people.
- Language and interpretation: language is a marker of culture and power, and careful attention to use of language and appropriate interpretation is an important aspect of service for people among minority ethnic groups.

- Co-production: engaging people in planning and developing their own conceptions of services appropriate to their own interpretation of their needs.
- Consultation and civic engagement: facilitating local agencies and government to engage with social groups in planning services and social provision, and mediating with organisations representing clients' and communities' interests to engage with civic decision-making.
- Multidisciplinary contexts: helping professionals with less engagement in minority communities engage appropriately, and participating actively in multiprofessional decision-making ensuring that minority groups' interests are represented.
- Outreach: finding out about and reaching out to minority groups, rather than expecting them to present themselves to agencies in ways that the agency can cope with.
- Motivational interviewing and other similar techniques allow practitioners and agencies to engage with hostile and disengaged groups.
- Evaluation of failed provision: where services have failed, or provision does not work out, evaluating those failures carefully for lessons to be learned and making clear changes to respond to issues identified.

Feminist ideas about practice have some characteristic emphases, and focus on the way in which practitioners build relationships with clients (van den Bergh 1995; Dominelli 2002b; White 2006). Important practices include:

- Drawing in postmodern thought, helping people see that there are no immutable social systems, but that people's lives are complex and ambiguous: there are always alternative ways of managing family and community life.
- Building on commonalities between practitioners and clients, deriving from shared social identities, whether as women or in other ways.
- Consciousness-raising, making people aware of the limitations in opportunity arising from social institutions such as marriage or community roles.
- The use of dialogic practice, that is, seeing working with clients as an open-ended interaction between equal participants, rejecting pre-defined outcomes and incorporating a range of perspectives.
- An 'ethics of care' view (Koggel, Orme 2010, 2011) in which caring is seen as a consequence of social connections between people, rather than as a duty deriving from expectations of roles in social institutions such as marriage.

The sociological tradition: critical practice building on 1970s radical social work

Current critical practice, because it incorporates many of the ideas from the other traditions, in particular critical reflection and anti-oppression, feminist and postmodern thinking starts from the strongly Marxist base of 1970s radical social work. Initially,

this lost influence because its emphasis on political and structural interventions did not connect with the daily role of social workers involved with individual and family problems of poor people. For example, radical practice according to Bailey and Brake (1975; Brake, Bailey 1980) should:

- Avoid practice actions that supported 'ruling-class' hegemony and reinforced social control, that is controlling people's freedoms and opportunities reinforcing powerful groups' expectations. Goroff (1974) argued that many social work interventions by American agencies concealed strong elements of social control. Satyamurti (1981) argued that work with families and children in the British social services often entwined care and social control in ways that concealed oppressive action. Irvine (1978) argued, on the other hand, that social control achieved through social work was of a different order as oppressive social control in oppressive political regimes, or even overt control exercised occasionally by police forces.
- Be allied with working class institutions, such as community groups and trade unions.
- Decentralize and democratize teamwork, so that practitioners can be aware of and involved in responding to local community issues.
- Avoid individualizing social problems, thus blaming clients for the consequences of social oppressions.
- Raise people's self-esteem and capacity to take action for themselves.
- Assist in dealing with material problems, and avoid entwining these with personal difficulties.
- Help families and communities to strengthen capacity to respond to difficulties.

The move towards critical social work tried to respond to the missing elements of 1970s radical practice that would connect with everyday practice priorities. For example, Corrigan and Leonard's (1978) practice prescriptions focused on a range of actions practitioners could take in achieving such aims in individual and family work:

- Working collectively towards broad social development with colleagues in community settings and working-class organizations.
- Building up co-operative and consciousness-raising elements of family life, so that it could be a setting for good personal experiences to combat the alienation of working life.
- Helping families cope with the consequences of being a unit of consumption, and manage demands on children and family members to be consumers, rather than to develop their personal capacities through education and shared activities.
- Helping families find ways of becoming.
- Helping people understand and respond to family and interpersonal conflicts as conflicts between social expectation and their own preferences and find ways of implementing their own priorities.
- Helping people understand and avoid strengthening social conflicts in their lives and communities, promoting.

Leonard (1984) attempted to develop a Marxist psychology to support social workers' interpersonal practice. His approach identified contradictions in the lives of working class people, in which their working lives were unsatisfying and alienating, but also provided the means by which they could develop family life and personal satisfactions. Practitioners should avoid supporting, oppressive family structures, in which men's work dominated their families' economic resources, facilitating women to achieve financial and emotional equality and children opportunities for development and greater life satisfaction. People should be helped to resist forces that limited their opportunities, enabled to develop their personal capacities and participate in collective action.

The debate about 1970s radical social work raised questions about whether social workers are in a position to achieve structural social change. Halmos (1978) writing at the height of the impact of the radical social work movements of the 1970s, argued that there was a distinction between being a personal and a political change agent. He suggested that seeking prompt and extensive systemic change was incompatible with working on personal change, since it required a rejection of all social systems except the socialist and revolutionary. Social workers, who were mostly employed by the state to undertake interpersonal work were unable to take actions based on a structural change position. Employment as a social worker therefore seemed to require some compromise with existing social systems. Going further, Davies (1994) argued that most social work was concerned with maintaining social order and the social fabric of society, and that to seek radical social change was inconsistent with its social role. Despite this, Mendes (2009) gives examples of projects to develop structural interventions within interpersonal micro-practice, with multiprofessional agencies intervening with selected groups of families in poverty and working to overcome material deprivation to enable them to tackle consequential social and relational problems. In this view, one way of achieving structural change is to bring together specific groups to focus on specific issues, rather than attempt to achieve structural change in social work in general social agencies.

Mullaly (2007, 2010), however, builds several principles of practice that, consistently followed, would enable practitioners to push practice in the direction of structural change, in spite of the post-1970s rejection of it. These include:

- Focusing on oppression and its damaging effects in work with individuals and families, using counselling on how existing social arrangements affect them (for example, stigma and how they can minimise its effects), critical reflection helping them to see how they can achieve some social change in their lives, setting up groups of people in similar situations to develop confidence in projecting a new identity (for example, people in a run-down area of public housing).
- Empowerment through working with people on their own problem-solving and enabling their voices to be heard.
- Consciousness-raising, for example about how their needs arise and how they can gain self-confidence to become more assertive about getting others' support.
- Normalization, for example building links with others who are similarly affected.
- Collectivism, forming groups of people with similar experience.

- Redefining people's assumptions that they can take no action.
- Work in a dialogical relationship, that is maintaining equality between practitioners and clients, getting feedback on what is helpful, and keeping them informed about agency processes.

Modern critical practice therefore seeks to renew past perspectives and recreates them as a more practical edifice of professional actions. Williams and Graham's (2016a) edited text proposes a range of transformational strategies, which I have generalized from specific case studies:

- Strengths-based work: looking for strengths in individuals and families where there may be discrimination and oppression.
- Narrative appraisal: helping people tell their stories in their own words in the early stages of working with potential excluded people.
- Language and interpretation: language is a marker of culture and power, and careful attention to use of language and appropriate interpretation is an important aspect of service for people among minority ethnic groups.
- Co-production: engaging people in planning and developing their own conceptions of services appropriate to their own interpretation of their needs.
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- Evaluation of failed provision: where services have failed, or provision does not work out, evaluating those failures carefully for lessons to be learned and making clear changes to respond to issues identified.

Kennedy-Kish, Sinclair, Carniol and Baines (2017) also propose an analysis of critical approaches to social work practice, which includes:

- In assessment, starting with urgent survival needs, and identifying power issues that can be resolved.
- In relationships, emphasising your efforts to learn, appreciating clients' feelings, honouring their individuality, empathising about social issues affecting their lives.
- In reframing clients' skills, reducing self-blame and finding new skills that they can build on.
- In communication, listening, modelling power-sharing, pointing to narratives that help clients appreciate their successes and opportunities.

- Validating their religious and spiritual diversity and strengths.
- In advocacy, becoming allies with clients who are contesting abuses of power and participating in social movements that support their rights.

Ray, Bernard and Phillips's (2009) analysis of critical practice with older people demonstrates critical perspectives applied to a particular client group. They focus on:

- The content of assessments and methods for making them, for example, focusing on enhancing what older people can do rather than on their limitations or on justifying eligibility decisions.
- Questioning the ideology underlying services and decisions.
- Paying attention to the detail of different views of the situation.
- Contextualise evidence by understanding theoretical and value positions.
- Help others understand an overview of the situation, rather than carers or members of the community remaining unclear about the reasons for decisions.
- Ensuring that all involved understand the perspective and the content of the service.

Conclusion

In this account of critical social work practice, I have argued that it incorporates a continuation of three long-standing traditions of social work: the sceptical stance, the critique of existing social orders and the critical sociological thought deriving originally from Marxist sociologies. Critical thinking in social work has often receded and been renewed as social issues current at various stages of social work's development in the 20th century have influenced the roles of practitioners and thinking of social work. Critical social work practice, as at present formulated, represents an edifice that incorporates interpretations of what may be practical in current political and social contexts. It emphasises the opportunities for social transformation, alongside an appreciation of the ambiguity and complexity of the social relations that clients must navigate in the daily lives and the clouds of uncertainty in policy and social structure that practitioners must pilot through (Askeland, Payne 2006).

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