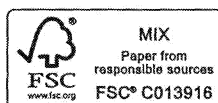


*To all those fighting injustice and inequity in its many forms
and on its many fronts, large and small.*

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Bridging the Practice-Activism Divide in Mainstream Social Work

Advocacy, Organizing, and Social Movements

Donna Baines

This chapter uses examples from frontline social work practice and schools of social work to highlight ways to integrate activism into everyday social work practice. It also discusses social work interventions that, in my experience in the South Bronx, expanded opportunities for anti-oppressive practice and those that were not helpful. Lastly, it provides six principles for safe, effective activist social work practice.

As you read this chapter, ask yourself the following:

1. Why were some practices unhelpful in the context of the South Bronx and why were some helpful?
2. What is the overlap between good social work practice and activist social work practice?
3. Which of the activist skills discussed in the section on six principles do you already have and which would you like to expand?

Social justice organizing and advocacy is not something that a person undertakes once or twice and then puts aside for the rest of one's life. The anti-oppressive perspective (AOP) encourages students to think of collective social change and individual advocacy as central to one's career as well as integrated into everyday life (Lundy 2004; Carniol 2005; Mullaly 2002). The responsibility to make social change becomes one of the lenses through which we view the world and evaluate it. Instead of seeing social problems and shaking our heads at the apparent neglect of governments and fellow citizens, AOP practitioners think of solutions and actions, big and small, needed to change these conditions. Given other constraints and demands on their time and energy, they may not take action immediately, but they reflect on what can be done and how to do it.

Social activism tends to ebb and flow in people's lives in relation to the

number of people for whom they provide care and other compelling tasks in their lives. This is particularly true for women, who make up the majority of the social work labour force (Baines 2004c). For example, parents of young children, particularly mothers, are the least likely to have the time to undertake social activism. Likewise, women with elder care responsibilities often lack the energy or time to advocate for clients and communities. This does not mean that these groups never take on social justice work; in fact, many do. The child care movement, for example, would be nowhere without the involvement of many parents with young children and endless demands on their time. However, while there are times when people can afford to be directly involved in activist work, at others they just analyze problems, often seething in silence, and wait until they have enough time and energy to become involved in social justice.

A drive for social justice prompted the development of a number of theory and practice models in social work, and it is also a central plank in our *Code of Ethics* (Canadian Association of Social Workers 2005a). For decades academics and practitioners have debated the complexities of how to approach and pursue our mandate for social justice. Social action and organizing are two forms of social work practice that are very effective in the struggle for social justice. There are many ways to undertake social action and organizing, and many ways to incorporate activism into everyday frontline practice. Drawing on examples from my past practice as a hospital social worker, my current practice as an educator, activist, and researcher, this chapter will discuss some ways to (re) politicize frontline practice so that social justice and activism become part of our everyday practices.

Politicize

To politicize something or someone is to introduce the idea that everything has political elements; that is, nothing is neutral, everything involves struggle over power, resources, and affirming identities. When an issue is politicized, individuals and groups can more easily analyze and act upon it, rather than thinking of it as just an unfortunate social problem or individual shortcoming.

Activism In Frontline Clinical Practice

Some years ago, I worked in a large, public hospital in the South Bronx.¹ For many, the name South Bronx instantly conjures up dramatic images of a tough neighbourhood characterized by poverty, neglect, and despair; and in many ways, those negative associations proved entirely true of the South Bronx I knew as a social worker. Yet it was also full of the richness of everyday life: warmth and kindness, ambivalence, bureaucracy, and strong instincts for survival. In short, like most communities in which social workers are employed, it was complicated.

I was a newly minted M.S.W. and wanted to practise from the structural-

Activism

Activism refers to taking action in pursuit of social justice. Activism can involve organizing, educating, and mobilizing people in pursuit of a single or multiple end goals. It involves skills and knowledge, but can be practised by anyone.

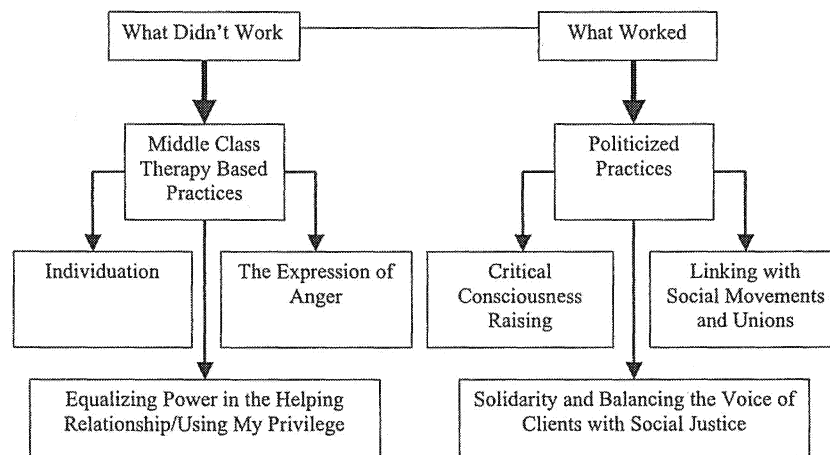
feminist approach I had just learned in university. I worked on the baby ward and the Pediatric Intensive Care Unit. A quick look at the issues for which I was responsible gives a flavour of the desperate living conditions in the South Bronx: lack of income (not low income); lack of housing (not poor housing); diagnosis of severe or terminal injury or illness; possible child abuse; violence on the ward; gunshot wounds; hit-and-run car accidents; and the then-overlapping epidemics of tuberculosis, measles, and AIDS. Although not described as such, my work was always crisis work and was never long-term therapy, family or case work. I discovered that many of the techniques I had been taught in university were little or no help in my work, while others seemed to make matters worse.

What Worked and What Did Not

Practices that did not work well in this particular setting were those rooted in white, middle-class experiences — practices like individuation, encouraging women to express their anger, and equalizing power in the therapeutic relationship (see Figure 5.1).

Although these practices were drawn from feminist therapy, which is generally a very constructive approach, they did not work in a setting in which racial, ethnic and class disparities were acute. This is not to say that they would not work well in therapy in other contexts with other people, but these practices did

Figure 5.1: Feminist Social Work Practices: What Worked, What Didn't



Reciprocity

Reciprocity is a relationship between people involving an exchange of goods, services, obligations, and privileges. It involves mutuality or give and take, rather than a relationship in which something is provided by one party and received by another.

Critical Consciousness-Raising (CCR)

With roots in feminism and most left-of-centre traditions, CCR refers to a process popularized by Paulo Freire (1973), in which groups of people learn to understand and take action in their lives through critical reflection, action, and more reflection, or conscientization and praxis. CCR usually starts with discussions of people's everyday worlds and helps them to understand how their worlds are organized, who holds power, and how power can be used to make social change.

not transfer easily to the multi-racial, low-income realities of the South Bronx. On the other hand, practices that did work well had their roots in the *activism* of feminism: practices such as reciprocity, critical consciousness-raising, and linking with social movements and unions. These practices encouraged and nurtured action and resistance on the part of the social worker and the client. They did not obscure domination or oppression; instead, they helped to reveal its existence and operation and directed energy at changing things, even if this meant that we adopted complicated or seemingly contradictory strategies.

What Did Not Work: Depoliticized Practices

Individuation

Individuation assumes that women spend a lot of time taking care of other people's needs, particularly those of family members. Individuation assumes that in order to feel better and operate better in the world, women need to focus on themselves as separate from their husbands, partners, children, parents, and others demanding care. An individuated person is assumed to be autonomous and have a series of voluntary rather than obligatory responsibilities (Brown and Augusta-Scott 2007b; Perry 1993; Eichenbaum and Orbach 1983; Greenspan 1983). For many women, this concept is likely very helpful; it lets them focus on themselves and claim some psychic space and time for themselves amid an unending sea of demands and responsibilities. However, in the context of poverty and material deprivation, a focus on individuation can make it more difficult to recognize and facilitate the interdependence that is necessary for survival (Evans et al. 2005; Stack 1974). It also downplays the reality of extended family and kinship ties and the part these ties play in sustaining women and children in difficult situations (though these ties can also be oppressive and restrictive; see

Individuation

Individuation is the process or act of making a person separate and distinct from others. In most western psychology it is thought to be an important developmental stage. This concept has been critiqued, however, for its failure to recognize that social life is based on a series of relationships between and among people and institutions, and that developmental stages are historically, culturally and contextually specific. Individuation can be seen to be a social process that meets the needs of capitalism for competitive, entrepreneurial, self-absorbed individuals, rather than nurturing the development of the people who are connected to others and concerned about their needs and hopes.

Baker 2001, 2006) and the important role these networks play in basic survival. For most of my clients, the realities of inner-city life and urban decay had destroyed or displaced their support networks. Most were autonomous to the point of despair and alienation. They wanted nothing more than to find people with whom they could build lifelong relationships and share their worries, fears, and care responsibilities. Many yearned to learn how to facilitate and nurture the positive aspects of these multi-layered ties. Further individuation was a frightening and insulting notion to them and a concept that I quickly discarded.

The Expression of Anger

According to mainstream feminist therapy, most women turn their anger inward to present a feminine, compliant, and agreeable face to the world (Brown and Augusta-Scott 2007b; Evans et al. 2005; Burstow 1992; Goldhor-Lerner 1989; Greenspan 1983). Repressed anger can result in depression and other emotional difficulties, while its constructive release can assist in problem solving, enhancing confidence in one's capacity to navigate oppressive situations, and staking emotional and psychic space in relationships of all types. It instantly became apparent to me that expressing direct anger was not a problem for many of my clients in the South Bronx. The ability to deliver a quick, direct, intimidating blast of in-your-face anger was an important survival skill for the many women and their children living in the massive, impersonal, and high-stress environments of shelters for homeless people and on the tough streets of the South Bronx. Rather than encouraging women to express their anger, I was often called upon to deal with mothers or grandmothers who, fearing that their child was not getting adequate care, had just "cursed out" — that is, verbally abused and intimidated — the physician, leaving the doctor shaken and reluctant, or even fearful, to return to the patient's room.

Rather than admonish the women, a reaction that would further assault their sense of security in the hospital setting, I tried to figure out how to help them thread their way more effectively through middle-class bureaucracies without undertaking actions that had the potential to scare off their care providers. Part

of this involved ways of getting the physicians (most of whom were also people of colour) on their side and developing a sense of when and whom to “curse out” in the many contexts of their lives.

Using a practice known as reciprocity or mutuality (Moreau 1981; Reynolds 1946, 1951, 1963), wherein the social worker and the client learn from each other, we developed an exchange. My clients taught me their near-poetic capacity to curse people out or to intertwine outrageous and lengthy strings of curses and I taught them what I knew about how to get the doctors and nurses to pay more attention to their babies and respond to their medical needs. This meant that I had to develop a very keen sense of what made doctors and nurses pay more attention to families on the ward (which I observed to be polite, subdued, and sometimes even obsequious, middle-class behaviour). I also had to communicate my knowledge to the women in a way that made them believe these behaviours were worth learning. The women seemed to find my suggestions easier to accept if I made it clear that these middle-class ways of behaving were advocacy strategies *specific* to bureaucratic settings like hospitals and welfare offices, rather than strategies for remaking themselves totally in all areas of their lives. In other words, when it was useful they should feel free to continue to express anger quickly and loudly. However, in more middle-class environments like hospitals and schools, a more subdued, formal approach would likely prove much more effective for themselves and their children.

Equalizing Power in the Helping Relationship/Using My Privilege

Mainstream therapy has been roundly critiqued for the ways that therapists control the sessions and, in the process, make service users feel controlled and even oppressed. Feminist and other social justice-oriented therapies have emphasized the importance of encouraging service users to set the goals, pace, and direction of therapy, as well as building in a process of joint evaluation and reflection on how therapy is going and whether it is doing what it should (Evans et al. 2005). Some refer to this as demystifying the helping endeavour — taking the mystery out of the process and thus reducing the power it commands (Brown and Augusta-Scott 2007b; Greenspan 1983). These processes of reflection and cooperation are most important in longer-term therapy. However, as mentioned earlier, my hospital practice, which was supposed to be clinical and hence contained the possibility of being longer-term, was almost always very short-term crisis work. The clients on the wards I serviced were not interested in understanding the therapeutic process. They needed solutions and they needed them quickly, without any clinical “babble,” as one woman termed it. Another client told me to “cut to the main business” rather than spend time talking about process, while yet another told me that my focus on process might make me feel like I was important in her life, but it was not helping her or her children. Needless to say, I quickly adopted ways of intervening that may not have demystified the helping process but did redistribute much-needed resources

and produce much-needed immediate results.

In a different kind of scenario, service users encouraged me to use my privilege strategically in order to enact desired changes in their lives. Throughout my social work education, I had been taught to assist clients in finding their own voice and advocating for themselves. In the South Bronx, many of my clients knew how to advocate, and most of them also knew that the racialized, classed system in which we lived responded much more quickly to white, well-educated, middle-class voices than to their own. Many of my clients knew that using their voices would produce bureaucratic stalls and little in the way of solutions. Hence, rather than finding their own voices, many of my clients wanted to strategically use mine.

In one scenario, a seriously ill baby had been discharged home with life-sustaining equipment. A fire in the apartment next door meant that electricity had been shut off to the building and the baby's equipment was no longer working. When the mother phoned me for help, I tried to develop a strategy that would put the mother in the central role of advocate. The mother was tearful but adamant. To the bureaucracies of New York City, she was "just another lazy, no-good Black mom who deserves what she gets." She pointed out that with my well-educated, Canadian accent I sounded like a white lawyer, particularly on the telephone. She asked me to use my "big words" and medical-sounding threats, act like I was connected to a lot of powerful people, and "scare them" into turning the power back on. Though somewhat dubious, I followed her directions and after a few hours of high drama in which I energetically played the role of white girl lawyer/social worker, the power was turned back on and the baby got to stay home. In this case, following the advice of the client, who knew her environment and its power dynamics far better than I, permitted a successful outcome in a situation in which time was everything.

Self-Disclosure

Self-disclosure is another technique used in feminist and anti-oppressive therapies to demystify counselling, lessen isolation, and help service users see that many people, including professionals like social workers, experience similar kinds of problems (Brown and Augusta-Scott 2007b; Greenspan 1983). However, the highly classed and racialized differences between me and my clients in the South Bronx meant that we shared few problems. Even when I found problems that I thought were similar, self-disclosure turned out to be an ineffective technique. For example, one young woman spoke to me about the crushing disappointment she felt in the face of her mother's frequent outbursts of anger and violent behaviour. While I didn't have a violent or angry mother, I had felt disappointed in her from time to time, and I shared this carefully. The client rolled her eyes, sighed deeply, and asked if my mother was armed. I quickly abandoned the technique of self-disclosure in favour of more listening and more concrete results.

What Worked — Politicized Practices

Some practices used by social justice-oriented social workers re-politicize client problems and social work struggles. These practice stories are rarely discussed in dry and disinterested ways; indeed, social workers who tell stories involving them often get excited and energized (Baines 2000). I present these practices here in hopes that they will prove useful to readers. They include critical consciousness-raising, solidarity and balancing the voice of clients with social justice, and linking with social movements and unions.

The Personal is Political/Critical Consciousness-Raising

Critical consciousness-raising is central to any number of models of social work practice, community development, and liberatory education. CCR is a participatory education process aimed at developing an understanding of how everyday personal experiences are part of larger political, economic, cultural, and social structures — or in other words, developing an understanding of how “the personal is political” (Keefe 1981). Many see Paulo Freire (1974) as the “father” of CCR, although women’s groups throughout the world have been using similar techniques dating back to at least the nineteenth century and most likely long before (Burstow 1992; Levine 1982). Freire argues that liberatory practices such as CCR are not gifts that can be given to someone, nor is liberation an individual achievement, as liberal political theory asserts. Instead, it is a shared process between social activists and those who are oppressed.

Social workers often feel hesitant to raise political issues with clients or link clients’ problems to larger social forces. Sometimes they fear that it may upset clients. They worry that they lack a far-reaching understanding of the issues or that they are missing out on important details. The beauty of CCR is that social activists need not have all the answers or analysis at their fingertips. What they require is a critical, questioning lens on the world and a willingness to work with clients and others to find far-reaching understandings and to develop critical ways to engage in change efforts around these understandings. The mutuality, or shared process, of CCR leaves social workers feeling less cynical and alienated about their work, while providing ways for clients and workers to join together in action on issues. In the process, we all can begin to see ourselves and our places in social life in new ways.

A mutual or reciprocal CCR process was used in my story of South Bronx women learning where and when to express anger directly as well as where and when to adopt more formalized, middle-class ways of communicating concerns about their children. The women not only taught me how to improve my cursing — which was the source of shared laughter and provided an irreverent way to connect across differences (Lourde 1990) — they also taught me about the realities of living in shelters for the homeless and on the streets of the South Bronx. They helped me understand how race, class, and gender played out in their lives and my own, and how to be a more effective activist and ally.

I hope I taught them about bureaucracies — about how to negotiate them, how to avoid alienating potential care givers, how to use anger strategically. If I had simply admonished the women when the doctors asked me to intervene with mothers who had just “cursed” them out, we would have missed the opportunity to participate in a critical analysis of hospitals and other bureaucracies, as well as how the professional power of groups like doctors and nurses play out in bureaucratic settings, what behaviours are valued in these settings, and how to strategically adopt a variety of behaviours in order to get one’s needs met. Also important to the whole scenario was the simple fact that it was energizing and humanizing to be involved in a shared CCR process in a large, overextended, alienating, and dehumanizing environment.

Solidarity and Balancing the Voice of Clients with Social Justice
Anti-oppressive social work asserts that while social workers may have more formal education and knowledge as well as more legitimacy in the professional world, each client has greater knowledge or expertise in the day-to-day experience of living with the relations of domination and subordination unique to his or her position. Mutual input is required in order to arrive at a full understanding of the problems facing clients and to draw the links to social problems and struggles for social justice. This is not to say that clients’ analyses should never be questioned or reconstructed. Their analytic frame generally comes from the same right-wing, oppressive sources the rest of society draws on. They may blame themselves for their problems, or they may blame other groups that have little or nothing to do with the problem. For example, it is quite common to hear children or women state that they deserved to be hit because of something they did or failed to do. This kind of analysis needs to be reworked rather than taken at face value. As one clinical social worker told me, there is no such thing as pure experience; we need to understand all experiences as shaped and interpreted by the structures and relations around us. She noted further that when we talk about our experience we usually reconstruct it in ideological ways that quite frankly are not always in our own or others’ best interests. Another social worker once told me, “People who have been oppressed for a long time may duplicate that oppression in any number of ways. This is not okay.” In other words, while service users’ understandings of their own experience is key to developing good AOP, their understandings are shaped and often limited by the kinds of stories larger society tells about who is a credible and legitimate person in our society and who is less valued and valuable.

This worker and others argued that stories of personal experience need to be balanced and sometimes re-storied through the interpretive lens of social justice. Rather than absolute notions of social justice, principles need to reflect local conditions and experience and be sufficiently fluid to change when such change is warranted.

Linking with Social Movements and Unions

My research also showed that social work agencies that maintained reciprocal ties with social movements were more in touch with emerging political debates and less likely to find themselves behind the times in terms of changing social conditions and struggles. They tended to be agencies in which advocacy and activism were an expected part of every social work job (Baines 2002; Baines 2000). Agencies with these ties to social movements are often feminist agencies, some of the store-front agencies serving “street people,” and providers of more politicized services such as food politics agencies or grassroots services for people with HIV.

While some agencies, such as many women’s services, grew out of social movements and have little difficulty linking back to them, other services grew out of the welfare state or charitable and religious roots (Carniol 2005). These agencies have never had ties to social movements, making it harder to establish appropriate ties and linkages. It is hard, for example, to imagine how to link child welfare agencies to mass movements. Workers in many of these more formalized state-run or state-mandated agencies (as well as many of the less formal, more politicized services) find their most likely ally to be the union movement. The majority of social workers in Canada are unionized, most with the Canadian Union of Public Employees or provincial public-sector unions (such as the Ontario Public Service Employees Union, the Alberta Union of Public Employees, the British Columbia Government Employees Union and the Nova Scotia Government Employees Union) and increasingly with private sector unions such as the CAW (Canadian Auto Workers). Unions can provide important resources and credibility to social change projects. For example, clients are often very pleased when unions join a social action initiative, feeling that the union’s size, legitimacy, resources, and access to broader audiences give social justice projects expanded possibility and scope. In addition, the collective bargaining process legally mandated to unions has been an important way that social workers have been able to reduce caseload sizes, improve the quality of service, address workplace stress and violence, as well as develop much-needed workplace services such as on-site child care and social support services (Lundy 2004; Carniol 2005).

Unfortunately, unions can be quite bureaucratic; it can sometimes seem daunting to get involved. A quick email or phone message to the local union office should produce a link to the local union president or shop steward. Almost all unions have websites which a social worker can check out to make an initial contact. Making these links can be one of the most important steps to expanding one’s repertoire of social activist skills and resources.

Six Principles for the Activist Practitioner

Based on my experience through the years, I have identified at least six principles for effective activism that social workers can use to stay safe, productive, and

energized. Social justice workers do not gain much if they burn out and lose most of their friends in the process of organizing around social issues. To be effective, social workers simply need to develop skills and practices of advocacy, social organizing, and resistance in the same way they develop social work skills such as listening, assessment, case management, and policy analysis. Many books exist on activist skills, workshops are available in many communities, the internet is an excellent resource, and shadowing or being mentored by a social justice activist in a project one admires is always a reliable (and enjoyable) way to build skills. In every place I have ever worked, there were social workers who resisted. They bent and stretched rules to get clients everything to which they were entitled and more; they also coached clients on how to appeal and how to agitate for better services even when these efforts led the client to lay a complaint against the worker herself. Other workers refused to document things that might jeopardize clients, grieved increased workloads through their unions, leaked documents to the media regarding agency cuts to service, built new services from the ground up, and organized or attended actions against cuts to human service funding.

Though valuable, micro-resistance, like the tactics detailed above, tends to slow down or temporarily sidetrack right-wing agendas rather than fundamentally reorganize the systems that generate oppression and exploitation. However, tactics like these generally foster more resistance and foster debate and interest, and, as Jesse Jackson notes, they “keep hope alive.” Hope is one of the strongest tools for those of us who choose resistance over compliance with oppressive and exploitive systems.

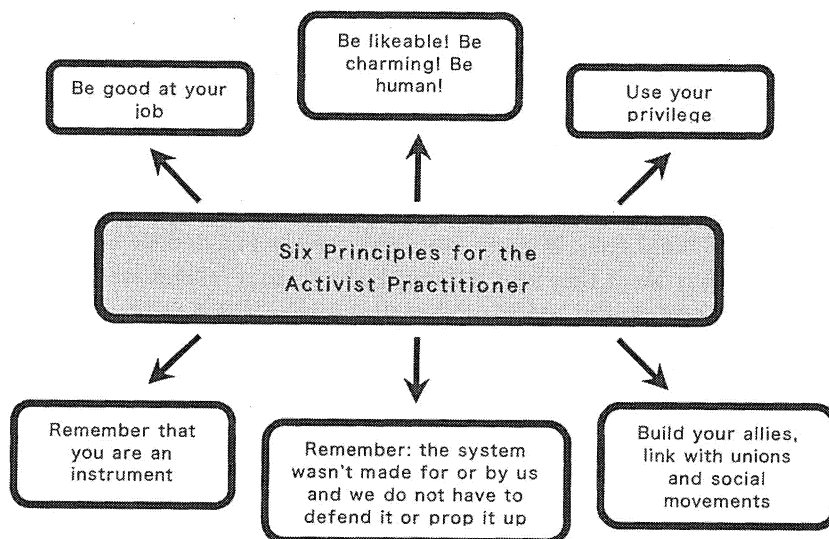
Figure 5.2 displays six principles for activist practice that will be discussed in greater detail below.

Be Likeable! Be Charming! Be Human!

One of the reasons that many social workers are tentative about advocacy and activism is that these actions are sometimes associated with conflict, hostility, and other highly charged and uncomfortable emotions that social workers prefer to dissipate rather than instigate. If you want to become more activist and you are already comfortable with confrontation, there is no need to change; but I would argue that the same is true if you are someone who likes to be liked. You don't have to change your personality or personal style. Humour and courtesy have opened a lot of doors in the struggles with which I have been associated. What's more, being a likeable human being makes the whole process of activism a lot less intimidating and closer to my normal way of doing things.

During my years as a student at one of Canada's most beloved schools of social work, I had occasion to try to arrange a meeting with one of the university's senior administrators. The opposing group in our struggle had the ear of this person, and we had already been told that he would never agree to meet with us. Assigned the responsibility for finding a way to make the meeting happen,

Figure 5.2: Six Principles for the Activist Social Work Practitioner



I took it upon myself to charm his secretary. She, an overworked and under-recognized member of the support staff, very quickly warmed up to us and found a tiny space in the senior administrator's busy calendar. In part because we were being presented in the larger university community as outrageous and unreasonable, we decided to throw everyone off guard by being charming and terribly polite while in the company of "the great man." He was clearly taken aback by our sincerity and courtesy. I could see him looking at us covertly, as if at any moment we might suddenly whip off and set fire to our bras or other pieces of intimate apparel, then transform into the shrill and hysterical harridans we were rumoured to be. When this did not happen, he became intrigued by our arguments, to the point of accidentally aiding us once or twice in the meeting (which, to give him credit, he continued to do publicly). Two or three years later we out-and-out won what we had been assured was a totally hopeless battle. In this case, courtesy, warmth, and humour were conscious tactics — ones that paid off well for our struggle.

Be Good at Your Job

Many authors note that the most effective advocates tend to be those who are "good at their jobs"; in other words, effective advocates and activists tend to meet or exceed the expectations outlined in their job descriptions, not only earning the respect of clients, supervisors, and co-workers but also increasing their willingness to listen to ideas and concerns (for example, see Sherman and Wenocur 1983). This may be an interestingly virtuous circle. People who do a good job are often in a position to see what could be improved in their workplaces. Engaging in social change makes them more energized and likely to do

an even better job. Doing a good job also protects a person should management or some other group feel the need for retaliation or discipline. Unions can more easily defend those who are doing a good job, while co-workers are more likely to stand up for people who are known to be hard-working and likeable.

In another NYC hospital in which I was employed a year or two after the first hospital in the South Bronx, I became known as someone who kept up with her casework and offered successful programs to clients and families beyond my job description. I was also constantly suggesting policy changes even though my job was described as clinical. Eventually one of my supervisors, who had an interest in social policy, decided to start a social policy committee that could systematically review our own and the larger policies impacting on clients. She invited me to join. In addition to my clinical work, which was seen as solid and well done, I was soon asked to sit on hospital and community social policy committees, organize forums, and start campaigns aimed at introducing a Canadian style of universal medical insurance in New York. While obviously the campaign has yet to be successful, the work was important, not to mention fun, and a welcome respite from the frustrations of my clinical work. It was quite clear that my credibility as a clinical social worker was key to having people take my policy advocacy seriously and to giving me broad latitude in pursuing these agendas.

Use Your Privilege

Resources like skills, knowledge, and networks are unfairly distributed in society according to class, race, gender, ability, age, and regional privilege. In social justice terms, using your privilege means using whatever advantages, power, and resources you have to the advantage of the marginalized and oppressed. In the example of the baby in the South Bronx apartment with no electricity in her apartment, I used my white, middle-class privilege in the form of my lawyer-like advocacy skills to promote the interests of the baby and the family. At times, in that scenario, it felt almost as though I was play-acting myself, performing as a privileged white person who knew how systems really worked and wasn't afraid to wade into deep waters in order to get the job done. Most social workers will likely encounter less theatrical examples, but the principles remain the same. We should use our skills and insider knowledge to make more space and resources for clients.

Remember: That You Are an Instrument

I used to say, remember that you are a tool. But since the word "tool" has taken on a whole new slang meaning that makes my class crack up for at least twenty minutes every time I say it, I now encourage students to think of themselves as instruments. Charles Novogrodsky (1996) also uses this concept, arguing that one needs to remember that one is not just representing one's own pet peeves, frustrations, and agendas. Instead, we are part of a much bigger struggle and

a long-term effort towards society-wide anti-oppressive change. In our society, it is often hard to get people to put aside their particular concerns to join with others on broader and shared interests. Many groups and individuals fear that their concerns will be lost within wider agendas, so that cooperation across issues can be very difficult to build and sustain. When you find an issue on which you want to be active, think of it and approach it as a long-term project. A longitudinal view often helps people overlook minor setbacks and disappointments and look for common cause with others, while persisting with the issues that seem uniquely their own. In activism, advocacy, and organizing, it is crucial to remember that despite little setbacks, roadblocks, and frustrations, you are part of a much bigger and longer-term effort towards society-wide social justice. You are an instrument of social change.

Build Your Allies: Link with Unions and Social Movements

As mentioned above, workplace advocacy, social movement activism, and organizing need to be part of a larger struggle for social justice. So build supports for yourself and your ethics within and beyond the workplace. As Bob Mullaly (1997) would say, “build allies” (also Bishop 1994). Turn to your friends inside and outside of the workplace, as well as to your union (encourage your shop steward and union structure to be in tune with your concerns and those of your colleagues).

Having a support network or group of allies already in existence means that when a bombshell drops on your desk, you can act immediately rather than having to carefully assess who might be on-side and who might get cold feet or provide opposition. When I worked in the overcrowded, underfunded public hospital in the South Bronx, a group of us initially got together just for lunch and coffee. This group moved quickly from idle gossip to venting frustrations over the insanity of providing health care in the decaying context of the South Bronx to taking small actions in the name of rebalancing the scales of social justice. My co-workers and I began to call ourselves “The Conspiracy” because of the little acts of rebellion and rule-bending in which we participated with and on behalf of patients. When a big issue came along (and it always does), the members of “The Conspiracy” were ready to act; indeed, we moved seamlessly and decisively into the spotlight, with each person knowing that passionate and humane backup existed. We knew that we were not alone in this struggle. We were part of a group of co-workers committed to social justice and itching for a bigger way to make a difference.

Remember the System Wasn't Made For or By Us and We Do Not Have to Prop It Up

The social services system has a lot of strengths, but like the broader society it serves, it has a lot of serious problems too. Neither system was made for or by social workers, our clients, or other marginalized, exploited populations. We have

no ethical obligation to defend or legitimize a system that we know oppresses most people in our city, province, country, and in fact, the whole world. This system pushes us and our clients around, and we need to push back, to disrupt its seamlessness, and to reorganize it in whatever ways we can. As the London Edinburgh Weekend Return Group (1980) says, "one thing we cannot ask for is new relations, these we have to make ourselves."

The following is an example of pushing back an existing system and reorganizing it in small ways. Some time ago I was asked to sit on an appeal committee in order to hear the case of a social work student who had failed her core courses because of alleged racism. It was clear from the beginning that racism existed on multiple levels in the case and the appeal process. The appeal hearing was a very formal, quasi-legalized ritual in which the student was made to feel like the accused in a criminal case, while we highly ethical social work professors sat about like Supreme Court judges wisely calling upon witnesses and dispensing our learned decisions. The system was organized in a way that reflected privilege: it was congruent with white, middle-class professionalism and process. Uncomfortable with this, I proposed a few changes that would shift power and reflect processes more in tune with the student and her community. During a very strained discussion, the chair of the committee refused to let me finish a single sentence, greeting each of my sentences with exclamations like "that's insane," "I can't believe I'm hearing this," and "you clearly have no idea what you are talking about."

Later that night I wrote a memo outlining my concerns and proposal for a new process. I then copied this memo to everyone (and their dog). In some ways this felt risky: it made my challenge to the system more public. Yet, as I have learned over the years, it's often smart in activist work to move discussions out of a two-person debate, in which power can be exerted downward on you, and into the public arena, where disciplinary action will have an avid audience and wider ramifications. This alone is usually enough to prevent most people from taking rash measures. It also can build allies and promote your cause.

The director of my school, to whom I had copied the memo, was swayed by my arguments, where the chair of the committee had not been. With her support, we introduced an appeal process that was somewhat more user-friendly, including letting the student take the lead on how many of her elders she wished to accompany her during the appeal meetings, as well as what role community elders and others should play in an appeal process. We also managed to downplay the heavy-handed legalistic feel of the whole event. While I did not feel that the changes went far enough, we did reorganize key parts of the process, and not coincidentally, the appeal committee decided in favour of an excellent and courageous student.

Conclusion

In summary, frontline social work can be fully connected to a larger agenda of social justice. Using our privilege, critical consciousness-raising, and organizing with unions, social movements, and like-minded people inside and outside our workplaces are crucial parts of social justice-oriented social work practice. Certain workplaces lend themselves more easily to these activities, so don't lose focus if things seem more difficult in your place of employment. Even in narrow, under-resourced, clinical settings, advocacy, organizing, and activism keep us grounded in the real struggles of our communities and provide ethical and humane links between us and our clients.

Note

1. Much of the social work experience discussed here is taken from Baines 1997.