SHARP: A Framework for Addressing the Contexts of Poverty and Oppression During Service Provision in the United States

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Abstract

Many urban communities in the United States have experienced decades of systematic residential segregation, resulting in concentrated poverty as well as its associated consequences, such as violence, trauma and hopelessness. Social workers and other human service providers often respond to the consequences of poverty and oppression, while ignoring the oppression itself; in essence this suggests that the client is experiencing challenges because of individual or personal actions. This article introduces a framework through which providers may view issues of oppression impacting their client, as well as partnering with clients to create plans of action to counter oppressive policies and structural issues. The five components in the SHARP framework are: Structural oppression; Historical context; Analysis of role; Reciprocity and mutuality; and Power. Through this framework, both macro and clinical social workers can focus their work with clients on addressing both the root causes of poverty and their consequences.

Keywords: empowerment, structural oppression, racism, social work ethics, poverty

A History of Separate and Unequal Living Environments

Beginning in the 1970s and 1980s, urban communities saw a dramatic increase in concentrated urban poverty as racial housing restrictions in the suburbs eased and upwardly mobile African Americans moved into the suburbs, leaving behind a concentration of very poor families and individuals. Other theories about elements contributing to the increased concentration of poverty in urban communities include the loss of manufacturing and other local jobs, economic and social disinvestment in cities, blight and decay (Shaia, 2016a; Sessoms & Wolch, 2008; Yang & Jargowsky, 2006). Additionally, Black and Hispanic children are much more likely to live in poverty than their White counterparts, and those Black or Hispanic children are overwhelmingly more likely to live in communities made up mostly by people of the same race (Drake & Rank, 2009). This concentration of poverty is seen most clearly in older, industrial cities in the Northeast, such as Newark, New York and Baltimore (Ricketts & Sawhill, 1988).

While geographic concentrations of poverty decreased in the 1990s, these Northeast cities still see a significant concentration of very poor people living in certain neighborhoods. Urban poverty should routinely be considered within the neighborhood context, even more than in the family context. It has been shown that, even if a particular family is not impoverished, that family will experience a number of significant disadvantages, and the children will be exposed to the cumulative effects of multiple risk factors, simply by virtue of living in a neighborhood of concentrated poverty (Shaia, 2016a; Drake & Rank, 2009).

While most Americans recognize that urban America is still segregated racially, economically and socially, many view this segregation as an unfortunate holdover from a racist past. They believe that the civil rights laws passed in the 1960s simply have not had enough time to work, or that this segregation is a natural outcome of a preference to live together, or even the idea that segregation is caused by interpersonal forces within communities of color (Massey & Denton, 1993). Despite their acknowledgment of these disparities, many Americans do not understand the systematic use of urban planning and zoning laws to create and maintain racial and social segregation dating back to the early twentieth century. Popular devices used to create racial and social segregation included the restrictive covenant, a private contract denying home sales or rentals to Blacks and Jews; redlining or creating a nomenclature of zoning based on racial designations (R1 – White district, R2 – colored district, and R3 – undetermined); and the siting of public housing projects explicitly for Black occupancy. The belief behind this segregation was that racially homogeneous neighborhoods promote social stability, and that this segregation would instill in Blacks a more "intelligent and responsible citizenship" (Silver, 1997). Redlining was particularly damaging because it not only specified where people could live, but it allowed real estate appraisers to place lower values on homes in Black neighborhoods, thus steering lenders away from these areas and ensuring that properties in these neighborhoods did not appreciate and provide the wealth to Black families that homeownership usually brings (Mohl, 1997).

Between 1940 and 1960 approximately five million African Americans migrated from the South to urban centers in the North and West. This mass migration of Blacks into segregated cities, which stretched the boundaries of inner-city ghettos, was seen as a "Black invasion" by Whites, who fled in large numbers to the suburbs, from which Blacks were largely excluded. As the proportion of Black people in urban centers grew, so also did overcrowding and violence, as Blacks sought to move into White neighborhoods and Whites sought to prevent that migration. In cities across the country, bombings, cross burnings and other forms of violence characterized relationships between Blacks and Whites. Federal housing agencies supported discriminatory housing practices designed to eliminate Black "infiltration" into White neighborhoods, and were central to characterizing Black neighborhoods as having low value real estate and, thus, being a high risk for real estate lenders and investors (Pietila, 2010; Mohl, 1997).

Over the following decades, despite legislation such as the Fair Housing Act of 1968, segregation of habitation continued. This resulted in high rates of unemployment, inflation, low wages, increasing inequality, and deepening poverty for people of color (Pietila, 2010; Massey & Denton, 1993). In the same way that policymakers, scholars and the public have been reluctant to recognize and acknowledge racial segregation's existence, they have been reluctant to acknowledge its continuing consequences for communities of color. The effects of segregation on well-being are structural, not just individual, and lay beyond the ability of any individual to change, thus constraining opportunity, individual motivations, or private achievements (Massey & Denton, 1993).

The lingering impact of oppression

Segregation compounds its negative impact on a community by bringing together, in a concentrated form, all of the consequences of poverty, such as increased crime, which can quickly destabilize a community. Residents of segregated, poverty-impacted communities are far more likely to be victims of crime than are residents of non-segregated communities. Additionally, young people learn attitudes and behaviors from the people around them, such as how to get and keep a job, how to advance in school, how to have successful relationships, and how to be financially self-sufficient. In the absence of opportunity, joblessness, marital disruption and welfare dependence become the norm (Massey & Denton, 1993). Living in poverty creates significant stressors, which impact families' ability to maintain healthy relationships,

parent their children and adapt to life circumstances (Conger, Conger & Martin, 2010; Conger, Schofield, Conger, & Neppl, 2010; Wadsworth, et al. 2013). Children may be exposed to the cumulative effects of multiple risk factors, including the effects of poverty, maltreatment, violence, and parental stress, which often co-exist (Wadsworth & Santiago, 2011; Appleyard et al, 2005). Children, as young as pre-schoolers, often carry the weight of poverty-related stress, either because they are directly impacted by food insufficiency and inadequate housing, or because they are cared for by frustrated, irritable, worried adults (Wadsworth & Santiago, 2008; Wadsworth & Berger, 2006; Ackerman et al, 1999; McLoyd, 1990). Additionally, hopelessness is significantly associated with poverty, stress, anxiety and depression (Carter & Grant, 2012).

This paper addresses service provision within the context of a history of systematic oppression. While the paper addresses issues which impact poor Whites, the focus will remain on African-Americans, as the race which has the highest poverty rate of all races in the United States (Proctor, Semega & Kollar, 2016), and because of their experiences of enslavement, segregation, and oppression.

The issue of disempowerment

It is relatively easy to understand how a woman who has been sexually assaulted may be impacted by her assault. She may become angry, depressed, have difficulty sleeping, feel hopeless, and ashamed. She may feel unsafe in many environments, may have difficulty with relationships, may fear going places alone and taking risks. This all makes perfect sense, in light of what she has experienced. If she was raised by a mother who was also sexually assaulted, and if every woman in her family history going back generations had experienced the same assault, one would expect to see significant impacts on how that woman and the women in her family interact with the world.

Yet many people, including social workers, do not apply the same level of understanding to a people who were forcibly kidnapped from their homeland, brought to another country, placed with people whose language and customs they may not have known, and then forced to work like animals while being subjected to familial separation, beatings, rape and murder. While these people have since been freed from the atrocities of slavery, other systems have grown up to take its place, including planned segregation, mass incarceration and police brutality (Alexander, 2010). In the above example, we might expect that the women who have been sexually assaulted for generations might doubt their own power to change their situation (after all, no-one in that family has been able to stop the violence to date), and might internalize their abusers' view that they are powerless, unworthy, and perhaps even deserving of the abuse. In the same way, people who have experienced structural oppression, a long history of state-sanctioned violence and unequal treatment, often internalize the narrative from the dominant culture that they are less valuable, unworthy, unintelligent, and powerless to change the status quo. In fact, it would not be surprising if people who have heard this dominant narrative for generations eventually begin to, in some way, agree with it.

The ethics of context-blindness

Many social workers understand the concept of the long-term impacts of a history of oppression in theory, yet many approach their clients as though the individual and family contexts are the sole contributors to that person's current situation and expressed need. It is not uncommon for social workers to focus in on that family system during service provision, without any attention to the wider context of poverty and oppression. The reality is that experiences related to poverty and oppression may have impacted the family system even more than that family's immediate history. At the very least, there is often an inextricable relationship between poverty, oppression, mental illness, and family dysfunction.

Failing to consider and create strategies around environmental contexts is tantamount to a physician treating a person who has come into his or her hospital for radiation poisoning without

inquiring about the environment that led to the illness, and then sending that patient back out into the very same radiation-poisoned environment without any plan for how the person will secure and maintain access to clean air. As ridiculous and unethical as it sounds, that scenario is no different from a common social work one, where the social worker creates a plan for the client around any number of client-centered issues: depression, anger, hopelessness, joblessness, or family dysfunction, without tracing those issues back to the causes of these issues, and bringing those root causes into the service relationship as critical issues to be addressed.

Davis (2015) acknowledges that, while individual and family-focused work is necessary, the focus on remediation of the individual takes our focus off the more daunting challenge of creating structural change in society, and impacting the forces that are overpowering black people's natural abilities to develop their own strengths. He tells the story of a man who is on his hands and knees at night under a lamppost searching around. Another man comes along and asks him what he's doing. The first man tells him that he has lost his keys and so the second man gets on his knees to help him. After a while, the helper asks the first man if he is certain he has lost the keys in this location. The first man answers, "No, but this is the only place where there is light." Such is the decision social workers often make about how to help people. The idea of structural work is too daunting; it is like looking for lost keys out in the dark. So we focus, instead, on the small area where there is a pool of light, trying to fix individuals, even though we know it will not change the issues that are at the root of our society's problems (Shaia, 2016b; Davis, 2015).

Davis (2015) continues to note that although it is necessary to provide therapeutic services, strengthen families, and try to identify protective factors, focusing solely on these activities is like lining a bunch of children up and banging them all on the head with a baseball bat. Once they have been banged, we go down the line and look to see which ones have escaped without skull fractures or other serious injury. Our focus then becomes trying to identify the factors contributing to escaping the banging on the head by the baseball bat with as little injury as possible. Wouldn't it make more sense, Davis asks, to focus on who is banging children on the head with baseball bats and stop them from doing it?

A framework to address contexts of oppression

Many examples exist of communities where people have come together to identify and address structural issues that create inequality. Most of these cases involve grassroots community organizing, which is defined by collective action by people who live in the community, involve significant numbers of people, and are built on participatory processes where people who are directly impacted by the inequality exercise leadership to decrease power disparities and achieve common goals (Staples, 2016). Yet, for many people who experience oppression and concentrated poverty, the idea of joining with others to change the root issues contributing to their pain and suffering seems like an idea that is completely beyond the realm of comprehension. The job then falls to social workers and other human service providers, as well as educators and medical professionals, to implement a framework for providing service which addresses not only the consequences of structural oppression (such as joblessness, homelessness, physical and mental illness) but supports the people with whom they work in seeing themselves, in collaboration with others, as a tool for change in their communities.

The empowerment approach to social work is driven by a commitment to unleash human potential, with the goal of building community where justice is the rule and norm. This is, at once, a clinical and community-oriented approach, and is made up of holistic work with individuals, groups, communities, and political systems (Lee, 2001). Traditional social work addresses the suffering caused by oppression, while ignoring the oppression itself (Jemal, 2017; Windsor, Pinto et al, 2014). Healing from the effects of oppression will come not from the hands of the social worker, but from

the collaboration of people in community, through a self-healing, self-empowering process of taking action through gaining resources and knowledge (Lee, 2001).

The SHARP framework is a lens through which social workers and other human service providers may view their clients and presenting issues. Like a telescopic lens, the framework allows providers to sharpen their gaze on not just the client in front of them, but all the surrounding contextual issues which accompany, are the root cause of, and intensify human suffering. Without incorporating structural issues in service, it is almost impossible for the provider to send any message to the client other than that he or she is somehow responsible for the current situation. In fact, it is difficult to comprehend how, after sending this message countless times while providing services, the social worker can avoid internalizing it him- or herself and resist resting the blame on the client, with the associated interventions. Instead of looking only at the client and blaming the client for his or her suffering, this sharpened lens encourages providers to ask questions we might not otherwise ask, and to become self-reflective in a manner that is often unusual for and uncomfortable to social service providers.

The SHARP framework includes five core components:

1. *Structural oppression* – What are the issues in the person's physical and social environment that impact the person and his or her ability to be successful?
2. *Historical context* – What historical issues impacting the person's environment/community might be relevant to the issues the person is experiencing now? How has this history contributed to the situation the person is in now?
3. *Analysis of role* – What will be the provider's role in this service relationship: maintainer or disrupter of the status quo? There is no neutral space.

4. *Reciprocity and mutuality* – What strengths and gifts can the person share with the provider and with his/her community?
5. *Power* – What can the person do, alone and/or with others, to change the impact of historical and structural oppression?

This framework is not relegated to the sole use of clinicians or therapists. Instead, it relies on the entire continuum of social work practice, from macro to clinical. This way of thinking encourages social workers to remove themselves from the silos of being either a clinician OR a macro practitioner and instead, in the same way that we view human beings as whole and complex, begin viewing the solutions to society's problems as wide, complex, and requiring new and innovative approaches. In this approach, the social worker is also whole, and views the work with the complexity it deserves.

Figure 1 displays the basic SHARP framework, while Tables 1-5 provides social workers with factors to consider in each component, as well as reflection questions and potential results of applying the SHARP framework. Within each component, the provider is encouraged to ask questions (of him- or herself, as well as of clients) about which issues impact the person; to identify policies, historical events, and structural processes that are contributing to where the person is now; and to begin to integrate these issues into dialog with the person. It is the provider's responsibility to become versed in the particular history of that person's community, including how zoning laws were used to create financial and social inequality; structural barriers to success, such as food deserts and lack of transportation to job centers; and the existence of current policies which continue to perpetuate inequality and victimization of Black communities, such as police profiling and mandatory sentencing laws.

Table 1: Structural Oppression

SHARP Component	Factors to Consider	Reflection Questions	Potential Results of Applying SHARP framework
Structural Oppression What are the issues in the person's environment which impact that person and his/her ability to be successful?	*Is the person impacted by:* • Lingering effects of housing discrimination • Inadequate access to decent, affordable housing • Inadequate, efficient transportation to job centers • Lack of access to jobs paying a living wage • Lack of access to decent jobs for returning citizens • Unfair, undignified policing and criminal justice policies • Inequitable access to quality education • Lack of access to service and support systems • Poor access to high-quality, affordable healthcare • Difficulty accessing healthy, affordable food • Inadequate access to successful role models who look like them • Few lawmakers interested in meeting community needs	*Consider:* • Which policy or structural issues specifically are contributing to the person's situation? • How are multiple overlapping structural issues contributing to what the person is experiencing? • How has the person internalized the oppression he or she has experienced? • How can services and interventions be applied without inadvertently blaming the person for being a victim of structural oppression?	*Provider recognizes and speaks to:* • The complex nature of environmental issues impacting person's ability to be successful • That many, or even most of the barriers the person faces are the result of racist/oppressive policies and practices in the larger environment • How these issues interact with each other to impact the person's life - root causes, in addition to symptoms • Which needs should be a basic human right, e.g. housing, health care, food security, etc. • Inequities in how resources are applied across society

Table 2: Historical Context

SHARP Component	Factors to Consider	Reflection Questions	Potential Results of Applying SHARP framework
Historical Context What historical issues impacting the person's environment/community might be relevant to the issues the person is experiencing now? How has this history contributed to the situation the person is in now?	*Does the person's community have a history of:* • Racist housing practices such as block busting, redlining, predatory lending, racial steering, slum clearance, isolating public housing, gentrification, dangerous environmental practices, and exclusionary zoning laws? • Concentrated, intergenerational poverty caused by white flight, business disinvestment, school segregation/inequality? • Racist policing and criminal justice practices? • Community members expressing frustration, hopelessness and/or anger through civil unrest, violence, crime and substance use?	*Consider:* • How has the historical context impacted the person's responses to his/her environment? • Considering the historical context, what should a "normal" response/functioning look like? • How might this history impact issues such as coping, trust, relationships, conflict management, pride, dignity, self-esteem, locus of control, hope, and personal/collective agency?	*Provider recognizes and speaks to:* • Issues impacting the person's situation which are deeply steeped in history • How historical issues impact the wider community/environment • That many issues have an intergenerational context, and impact how the person sees and reacts to the issues • That history has a significant impact on the person's belief about whether or not positive change is achievable

The framework also requires the provider to make a decision about whether he or she will work to *maintain* the status quo (focus on meeting the immediate needs of people served, without addressing the oppressive structures creating those needs), or work to *disrupt* the status quo (look deeply into the issues creating the needs, and work with people impacted to recognize their power to create change). There is no neutral position in this decision. In most cases, disruption of the status quo requires the provider make a conscious decision to do so or, at the very least, to consciously identify oppressive systems at work. When providers do not consider oppressive systems, and do not address these issues in their service relationship, they are by definition implicitly endorsing the status quo. At times, a provider may make a conscious decision to maintain the status quo, and to avoid introducing issues of oppression into service provision, but that should not be a default position; rather, the decision should be made after careful consideration of the issues. This may be a temporary decision, which the provider will re-evaluate at a later date.

Table 3: Analysis of Role

SHARP Component	Factors to Consider	Reflection Questions	Potential Results of Applying SHARP framework
Analysis of Role What will be the provider's role in this service relationship? There is no neutral space	*Will the provider:* • Be a **maintainer** of the status quo, and work with the person within the context of the oppressive system, without making reference to its impact on the person's current situation? • Be a **disrupter** of the status quo, bring awareness to the role of oppression in the person's current situation, and discuss options for responding to the oppression?	*Consider:* • How similar to or different from the person is the provider? • Will the provider identify and speak to differences around race, gender, socio-economic status, sexual/gender identity, etc.? • How does the provider's personal history impact his/her view of the issues the person is facing? • What biases in the provider are triggered by working with the person? • How do the provider's personal privileges, biases and values impact his or her decision about whether to assume the role of maintainer or disrupter?	*Provider recognizes and speaks to:* • If maintaining the status quo, the provider may reinforce the dominant narrative that the issues the person is experiencing are all based on personal responsibility, and are completely within the person's power to change. • If disrupting the status quo, the provider will bring awareness to the complex nature of the issues facing the person, the importance of history, policy and societal practices, and discuss services and interventions within the framework of an oppressive environment. • Maintaining the status quo may be easier than disrupting it. • Disrupting the status quo requires the provider to first engage in critical self-reflection. • At times, the provider makes a conscious decision to maintain the status quo.

Traditionally, the social work relationship has mirrored the doctor-patient relationship, characterized by strong and often impermeable boundaries. These boundaries were created to separate social workers from the people with whom they work. But social workers have begun to rethink the structure of these relationships, in favor of relationships that connect the social worker to the person with whom he or she is working, rather than separates them (O'Leary et al, 2013; Ruch, 2005).

In the SHARP framework, the provider is encouraged to view the person with whom he or she is working as someone who has talents, gifts, and strengths to share with the social worker, as well as with others in his or her community. The social worker's role is to accept *appropriate* concern, affection, refreshments, and to become a "real" person within the relationship. Of course, there are clear limits to the relationship, in order to maintain professionalism. O'Leary et al, (2015) list a number of activities which are never appropriate, such as sexual relationships, exchanging money, and giving or receiving gifts of significant value. However, the more the social worker is able to see the person as being not just a recipient of the provider's knowledge and service, but also as having something valuable to offer, the easier it will be for him or her to point out all the many ways in which the person may contribute to others in the community.

Table 4: Reciprocity and Mutuality

SHARP Component	Factors to Consider	Reflection Questions	Potential Results of Applying SHARP framework
Reciprocity and Mutuality What strengths and gifts can the person share with the provider and with his/her community?	*Does the provider:* • Present the person as having just as much knowledge and expertise as the provider, albeit possibly in different areas? • Avoid acting as an outside authority on the person's life? • Approach joint problem-solving with a sense of wonder, rather than with a planned solution in mind? • Present him or herself as a real person in the relationship, with some level of disclosure and vulnerability? • Accept "gifts" from the person, in ways that suggests the giving is not one-directional, i.e., appropriate affection, refreshments, kindness, words of support? • Present the person's strengths and assets as being valuable to impacting structural and societal issues? • Explore opportunities for the person to share his or her strengths with the wider community?	*Consider:* • How does the provider send the message that the person is whole, capable and worthy of self-determination, regardless of his or her presenting issues? • How does the provider bring the basic human need to be helpful and needed into the service relationship? • How does the provider remain cognizant of opportunities for the person to give to others as part of the journey towards self-determination? • How does the provider bring the identified issues of structural oppression and historical context into discussion as a reason for giving to others?	*Provider recognizes and speaks to:* • The fact that the service relationship is a bi-directional relationship, with each party having something to give the other. • That constructive interdependence with others in the community is a desired state. • The idea that strengths and assets are not solely for the use of the person, but may be valuable to the entire community. • His or her struggles within the relationship

The SHARP framework has two main goals. The first is that the client in the service relationship develops a critical lens through which to view his or her situation, and is able to identify the structural and historical issues which have led him or her to the current situation. With this identification, the person will be able to avoid blaming him- or herself for issues which are beyond his or her control. Through this understanding, the person might also be able to develop a greater level of understanding and empathy for family and community members who have also been similarly impacted. An example of this is a recent situation in which a young woman who grew up in foster care learned about structural racism and how it impacted her own community. She was able to see how her own mother had been impacted by situations beyond her control, and was shocked that she had never been taught to see through this lens. Her response was, "I always blamed my mother for what happened to me, but now I understand how much she had been affected herself. I can finally forgive her." People who learn about structural racism in service have discussed feeling like they were "crazy" when they couldn't overcome structural issues, but not knowing why they weren't being successful. This type of understanding can be transformative to clients' self-esteem, healing and ability to develop relationships with others in order to organize collectively.

The second goal of SHARP is for the person to begin to recognize all the ways in which he or she has power to impact his or her surroundings for the positive, and to identify strategies for working collectively with others to address structural inequities. The role of the social worker is to help identify and support the person in both countering the dominant narrative about his or her abilities as well as developing agency, not only around issues impacting his or her own life, but collective agency, to change the structural issues in his or her community.
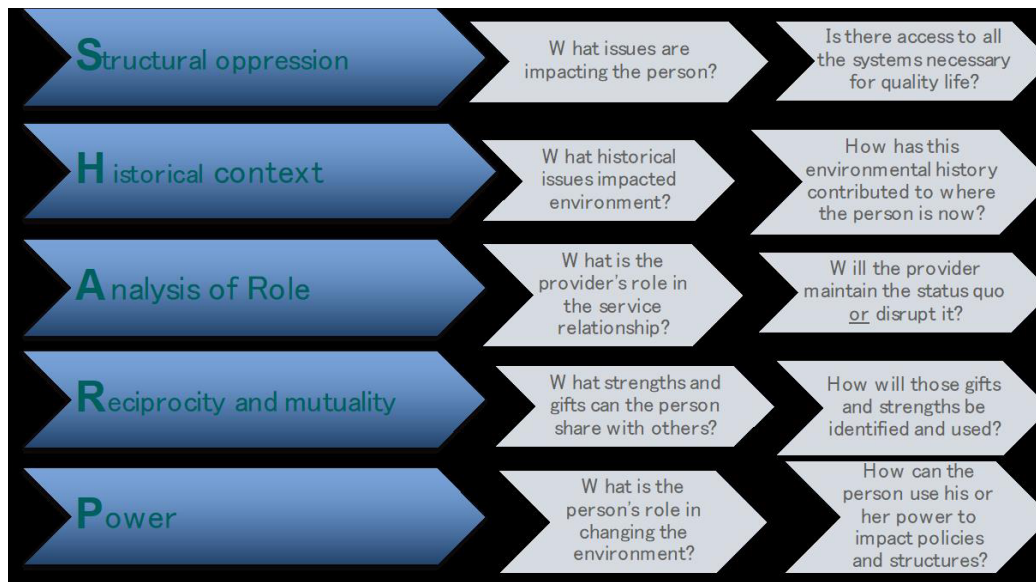
Table 5: Power

SHARP Component	Factors to Consider	Reflection Questions	Potential Results of Applying SHARP framework
Power What can the person do, alone or with others, to change the impact of historical and structural oppression?	*Does the provider:* • Present the person as being, not a passive recipient of circumstances, but an active force to create change for the future? • Explore with the person his or her readiness to engage in individual and/or collective action? • Incorporate becoming involved in action (however small) into the service plan? • Discuss specific strategies the person can use, e.g. voter education/voting, community organizing, letter-writing, testifying before lawmakers, parent organizations, community organizations, etc.? • Remind the person that he or she has strengths and assets that will be useful to changing society?	*Consider:* • How experiences of intergenerational poverty and structural oppression impact the person's willingness to become involved in action. • How what looks like apathy and disconnection might be tied to the dominant narrative of the person's worth and abilities. • How being overwhelmed with daily challenges might make individual or collective action appear unimportant or unattainable. • That building power is a process, and not an event.	*Provider recognizes and speaks to:* • The provider's role in the process as a champion, supporter, encourager, partner, but not director. • The fact that even small actions can have a big impact. • The fact that the process of building power is individual, looks different for each person, and may change throughout the person's journey. • The idea that, as the person builds power, his or her needs and abilities related to service may change. • That, as the person builds power, the service relationship itself might change. • That the provider may experience a sense of loss and grief as the person builds self-determination.

Even small actions can have a large impact. It might be as simple as attending a community meeting about crime in the neighborhood that helps the person realize that he or she is not the only person who is concerned and willing to take action. It could also include writing letters to or making testimony before lawmakers. A critical area for recognizing and legitimizing power is voting, and social workers bear the responsibility of helping people with whom they work to understand the power of the vote, as well as the person's power to join with others to create substantive change through targeted voting. Social workers may even want to consider becoming voter registrants, so that they can register the people with whom they work to vote, and then help them become educated on the issues, without steering or directing the person about how to vote. Since developing power looks different for each person, the provider should move at a pace comfortable to the person with whom he or she is working, but should never lose sight of the ultimate goal.

Figure 1: The SHARP framework

Structural oppression	What issues are impacting the person?	Is there access to all the systems necessary for quality life?
Historical context	What historical issues impacted environment?	How has this environmental history contributed to where the person is now?
Analysis of Role	What is the provider's role in the service relationship?	Will the provider maintain the status quo <u>or</u> disrupt it?
Reciprocity and mutuality	What strengths and gifts can the person share with others?	How will those gifts and strengths be identified and used?
Power	What is the person's role in changing the environment?	How can the person use his or her power to impact policies and structures?

Social Work Values and Ethics on the Line

Social workers promote social justice and social change with and on behalf of clients…Social workers are sensitive to cultural and ethnic diversity and strive to end discrimination, oppression, poverty, and other forms of social injustice. These activities may be in the form of direct practice, community organizing, supervision, consultation, administration, advocacy, social and political action, policy development and implementation, education, and research and evaluation. *Social workers seek to enhance the capacity of people to address their own needs* [emphasis added] (preamble, National Association of Social Workers, 2018).

Somehow, many social workers have read the above list of activities which must be employed to end social injustice as independent, mutually exclusive activities from which they may pick and choose as their interests allow, as opposed to as the problems dictate. Instead, the preamble describes an interrelated set of activities that must be layered upon each other to create as complex a set of solutions as the problems it is attempting to solve. Often, a focus on basic human needs and individual well-being (such as direct practice) is seen as incompatible with a focus on empowerment of vulnerable and oppressed people and well-being of society (such as advocacy). Clinical social workers must attend to the environmental factors that have contributed to their clients' situations, and macro social workers must add to their focus on structural issues, a focus on individual well-being, as well as looking deeply at root causes of community problems. These root causes include oppressive historical and current-day policies and practices, as well as the impact of internalized oppression on people's willingness to work to affect change in their communities.

The SHARP framework lays out a number of factors to consider and questions to ask in order to conduct social work practice with a full lens. Using this type of framework allows social workers to practice within the spirit of the complete code of ethics, as opposed to choosing some portions and avoiding others. The next step for the framework will

be to outline specific actions for practitioners to take, both in clinical and in macro work. The framework might also be used in an educational setting, as a lens by which teachers and school staff may interact with students, caregivers and community members in building power. If social workers, educators, and other service providers all recognize the impact of structural oppression, and work with their clients toward the end of building power and supporting agency, we might begin to see more progress toward long-term, sustainable change.

References

Ackerman, B. P., Izard, C. E., Schoff, K., Youngstrom, E., & Kogos, J. (1999). Contextual risk, caregiver emotionality, and the problem behaviors of six- and seven-year-old children from economically disadvantaged families. *Child Development. 70*(6), 1415–1427.

Alexander, M. (2010). *The new Jim Crow: Mass incarceration in the age of colorblindness*. Jackson, TN: The New Press.

Appleyard, K., Egeland, B., van Dulmen, M. H., & Sroufe, L. A. (2005). When more is not better: The role of cumulative risk in child behavior outcomes. *Journal of Child Psychology & Psychiatry, 46*(3), 235–245.

Carter, J. S., & Grant, K. E. (2012). A prospective comparison of moderating relationships among stressors, hopelessness, and internalizing symptoms in low-income urban youth with asthma. *Journal of Urban Health: Bulletin of the New York Academy of Medicine, 89*(4), 598–613.

Conger, R. D., Conger, K. J., & Martin, M. J. (2010). Socioeconomic status, family process, and individual development. *Journal of Marriage and Family, 72*(3), 685–704.

Conger, R. D., Schofield, T. K., Conger, K. J., & Neppl, T. K. (2010). Economic pressure, parent personality and child development: An interactionist analysis. *Historical Social Research, 35*(2), 169–194.

Davis, L. E. (2015). *Why are they angry with us? Essays on race.* Chicago, IL: Lyceum.

Drake, B., & Rank, M. R. (2009). The racial divide among American children in poverty: Reassessing the importance of neighborhood. *Children and Youth Services Review, 31*(12), 1264–1271.

Jamel, A. (2017). The opposition. *Journal of Progressive Human Services*, *28*(2), 1–6.

Lee, J. A. B. (2001). *The empowerment approach to social work practice: Building the beloved community* (2nd ed.). New York, NY: Columbia University Press.

McLoyd, V. C. (1990). The impact of economic hardship on black families and children: Psychological distress, parenting, and socioemotional development. *Child Development*, *61*(2), 311–346.

Massey, S., & Denton, N.A. (1993). *American apartheid: Segregation and the making of the underclass*. Cambridge, MA: Harvard University Press.

Mohl, R. A. (1997). The second ghetto and the "infiltration theory" in urban real estate, 1940–1960. In J. Manning Thomas and M. Ritzdorf (Eds.), *Urban planning and the African American community: In the shadows*. Thousand Oaks, CA: Sage Publications.

National Association of Social Workers. (2018). *The NASW code of ethics*. Retrieved from: https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English

O'Leary, P., Tsui, M. S., & Ruch, G. (2013). The boundaries of the social work relationship revisited: Towards a connected, inclusive and dynamic conceptualisation. *British Journal of Social Work*, *43*, 135–153.

Pietila, A. (2010). *Not in my neighborhood: How bigotry shaped a great American city*. Chicago, IL: Dee.

Proctor, B. D., Semega, J. L., & Kollar, M. A. (2016). U.S. Census Bureau Current Population Reports, *Income and poverty in the United States: 2015* (Report No. P60–256[RV]). Washington, DC: U.S. Government Printing Office.

Ricketts, E. R., & Sawhill, I. V. (1988). Defining and measuring the underclass. *Journal of Policy Analysis and Management, 7*(2), 316–325.

Ruch, G. (2005). Relationship-based practice and reflective practice: Holistic approaches to contemporary child care social work. *Child and Family Social Work. 10*(2), 111–123.

Sessoms, N. J., & Wolch, J. R. (2008). Measuring concentrated poverty in a global metropolis: Lessons from Los Angeles. *Professional Geographer, 60*(1), 70–86.

Shaia, W. E., (2016a). University-supported community schools: One organization's journey. *Universities and Community Schools*, *8*(1–2), 55–63.

Shaia, W. E., (2016b, July 5). Why are they angry with us? Essays on race. [Review of the book *Why Are They Angry With Us? Essays on Race.* by L. E. Davis]. *Qualitative Social Work*, *15*(4), 588–593.

Silver, C. (1997). The racial origins of zoning in American cities. In J. Manning Thomas & M. Ritzdorf (Eds). *Urban planning and the African American community: In the shadows*. Thousand Oaks, CA: Sage Publications.

Staples, L. (2016). *Roots to power: A manual for grassroots organizing*. Santa Barbara, CA: Praeger.

Wadsworth, M. E., & Berger, L. (2006). Adolescents coping with poverty-related family stress: Prospective predictors of coping and psychological symptoms. *Journal of Youth and Adolescence*, *35*, 57–70.

Wadsworth, M. E., Rindlaub, L., Hurwich-Reiss, E., Rienks, S., Bianco, H., & Markman, H. (2013). A longitudinal examination of the adaptation to poverty-related stress model: Predicting child and adolescent adjustment over time. *Journal of Clinical Child and Adolescent Psychology, 42*(5), 713–725.

Wadsworth, M. E. & Santiago, C. D. (2008). Risk and resiliency processes in ethnically diverse families in poverty. *Journal of Family Psychology*, *23*, 399–410.

Wadsworth, M. E., Santiago, C. D., Einhorn, L., Etter, E., Rienks, S., & Markman, H. (2011). Preliminary efficacy of an intervention to reduce psychosocial stress and improve coping in low-income families. *American Journal of Community Psychology, 48*(3/4), 257–271.

Windsor, L., Pinto, R., Benoit, E., Jessell, L., & Jemal, A. (2014). Community wise: Addressing oppression to promote individual and community health. *Journal of Social Work Practice in the Addictions*, *14*(4), 402–420.

Yang, R., & Jargowsky, P. A. (2006). Suburban development and economic segregation in the 1990s. *Journal of Urban Affairs, 28*(3), 253–273.