

Empowerment Theory

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(adapted from the work of Jean East)

LEARNING OBJECTIVES

By the end of this chapter, you should be able to:

- illustrate how empowerment theory and practices advance human rights and social, economic, and environmental justice;
- provide an overview of the history, values, and central concepts of empowerment theory and its close alliance with human rights, justice, and feminist theory;
- articulate how empowerment theory is used in practice during engagement, assessment, intervention, and evaluation; and
- demonstrate how empowerment theory can be applied in the field.

INTRODUCTION

The most recent Educational Policy and Accreditation Standards (EPAS) by the Council on Social Work Education (CSWE; 2015) underscores that social workers should engage in human rights and justice practice. Additionally, it recognizes that every person, regardless of their personal characteristics or societal position, has fundamental human rights; that is, everyone has a right to “freedom, safety, privacy, an adequate standard of living, health care, and education.” The competency also underscores the knowledge (e.g., theory), values (e.g., ethics, attitudes and beliefs) and skills (e.g., multilevel practice strategies) that social work students are expected to understand and demonstrate. This includes that social workers not only understand the interconnections between oppression and human rights violations but also know how to apply theories of human needs, justice, and multilevel practice strategies to best ensure justice, equality, and human rights. Social workers are expected to apply their understanding of social, economic, and environmental justice to advance human rights by engaging in practices at the individual and other system levels (CSWE, 2015). Students are also asked to demonstrate in practice their knowledge of the competencies. The EPAS intervention competency includes skills such as client advocacy, case management, and group facilitation. Empowerment theory and practices are poised to do just that.

In fact, empowerment is at the heart of social work practice. It is well positioned in the preamble of the National Association of Social Workers (NASW) Code of Ethics, which states: “The primary mission of the social work profession is to enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty” (NASW, 2017, p. 1). In this

statement, empowerment can be understood as a fundamental goal that social workers pursue when the theory of empowerment is put into practice.

Additionally, empowerment is also underscored as social workers have ethical responsibilities to respect and promote clients' rights to self-determination, pursuit of life purpose, and goals, for example. Social workers generally serve individuals and groups that vary by race/ethnicity, gender identity, sexual orientation, immigration, criminal justice history, physical or mental abilities, and age. Access to power, privileges, services, and justice is often influenced by individuals' social identities or social locations (e.g., being a Caucasian abled-bodied heterosexual male compared to being an African American lesbian with a physical and mental disability female). Therefore, at the broader societal level, social workers also have an ethical responsibility to increase choice and opportunities for community, collective, and political empowerment, especially among vulnerable individuals and groups.

Interestingly, while empowerment practice is almost synonymous with social work practice, its meaning and application remain somewhat elusive and a matter of debate. In fact, interpretations of empowerment differ on whether empowerment is a philosophy, theory, or practice model (Gutierrez & Lewis, 1999; Presser & Sen, 2000). In addition, there is no consensus among scholars on a single, all-encompassing definition or conceptualization of empowerment (Speer & Peterson, 2000). Despite these differences, empowerment has continued to capture the altruistic imagination of social workers. Empowerment as a theory for direct social work practice at individual, group, community, and political levels is a staple in many social work texts that promote a generalist model of social work (Allen-Meares & Garvin, 2000; Miley et al., 2011; Robbins et al., 2012).

Therefore, it is important in any discussion of empowerment to address the many "faces" of empowerment since as a concept it varies in meaning and is defined and operationalized in varied ways (Cattaneo & Chapman, 2010). For example, empowerment is described as a **perspective or philosophy** guided by principles of social justice, such as inclusivity, equality, and an understanding of oppression. This description is closely related to empowerment as an ideal condition, a process, and a way of acting in carrying out social work roles. Common processes that social workers engage in when applying an empowerment perspective include sharing power, consciousness raising, and partnership. In contrast, as an **intervention model**, social workers engage in empowerment practices at multiple levels, such as the intrapersonal, interpersonal, and community levels to influence personal and system changes, often simultaneously. Lastly, as an **outcome**, empowerment is operationalized as an increase in power in intrapersonal, interpersonal, and community realms. At the intrapersonal level with individuals, this outcome often includes an increase in perceived competency and self-efficacy, or the ability to experience competence in one's life (Carr, 2003; Bandura, 1982). Increased self-efficacy, viewed as increased power, then translates into an increased ability to influence events in one's life, interpersonally in one's relationships and in the sociopolitical sphere. At the community or societal level, self-efficacy is linked to collective efficacy.

Many scholars have proposed definitions of empowerment; four are outlined in the following for their potential relevance to direct practice:

- "A process by which individuals, groups, and communities develop the capacity to act on their own behalf and gain a sense of power in their personal, interpersonal, and environmental interactions." (Gutierrez et al., 1998; Reichert, 2006)
- "A process through which people become strong enough to participate within, share in the control of, and influence events and institutions affecting their lives [and that, in part], empowerment necessitates that people gain particular skills, knowledge, and sufficient power to influence their lives and the lives of those they care about." (Torre, 1985, p. 18).
- "Empowerment is a phenomenological development of a certain state of mind (e.g., feeling powerful, competent, worthy of esteem), and to the modification of structural conditions in order to reallocate power [...] and refers to both the subjective experience and the objective reality." (Swift & Levin, 1987, p. 72)

- “[Empowerment is] an intentional, ongoing process centered in the local community, involving mutual respect, critical reflection, caring, and group participation, through which people lacking in an equal share of valued resources gain greater access to and control over those resources.” (Cornell Empowerment Group, 1989, p. 2; Mullaly & West, 2017)

These four definitions refer to the process that influences an outcome. For example, a common outcome would be an increased internal and external sense of self and/or collective empowerment among individuals, groups, and/or communities. There also is a psychological and emotional component to empowerment. For example, individuals may experience a positive shift in their internal thoughts and emotions that they then can use to reframe their external relationships with others and their environment. The individual, group, or collective that participates in this process is perceived as becoming stronger or more empowered and more able to influence their inner and outer worlds. They do so by engaging in practice, such as critical reflection and psychological transformation, group and community participation, capacity building, and knowledge and skill attainment. Empowerment social work is much like the feminist approach that operates within a human rights and social justice framework with the goal of building a more compassionate world. The work is both clinical and community oriented (Lee, 2001).

OVERVIEW OF EMPOWERMENT THEORY

Understanding of Human Problems

Empowerment theory understands human problems in the context of a social, political, and economic environment. These individual and social structural levels are stratified, in which those with power and privilege have an advantage over those groups that are oppressed (e.g., racial/ethnic minorities, women, persons living in poverty, disability or immigration status, and/or sexual orientation). These oppressed individuals and groups tend to have a subjective experience of powerlessness until their consciousness is raised and they start to feel worthy to pursue the advantages that society has to offer (Lee, 1994; Maschi et al., 2011; Robbins et al., 2012). This understanding suggests dualistic oppressive thought processes, in which people who are the “other,” who are different than the dominant group, are unworthy and undeserving of dignity, equality, and access to rights and justice. Therefore, these implicit and explicit biases fuel intergenerational, historical trauma, oppression, and social structural inequities. Consequently, systems within this type of society respond to humans in need with overt or covert oppressive tactics, such as microaggressions, and emotional, physical, and structural violence and neglect. For example, health disparities are most common among racial/ethnic minorities compared to the White majority (Mullaly & West, 2017). Empowerment theory addresses the individual in the social environment by situating human problems in a person-in-environment (PIE) perspective, “self and the social mirror” as a reflection of this interaction (Kondrat, 2013; Maschi et al., 2016). PIE perspective also proposes that successful interventions to human problems and solutions occur at the intrapersonal, interpersonal, community, and policy levels concurrently and/or sequentially. In assessing the problem, it is important to visualize the observable state of disempowerment of an individual, group, or community, as well as their ultimate, pure, and unabashed state of personal and collective empowerment, which can be a state of freedom, growth, and joy.

A Broad Perspective of the “Therapeutic” Intervention

Social workers have developed empowerment practice interventions and models with attention to vulnerable groups (Gutierrez & Lewis, 1999). The concept of therapeutic jurisprudence (TJ) clarifies the differing system levels ranging from clinical (individual, family, and group), community, and policy interventions, in which a therapeutic intervention can be designed and

implemented. TJ refers to laws and policies as a social force (or agent), which may or may not give rise to unintended consequences, that may be either beneficial (therapeutic) or harmful (anti-therapeutic). Similarly, at the clinical level, the social worker may use therapeutic interventions to interrupt or change the narratives related to self-limiting beliefs (e.g., self-blame that might diminish a client's sense of well-being). The social worker then can help the client to positively reframe their negative self-perceptions to self-acceptance, self-love, and a sense of personal power and well-being. An empowerment intervention with individuals is based on the premise that intrapersonal work, that is, work on internal emotional and psychological health, will include therapeutic interventions that also promote collective experiences and social change. A policy-level empowerment intervention or social policy reform addresses the psychological and holistic well-being at the structural level. The development or amendment of a policy may help to prevent any adverse effects for marginalized groups. For example, universal healthcare is an empowerment-based policy reform that promotes equality and well-being for everyone (Kantarjia, 2019).

Historical Evolution of Empowerment Theory

The heart and soul of empowerment can be traced to Brazilian educator Paulo Freire, who developed the pedagogy of the oppressed to empower his marginalized students (Freire, 1973, 1998). For this reason, Freire is often credited with articulating the concept of empowerment as he developed his innovative theory and philosophy of education. Freire was passionate about the humanity of oppressed people. He believed it was necessary to enter their world, empathize, and identify with them in order to better understand their needs (Hipolito-Delgado & Lee, 2007). Freire was the first one who worked with empowerment theory to examine the influence of the role of race, ethnicity, culture, and class (Poorman, 2003).

In general, empowerment concepts seek to increase the personal, interpersonal, and political power of oppressed and marginalized people so that they can join as communities and take action to improve their lives (Freire, 1973; Gutierrez, 1990). Freire believed that most of the curriculum taught in schools was irrelevant to marginalized people as it did not address the social and cultural barriers of discrimination that they faced, which are the reality of their lives. He argues for situating education in the lived experience of the students (Freire, 1973). His concept of conscientization or critical consciousness is especially important to the process of personal empowerment because it signifies an awareness of oppression in our society and all the social and political implications for oppression and discrimination (Gutierrez, 1990; Freire, 1998; Hipolito-Delgado & Lee, 2007).

As noted, when applied to social work, there has been some debate as to whether to consider empowerment theory as a process or a practice model (Carr, 2003; Carroll, 1994; Gutierrez & Lewis, 1999; Presser & Sen, 2000). Based on a review of the social work literature, there seems to be general consensus that it is a process that begins by recognizing the needs of the oppressed (e.g., Simon, 1994). Beginning with the seminal work of Barbara Solomon (1976), the social work literature on empowerment theory and practice proliferated in the 1980s and 1990s. Growing out of the social movements and the War on Poverty programs, empowerment became a new way to describe and think about social work processes and social work relationships. It also created a bridge between micro and macro practice that fits ideologically with the values and mission of the profession.

Social work was not the only profession to embrace empowerment; community psychology, psychiatry, and public health also took up the study of empowerment models of intervention (Perkins & Zimmerman, 1995; Speer, 2000; Varkey et al., 2010). The self-help movement also embraced the ideas of empowerment; many client population groups joined what Simon (1994) called the "empowerment movement" (p. 29). Expanding upon the work of empowerment theorists in the 1980s and 1990s, the empowerment as a concept for social work has evolved from a philosophical level or pure theory to also include practice frameworks and methods.

Practice interventions have been developed that address both personal and structural dimensions of powerlessness and are accomplished through multilevel interventions.

Since the turn of the century, the writing and literature on the practice of empowerment has slowed in the United States but has grown internationally (McFadden, 2010). While scholars still refer to empowerment as an outcome of an intervention, with the increased significance placed on evidence-based practice, empowerment has been following suit. However, Simon (1990) noted that “empowerment, as concept with multiple and diverse historical referents, is a term that confuses even as it inspires” (p. 27). Although empowerment is noted as a contested concept, there has been much advancement in using quantitative and qualitative measures to unpack how people and communities perceive and live their personal and collective empowerment (Cyril et al., 2015; Van Dop et al., 2016).

Recent literature has integrated empowerment theory with other practice theories, such as the feminist theory. For example, Turner and Maschi (2014) state that feminist and empowerment theories are closely allied frameworks that can be integrated to address the individual to sociopolitical levels of social work assessment and intervention. In another article, Maschi et al. (2012) also argue that incorporating feminist and empowerment approaches better prepare social workers with the knowledge, values, and skills to promote human rights and social justice that foster the “psychological goods” as well as the social, economic, and political goods of clients commonly seen in direct practice (Maschi et al., 2012). The next section outlines the concepts of empowerment theory that have captured the altruistic imaginations of social workers at every level of practice.

CENTRAL CONCEPTS OF EMPOWERMENT THEORY AND RESEARCH

The central ideas of empowerment theory in social work were influenced by the seminal works on Black empowerment by Barbara Solomon (1976), empowerment practice by Judith Lee (1994, 2001), and culture and diversity by Lorraine Gutierrez et al. (1998). These essential empowerment writings are briefly described to form the foundation to better understand empowerment theory, research, and practice with individuals and groups experiencing oppression.

Solomon’s (1976) work defined empowerment as “a process whereby the social worker engages in a set of activities with the client or client system that aim to reduce the powerlessness that has been created by negative valuations based on membership in a stigmatized group” (p. 29). Solomon emphasized that in order to overcome powerlessness, individuals must come to a new understanding of power and see themselves as agents of change, able to influence the powerlessness in their lives. Solomon noted that there are **two levels of power, or “power blocks,”** that inhibit empowerment for clients. The first are **indirect power blocks**, which occur during people’s developmental process. That is, individuals may be exposed to situations in the context of their families that limit their ability to develop the necessary skills and resources to fulfill their social roles. For example, a child who grows up in a home where violence is a frequent occurrence may not develop the personal resources to handle the demands or stresses of life. The second level of power block, **direct power blocks**, occurs when our social institutions, including those that we as social workers are engaged in, discriminate or block access to services. This same child does not have access to early childhood education or adequate health care, which may then lead to poor educational outcomes in elementary school. In summary, Solomon’s work set the stage for understanding that an essential element of the therapeutic intervention must address the powerlessness that clients experience.

Following in the footsteps of Solomon, Judith Lee (1994) identified **three components of empowerment practice** as part of an **empowerment intervention** (Figure 16.1). These components are critical consciousness, self-efficacy, and developing skills and resources. The first component that Lee identified was **critical consciousness** or the ability to recognize and analyze the societal realities (political, social, and economic) that impinge on one’s ability to meet one’s

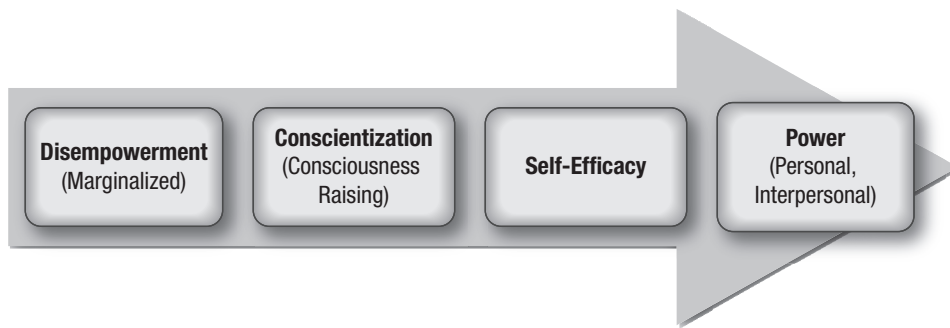


FIGURE 16.1 Empowerment theory and practice.

goals and fulfill one's roles. Critical consciousness is a process by which individuals and groups critically examine a historical and current view of oppression, power, and structural inequalities. Lee's conceptualization is consistent with Freire's concept of conscientization or critical consciousness, which he described as an awareness of oppression in our society, and as such, critical consciousness is an essential piece in fostering personal empowerment (Freire, 1973). Freire came to believe that hope was central to empowerment work (as did Jane Addams) since without hope, neither individuals nor communities can begin the struggle to change.

The second component Lee identified was **self-efficacy**, or the belief that one can affect change and reach goals. Bandura (1982) noted that self-efficacy is "a generative ability in which component cognitive, social and behavioral skills must be organized into integrated courses of action to serve innumerable purposes" (p. 122). Promoting self-efficacy is a cornerstone of an empowerment intervention as it allows clients to change their responses to their social environment. The third component of empowerment practice from Lee's work is **developing skills and resources** to meet personal, interpersonal, and community goals.

Gutierrez et al. (1998) delineate four dimensions or problem-solving activities that make up an empowerment-based intervention: (a) the client-worker relationship that addresses immediate needs or presenting problems, (b) education and skills development, (c) resource development and access to programs and systems, and (d) knowledge and skills for social action and macro change. Based on these perspectives, central themes of empowerment theory and practice were identified and will be reviewed next.

Central Themes of Empowerment Theory

Each of these historical works has led to the development and definition of the **central themes** of **empowerment theory**. A synthesis of these three perspectives identify four key themes: (a) client system powerlessness; (b) four levels of empowerment: intrapersonal, interpersonal, collective (community), and political; (c) empowerment as an ongoing developmental process; (d) empowerment practice as a client-driven intervention process based on strengths and competencies, and not power given but power experienced and exercised; and (5) empowerment as contextual and will vary with diverse groups, situations, and contexts.

The first key theme from the literature on empowerment practice is **client system powerlessness**. As Solomon (1976) clearly documented, the roots of powerlessness are complex. Powerlessness may be manifested in a lack of psychological efficacy (Kieffer, 1984) but is also equally experienced in community dimensions. Powerlessness is maintained by the process of oppression in sociopolitical structures, but it is not a fixed state. Overcoming powerlessness is a process that can be learned and enacted.

The second key theme from the literature on empowerment practice is that there are **four levels of empowerment: intrapersonal, interpersonal, collective (community), and political**. The research presents many case examples that address these levels in an empowerment intervention (Cyril et al., 2015; East, 2000; Glenmaye, 1998; Van Dop et al., 2016). Individual or psychological empowerment is described as a developmental process of gaining a psychological sense of self-efficacy or life skill competence (Kieffer, 1984). This process can occur without an actual change in an external structural system (Zimmerman & Rappaport, 1988). The components of individual psychological empowerment vary in different practice contexts. For example, Gutierrez (1995) identifies individual psychological components of empowerment in the context of ethnic identity as group identification, self-efficacy, and collective efficacy, while McWhirter (1994) does so in mental health service as critical awareness and stress-skill development.

In direct practice with individuals, empowerment interventions may primarily help individuals develop psychological self-efficacy or coping skills to adjust to the existing social environment. However, most authors of the empowerment model of social work practice contend that individual empowerment that emphasizes personal self-efficacy alone is not sufficient to overcome powerlessness (Leonardsen, 2006; Miley et al., 2011). Interpersonal empowerment involves developing the capacity of individuals, families, and groups to more effectively interact with the key individuals in their lives, as well as the institutions that are part of their everyday interactions, such as schools, neighbors, or service organizations. Empowerment is relational, and connection is a key component of interpersonal empowerment, creating power in relationships and collective experiences (Christens, 2012; Gutierrez & Lewis, 1999). Feminist social workers developed the concept of the importance of mutuality and connection in relationships to increase personal empowerment (Jordan et al., 1991). Social group work is a key method of empowerment practice, encouraging collectivity through linking people with others and creating social networks (Henry et al., 2011).

Finally, community or political empowerment is a process of the redistribution of power through community participation in order to change communities, organizations, and institutions that affect people's lives (East, 2000; Gutierrez et al., 1998). This means that empowerment practice is not only about an individual's change; changes in community, organizational, and political settings are also emphasized. Community change occurs through community organizing and collaboration, campaigning, legislative lobbying, social planning, and policy development. During the political empowerment process, social workers and their clients are encouraged to critically reflect on the sociopolitical environment to assess problems, so that consciousness can be raised (Breton, 1994; Gutierrez et al., 1998). The purpose or the outcome of consciousness raising is a new set of values, assumptions, and expectations, embodied in a new set of structures, as well as new personal and social relationships (Bricker-Jenkins & Hooyman, 1986).

A third key theme from the literature on empowerment practice is that **empowerment is an ongoing developmental process**. The process does not necessarily occur in a linear series of intrapersonal, interpersonal, and political changes but rather in a circular and interactive process (Gutierrez, 1990). Home (1999) provides an example in the context of working with survivors of sexual abuse of how the three phases (intrapersonal, interpersonal, and sociopolitical empowerment) are interactive. She describes that in a group for survivors of a sexual abuse, members were encouraged to share their experiences, reflect on societal roots of their oppression, and develop coping strategies to increase self-esteem: "Energized by new critical awareness, the group decided to organize a rally to challenge public attitudes toward women [...] success in this social action increased members' self-esteem and participatory competence" (p. 239). It is worth noting that the critical consciousness raising acts are a catalyst, playing an essential role in connecting the two phases of personal and political empowerment (Gutierrez, 1990). It is the interactive relationship between intrapersonal, interpersonal, and political/community empowerment that has been the subject of several research efforts. Kieffer (1984) found

through in-depth interviews with grassroots leaders that increased political efficacy through working in a political organization also influenced perceived self-efficacy and self-esteem. Zimmerman and Rappaport (1988) found that participation in community activities resulted in higher scores in measures of psychological empowerment. Building on this research, intrapersonal empowerment is linked to sociopolitical control and participation in empowering community settings (Christens et al., 2011).

A fourth key theme from the literature on empowerment practice is that **empowerment practice is a client-driven intervention process based on strengths and competencies, and not power given, but power experienced and exercised** (Gutierrez et al., 1998). The assumption is made that despite life's problems, all people and environments have strengths and resources that can be used to improve the quality of people's lives. In the empowerment process, power cannot be given or developed among beneficiaries of programs by social workers; rather, it occurs through people's participation in claiming power on their own behalf (GlenMaye, 1998; Simon, 1994). People become involved in all stages of empowerment programs through the identification of problems and solutions, the implementation of the solutions, and the evaluation of their efforts (Presser & Sen, 2000). Through this participation, people have opportunities to gain skills and assert themselves. This promotes a relationship between social workers and their clients that is egalitarian and based on a partnership perspective (East, 2000; Gutierrez et al., 1998).

The fifth and final key theme from the literature on empowerment practice is that **empowerment is contextual and will vary with diverse groups, situations, and contexts** (Zimmerman, 1990). Race/ethnicity, class, and gender have all been examined for how these factors may influence or form the empowerment experience of individuals, groups, and communities (Gutierrez & Lewis, 1999; Itzhaky & York, 2000; Peterson et al., 2002). There is increasing literature documenting empowerment interventions across age groups (Cox & Parsons, 1994; Stanton-Salazar, 2010). Finally, empowerment models are being practiced and modified worldwide. Scholars are recognizing and delineating how empowerment models in different countries, while having commonalities, also have nuances that are country specific (Pardasani, 2005; Petchesky, 2010; Wang et al., 2011). These concepts and themes of empowerment theory and practice form the basis of the helping process—engagement, assessment, intervention, evaluation of outcomes, and termination—assisting clients to move from a state of powerlessness to pure empowerment.

PHASES OF THE HELPING PROCESS

Engagement

Empowerment practice begins with the helping relationship and the way in which the social worker and client system form a partnership. The first consideration is the power dynamic in the relationship, and how this dynamic will be considered, understood, and explored as an agent of change instead of an agent of social control (Kamiński, 2018). Social workers do bring power to the relationship in the form of knowledge and skills that can help facilitate change. It is also important for social workers to recognize the privilege they carry and hold in the context of a helping relationship. That said, in order to foster clients' empowerment and positive change, the working relationship is formed based on "collaboration, trust and shared power" (Gutierrez & Lewis, 1999, p. 7).

Congruent with the history of the social work relationship as a vehicle for change (Perlman, 1979), the helping relationship in an empowerment intervention is a key component of the change process. "Social workers know that the connection between the worker and the client is the most powerful tool available to the social worker" (Marsh, 2005, p. 195). This stance is acknowledged in the common factors model where the relationship is considered a cornerstone of the change process (Norcross, 2011).

The first principle of the engagement process is that dialog and safe space are important elements in this process. Miley et al. (2011) identify three elements or actions of the social worker in the dialog process: (a) forming partnerships, (b) articulating situations, and (c) defining directions. Dialog leads to mutual understanding of the context of the client's concerns or problems and allows for mutuality in the relationship where both client and worker are affected by the story and the process (Jordan, 1991). Based on the dialog process, the following practices are encouraged in an empowerment model of engagement:

- a strong acknowledgment of clients' definitions of the problem, based on the belief that clients are experts, not only in their life experiences but also in their relationships with the systems in their lives;
- "[s]tarting where the client is," especially in meeting concrete needs as it relates to day-to-day survival;
- a focus on eliciting strengths and using the strengths perspective (Saleebey, 2009) to have clients explicitly name their strengths and how they have used them to manage their lives; and
- instilling hope that change is possible and sustaining hope for the future.

Assessment

Assessment in an empowerment model is framed in the meaning of the problem or the situation to the client. At the same time, the social worker contextualizes this meaning in a social, political, and economic context. Understanding causality, while looking forward, is an important element of the assessment process. Key questions of assessment include:

- What manifestations of powerlessness are being experienced at intrapersonal, interpersonal, and community levels?
- How is the client's experience of the problems/concerns manifested in oppression?
- What are the client's transactions with the environment? Where are the connections? Where are the disconnections?
- How can strengths be mobilized, and what is the potential for strengths to counter disadvantages?
- What natural helping networks are available or can be initiated?

Contracting and Intervention

The contract or service agreement between the client and the social worker is a foundation of social work practice (Compton et al., 2005). In the empowerment model of practice, the contract is an agreement based on mutuality and trust and is a tool for accountability for both the social worker and the client. The essence of the contract is what power, in terms of knowledge, skills, and resources, the client will bring to the relationship and what roles the social worker will take in facilitating the change process. The intervention goals are established in a way that the client understands and embraces. Numerous sources identify empowerment roles in the intervention process (Gutierrez et al., 1998; Solomon, 1976). The roles include the following:

- *Listener:* Social workers using an empowerment model start with the basic listening and communication skills that validate experience, demonstrate empathy and mutuality, identify and promote strengths, and pay attention to immediate needs. The practice of "mindfulness" is important in this process.
- *Educator and teacher:* Social workers play a key role in sharing information and teaching their clients knowledge and skills for change. Particularly empowering is when the social worker and client together can gather new information and evaluate the information in light of the client's experience.

- *Resource consultant*: Part of gaining power is having access to the necessary resources for change. Social workers link clients to needed services. This is done in a way that is empowering, meaning that clients learn how to analyze the power dynamics in accessing resources, how to advocate for themselves, and how-to problem-solve difficult situations.
- *Question poser*: Developing and asking questions is not just about seeking information. Questions can form the basis, if done in a non-threatening way, of raising issues that are important to consider in the empowerment relationship and process. For example, clarifying cultural experiences, expectations, and differences form a basis for a direct conversation and model openness. Critical consciousness uses questions to explore experiences and challenge the status quo.
- *Mobilizer/system activist*: In an empowerment model, social workers are constantly looking for ways to mobilize people and promote change in the system. While at times the social worker is the activist, empowerment practice promotes training clients to become leaders and activists in the community.

Evaluation and Termination

The ultimate evaluation of the empowerment intervention is that clients have both perceived and actual evidence of increased power. Evaluation is an ongoing process of celebrating gains and reassessing areas of continued vulnerability. Termination, or a planned ending of a relationship and intervention, is an essential process in any social work relationship. Possibly unique in empowerment practice is that clients can terminate a counseling relationship but continue work in groups and community change efforts.

APPLICATION TO FAMILY AND GROUP WORK

Family Work

Family work in a generalist model is based on understanding families as systems. Interventions to improve family functioning are built on understanding the internal dynamics of families, roles, relationships, and family patterns (Kirst-Ashman & Hull, 2012). An empowerment perspective on work with families moves away from focusing primarily on internal dynamics and examines how vulnerable families are situated in an environment that can negatively affect well-being (Hodges et al., 1998). Family work begins at the interpersonal level and considers that family units have strengths. Capacity building is encouraged through supporting, teaching, and linking families to community systems of support. Models of family work that are congruent with family empowerment include family-based services that partner with families in developing treatment plans (Jager & Carolan, 2010). In addition, programs such as family health advocacy and health promotion are good examples of family empowerment practices (Baffour & Chonody, 2012).

Group Work

Group work is a foundation of empowerment practice and can serve as a link between the individual or family and the community (Breton, 1994). Given that a key principle of the empowerment process is “validation through collective experience” (Gutierrez et al., 1998, p. 4), the opportunity for clients to participate in group experiences becomes essential to empowerment practice. The types of groups can vary, including mutual aid or self-help groups, clinical groups, psychoeducational groups, or social action groups. The group experience provides several important elements to the empowerment process. First, the group experience provides an opportunity for an individual to experience both autonomy and interdependence. The group

also acts as a resource for social functioning. Second, the group process allows individuals to practice life skills, such as communication and problem-solving, which occur in natural groups in one's life. Finally, the group provides a means for individuals to engage in addressing common problems, finding collective solutions, and helping others, which in turn can help individual growth and reduce self-blame.

The direct social work practitioner can take on three roles that promote group work as part of the clinical intervention. The first is looking for opportunities to connect clients to group opportunities. For example, when a client is struggling with a problem that is common to many others in the same situation, the role of the social worker is to help find or create opportunities for those with similar concerns to connect. The second role is to connect the client strengths and potential to community activities, naming for the client the possibilities for collective action. This might include noticing that a client is a natural leader in her neighborhood when she takes her neighbors to the local food bank. By naming and acknowledging this strength with the client, the social worker can encourage additional activities that would support the client's positive interaction with the community and environment. Finally, it is the responsibility of an empowerment social worker to understand the sociopolitical environment in which the client is situated and, when appropriate, to share with the client the social action activities in the community that might be an avenue of collective social change work. The link between participation in social action groups and the increase in self-efficacy and psychological empowerment is well documented (Christens et al., 2011).

COMPATIBILITY WITH THE GENERALIST-ECLECTIC FRAMEWORK

Human Rights Framework

A human rights framework is an overarching perspective that can inform social work interventions about the pathways to empowerment for individuals, families, and communities at the local or global level. A human rights framework has underlying values and principles (United Nations [UN], 2015). Fundamental to human rights values are dignity, worth, and respect for all persons, the intrinsic value of each person, and the duty of governments (i.e., duty bearers) to their citizens (rights holders) and duty bearing citizens to other rights-holding citizens (UN, 1948).

The six major principles of a human rights framework are: (a) universality, (b) nondiscrimination, (c) the indivisibility and interdependence of rights (political, civil, social, economic, and cultural), (d) participation, (e) accountability, and (f) transparency, which are described in the following (Ife, 2012; Maschi, 2016; UN, 2015; see Box 16.1). These major principles inform the right to power and empowerment in social work intervention with individuals and groups affected by oppression.

BOX 16.1 Human Rights Framework

Protects civil, political, economic, social, and cultural rights
Promotes personal and collective empowerment

BASIC PRINCIPLES

1. Universality
2. Participation
3. Accountability
4. Transparency
5. Non-discrimination

1. The principle of *universality* states that human rights belong to everyone and there are no exceptions for any individual. The mere fact of being human entitles every human to political, civil, social, economic, and cultural rights.
2. The principle, *nondiscrimination*, ensures access to rights for everyone. In an ideal world, there should be no intended or unintended discrimination of international laws, policies, or practices.
3. The principle, *indivisibility and interdependence*, guides governments to ensure political, civil, social, economic, and cultural rights to everyone. For example, if a government does not recognize a social right, such as the right to health and well-being, it challenges citizens' access to also achieving these other areas of rights, such as the right to education and safety and protection from violence and discrimination.
4. The principle of *participation* refers to everyone's rights, especially those most affected, and conveys that they have the right to participate in decisions that may infringe upon the protection of their rights. In the most ideal situation, governments should engage, support, and provide a platform for the participation of civil society on political, civil, social, economic, and cultural issues.
5. The principle of *accountability* suggests that governments are responsible for creating a mechanism of accountability for the enforcement of equal rights, which includes monitoring and evaluating the implementation of laws and policies that protect rights.
6. The principle of *transparency* means that governments should communicate to civil society about all information and decision-making processes affecting human rights. Society's members should be educated to become informed participants in the decision-making process as it affects their rights. This includes not only at the national and international levels but also at the institutional level, such as public institutions, such as social services and other institutions are structured and managed, which are needed to protect such rights, such as the right to social equality and education (Maschi, 2016; UN, 2015).

The Universal Declaration of Human Rights (UDHR) is a human rights document that also can inform empowerment practice with individuals and groups who experience oppression. It is a non-binding document that informs the compendium of human rights in political, civil, social, economic, and cultural rights that all humans regardless of their backgrounds have (UN, 1948). As shown in Figure 16.2, the human rights map provides a brief overview of the human rights framework and the 30 articles of the UDHR, such as the right to education and an adequate standard of living. After the signing of the UDHR in 1948, additional instruments, such as covenants, conventions, and treaties, were developed to further operationalize and monitor the implementation of these 30 basic human rights that also can be used to inform empowerment-based assessment and interventions in social work (Wronka, 2017).

Oppression Theory

Oppression theory also helps inform prevention, assessment, and intervention with oppressed individuals and groups. Oppression generally refers to the unjust use of power and authority of one group over another. The levels of oppression framework consists of four levels of oppression: personal, structural, cultural, and internalized. These levels of oppression have relevance to understanding the experiences of diverse oppressed groups (Figure 16.3).

Structural level oppression refers to oppression that is transmitted via institutions (e.g., economic and social institutions), organizations (e.g., mental health, aging, and criminal justice service providers), structures (e.g., local, state, and federal governments), laws, and policies. Structural oppression can be found when the society disproportionately allocates good jobs, healthcare, and housing to the dominant group. In contrast, the subordinate group gets their unfair share of unemployment, poor healthcare, homelessness, poverty, incarceration, and low social status. Social inequalities also are socially sanctioned in the form of physical and psychological violence. This violence may be imposed upon the subordinate groups with little to no consequences socially or legally (Mullaly & West, 2017).

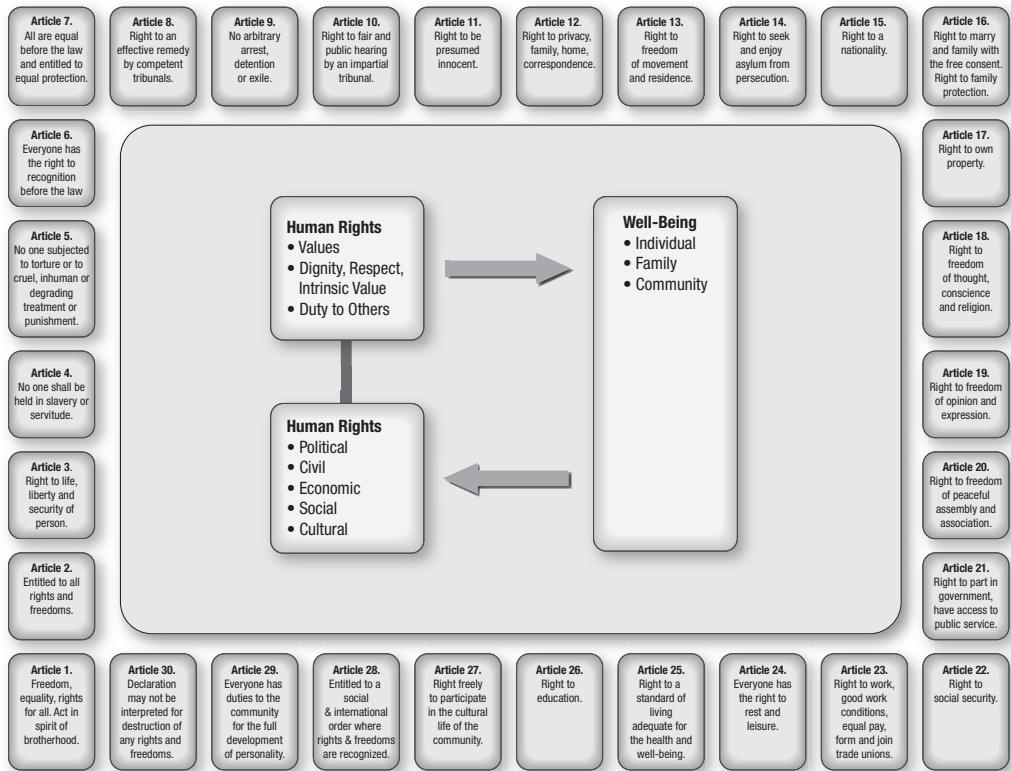


FIGURE 16.2 A human rights map: Therapeutic jurisprudence, empowerment, and well-being.

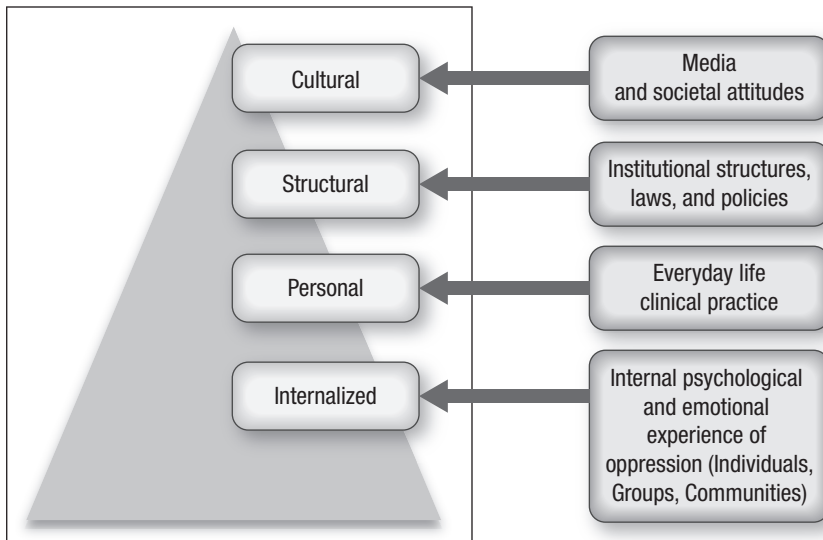


FIGURE 16.3 Levels of oppression prevention, assessment, and intervention model

Cultural-level oppression consists largely of overall societal attitudes and judgments, including the use of media. Although there is no one universal definition, culture has been described as a common set of values and norms, including shared pattern of seeing, thinking, and acting, that a group holds, such as different racial/ethnic groups or professional disciplines. Communication serves as the ways and means of culture, including the use of verbal and non-verbal language and symbolism. Daily, most individuals experience some type of culture, such as music, television, novels, and movies.

Personal-level oppression consists of every experience with individuals in one's immediate micro-level network. This contact can be with family members, neighbors, strangers, and/or professionals. Personal-level oppression consists of the transmission of thoughts, attitudes, and behaviors that depict negative prejudgments of subordinate groups. Personal-level oppression is usually based on stereotypes. It occurs overtly or covertly and may or may not be intentional. It may manifest in the form of conscious acts of microaggressions, overt aggression and/or hatred, including violence. It also may manifest as unconscious acts of aversion and avoidance (Mullaly & West, 2017).

Internalized-level oppression is characterized by the individual's psyche (internal experience) and their experience and interpretation of the reciprocal relationship with the environment made up of social, cultural, political, and economic factors. Oppression emanates from the sociopolitical conditions and environmental factors, which have the potential to influence individuals' psyches or psychological and emotional well-being. Oppressive social conditions include discrimination, powerlessness, subordination, exclusion, exploitation, scapegoating, and low social status. These conditions also block opportunities and may have a negative psychological impact on individuals (Mullaly & West, 2017).

Internalized oppression also referred as internalized control has been considered as the key component to the development and continuation of individuals feeling oppressed and disempowered. The adage, if you believe it, you will see it, is quite fitting here. Internalized oppression not only affects oppressed persons' belief system (e.g., 'I am less than a second-class citizen') but also may influence their behaviors. In other words, they may mistrust their own thinking and intelligence and may subconsciously reenact negative stereotypes of behavior. Then in essence, it becomes almost a self-fulfilling prophecy, which is often self-destructive and even reinforces the dominant culture negative stereotypes of them (Mullaly & West, 2017). Internalized oppression at the psychological level occurs when one's personal identity matches the negative portrait or social identity influence by the external world. However, when there is incongruence with the negative societal portrayal, an oppressed person may resist and seek social change. On the other hand, a person may respond to this incongruence by experiencing adverse thoughts or feelings, such as uncertainty, insecurity, guilt, and anguish (Mullaly & West, 2017).

Feminist Theory

Feminist theory also is consistent with oppression and empowerment theories. Feminism emphasizes the importance of the social, political, and economic structures that shape human societies and stresses that gender must be considered when examining the effects of oppression, domination, power, and powerlessness in our society. In feminist theory, there are four core concepts: (a) mutuality, (b) critical self-awareness, (c) cultural-relational approach, and (d) collaboration. When working directly with clients, feminist and empowerment theories and practice are useful in guiding social workers to help clients claim their power, and build self-confidence and self-esteem as they engage in mutual, non-hierarchical relationships (Crenshaw, 1991; Jordan, 2010).

A Person-in-Environment Perspective That Is Informed by Ecological Systems Theory

Ecological systems theory is also useful toward informing empowerment thought and practices. Empowerment-based interventions consider the relationship between individuals, families,

systems of care, and the larger environment to address their rights and mutual needs of health, well-being, and public safety. At the intrapersonal, interpersonal, and community levels, the conceptualization of empowerment practice as an intervention supports the person-in-environment perspective. Additionally, empowerment practice supports the ecological systems principle of mutual causality. In other words, all parties involved experienced some type of change when serving individuals and groups with a history of oppression. For example, community service providers have the opportunity to build their capacity to better serve diverse groups; individuals and their families may experience personal well-being and liberation; and ultimately, communities become healthier and safer for people of all ages.

An Emphasis on the Development of a Good Helping Relationship That Fosters Empowerment

The empowerment helping relationship is built on the principles of collaboration and trust together with the fundamentals of the social work relationship. Empowerment is relational, and relationships are key to the change process. As outlined earlier in this chapter, the dynamic and conscious understanding of the power dynamic in the helping relationship is essential for the empowerment social worker to acknowledge. Empowerment-based social workers respect the knowledge, skills, and values of the client systems and promote the client's strengths to help create opportunities to increase one's sense of power or the ability to act on what matters.

The Flexible Use of a Problem-Solving Model to Provide Structure and Guidelines for Work With Clients

Empowerment practice is based on a problem-solving model that includes the definition of strengths and problem finding/identification; goal setting; role taking on the part of the social worker; interventions at the intrapersonal, interpersonal, and community levels; and collaborative evaluation of accomplishments. Problems are not considered individual deficits, but examples of structural oppression and the effects of powerlessness on individuals, families, and groups. This conceptualization of the problem-solving model is congruent with the flexibility principle of the generalist-eclectic approach.

A Holistic, Multilevel Assessment That Includes a Focus on Issues of Diversity, Oppression, and Strengths

A holistic assessment with focus on diversity, oppression, and strengths is a foundational principle of empowerment theory and practice. As noted throughout this chapter, understanding oppression and its effects on individuals, families, and communities is a key to developing an empowerment intervention. In the assessment process, an empowerment-based social worker considers a client's experience and story as a narrative that is embedded in both personal and political structures.

CRITIQUE OF EMPOWERMENT THEORY

Strengths of Empowerment Theory

One of empowerment theory's greatest strengths is its congruence with social work values and ethics. As noted at the beginning of the chapter, empowerment is embedded in the NASW Code of Ethics' preamble and implied in values such as the dignity and worth of all people and the idea of self-determination. Another strength of empowerment theory is that it deals directly with power as a key dynamic in the change process. Power is acknowledged as not only a component of the social work relationship but also as a means and goal for change. Finally, empowerment theory

and practice situate social work interventions at the intersection of micro, mezzo, and macro practice. The empowerment principles can facilitate direct practice with individuals, families, and groups as well as set the stage for community interventions, advocacy, and policy practice.

Weaknesses of Empowerment Theory

Despite the strong inclusion of empowerment as a tenet of social work practice, the criticisms of empowerment theory are clearly articulated (Humphries, 1996; Riger, 1993). First, there is a critique of the application of empowerment to micro or direct practice with individuals and families. Leonardsen (2006) clearly argues that empowerment is a structural intervention and work with individuals or families alone cannot be empowerment practice. However, in contrast to this viewpoint, Bransford (2011) argues that an empowerment approach may discount a client's need for the authority and protection of the worker.

A second critique of empowerment is that it is conceptually “messy” and cannot be well defined or measured. Empowerment research has been criticized by positivistic standards (Robbins et al., 2012). That said, empowerment research has contributed substantially to not only the development of conceptual models of practice but also to the relationship of specific interventions to positive outcomes.

Finally, empowerment is challenged as an idea that has been too easily embraced by social workers, yet not given adequate critique. This challenge includes the notion that we, as social workers, claim to empower others, rather than critically examine the social worker–client relationship in the context of power and the role of social control that social workers play (Pease, 2002; Wendt & Seymour, 2010). In a post-structural analysis, empowerment is a grand truth or narrative that needs to be carefully deconstructed and recognized for its “potential to be dangerous” (Wendt & Seymour, 2010, p. 678). Despite these critiques, empowerment as both an intervention model and an outcome continues to have salience for the social work profession.

Populations Most Suited to Empowerment Practice

Key empowerment principles are applicable to all populations. Gaining a sense of self-efficacy and competence could apply to anyone in a situation where a person may experience or feel powerless. That said, empowerment is most suited to work with populations that have experienced oppression and disadvantage in society. Principles such as sharing power, consciousness raising, and gaining an equal share of valued resources are especially pertinent to groups who have experienced institutional oppression. Empowerment interventions have been designed for women (Travers, 1995), persons with disabilities (Wehmeyer, 2004), mental health consumers (Kelley, 2004), communities of color (Hodges et al., 1998), and LGBTQ youth (Matthews & Salazar, 2012).

CASE STUDY 16.1: INDIVIDUAL

This case example is the story of a woman who worked with an agency that was based in an empowerment model and worked with women who were financially vulnerable.

Rhonda is a 28-year-old mother of four, a son aged 15, a daughter aged 12, and two young boys, aged 3 and 4. Rhonda attended a leadership evening at the agency with her sister, and stated later, “I had never been to an agency where we were treated like that before—there was a positive attitude about change and it was not focused on what I was doing wrong.” The leadership evenings were a component of the agency programs, which also included individual counseling, support and educational groups, training and leadership development on issues facing women, and social action in the community. Rhonda immediately engaged in the leadership training and activities of the agency and was articulate about the issues facing women like herself. The critical reflection on issues discussed, like welfare reform or domestic violence, engaged Rhonda's keen intellect and passion.

After about 6 months of involvement at the agency, Rhonda asked if she could see a counselor. In this therapeutic relationship, built on trust and collaboration, Rhonda revealed a personal history that was quite complex. She was sexually abused by her mother's boyfriend, she had married at 18, and was abused by her husband, whom she later divorced. He was the father of her older children. The 15-year-old son was in residential treatment and suffered severe mental problems, and the daughter was already acting out, staying out late, and skipping school. The father of her two young boys was out of state and not involved with the children, but they were still legally married. He was also abusive and would often threaten that if Rhonda divorced him, he would fight for custody of the boys. At this time, Rhonda was working part-time as a retail clerk, and she and her children lived in a home with a man who had befriended her, although they were not involved romantically. Rhonda felt very discouraged about her situation and admitted to often feeling very depressed, with episodes of manic-type behavior, staying up all night to work on a project or going out and partying.

Once these aspects of Rhonda's life were revealed, it was apparent to agency staff that Rhonda could benefit from the empowerment model of working toward intrapersonal, interpersonal, and community change to build on Rhonda's strengths and increase her self-understanding, self-efficacy, and access to resources that may help address the problems she identified. The counseling relationship was key to validating Rhonda's fears and experiences and to reducing the self-blame she experienced about her relationships and about what was going to be the future for her children. Empowerment is a developmental process, with steps forward and steps back. While Rhonda displayed many strengths and increased hope in the leadership activities, in counseling she often portrayed her situation as beyond her control. It took 4 months of encouragement and education before Rhonda was willing to go to the mental health center for an evaluation and decide that medication could help her undiagnosed bipolar disorder. As part of this process, the social worker had Rhonda do her own research on the issue and attend some meetings of a mental health advocacy group for parents. The group helped her gain knowledge and receive support regarding her oldest son.

Slowly, Rhonda began to feel enough control and hope to begin the process of talking about her past relationships with men, as well as her desire to divorce her husband. As this process unfolded, in fact, as she predicted, the husband took on a legal battle for custody. The stress of this event created some relapse incidents for Rhonda. As a result, the agency worked with Rhonda to create a support team of friends, professionals, and her lawyer to work together to support Rhonda through the divorce and custody process and make sure both she and her children were safe and had the resources they needed. It was another year before the divorce was finalized. Rhonda continued to participate in the agency programs, testified at the state legislature on a bill on domestic violence, found employment in a nonprofit agency where she could use her advocacy skills, and moved into a housing program that could help create some needed structure for her life. Rhonda found additional resources for her daughter, which helped her to graduate from high school. Her older son eventually aged out of placements and continued to struggle, but, through support and advocacy groups, Rhonda was able to be supportive to him and link him to community resources.

As Rhonda became more stable, her relationships improved, and her parenting became more consistent. She continued to fear her ex-husband, the father of the two boys, so she maintained a relationship with a domestic violence program and the empowerment-based agency, attending events for both support and community engagement.

CASE STUDY 16.2: COMMUNITY

This case example is of a partnership between community service providers and community members, in which service providers collaborated to create a community empowerment intervention to improve health and well-being of community members of all ages. They coordinated

services, intersectoral assessment, and intervention models to increase access to services and justice for individuals and families who had previously experienced barriers to services. This northeastern urban community was very concerned that many marginalized individuals and groups, such as aging undocumented workers with a history of mental health and legal issues, were often denied access to needed health, social, and legal services. As in the case of Carlos (Exhibit 16.1), his undocumented immigration status and legal issues, such as driving while intoxicated, created difficulties for him accessing services. He also experienced being detained in jail and prison on different occasions.

EXHIBIT 16.1 Case Study of Carlos

Carlos is a 55-year-old male from Mexico who identifies as heterosexual. He was seeking community services after being released from jail 2 months ago in New York City. Carlos was diagnosed with generalized anxiety, major depression, and alcohol use disorder. In addition, he also has hypertension, high cholesterol, morbid obesity, and diabetes. Carlos is married and has two children, a 24-year-old daughter and an 18-year-old son. His wife, also undocumented, works as a housekeeper. Both of their children were born in the United States. The daughter is a nurse, and the son goes to college full time. During his childhood, Carlos witnessed domestic violence and alcoholism, and was a victim of physical and verbal abuse from his father. He also has a history of juvenile delinquency (theft) and incarceration (age 12–13). Poverty conditions in his home country prompted Carlos and his father to immigrate to the United States when he was 16 years old. They crossed the U.S. border, leaving the rest of the family in Mexico. Carlos has lived here as an undocumented immigrant since then. At age 25, his father tried to kill Carlos with a knife in his sleep.

Since leaving jail, Carlos was reunited with his wife and children and is looking for a utility worker job in restaurants. Carlos spent 10 months in jail because he was driving under the influence of alcohol. In addition, he was also charged with a misdemeanor for driving without a license. Before being arrested, Carlos used to work in different restaurants as a utility worker and food prep. He also was filing an immigration petition for a work permit. Now, Carlos is concerned that the DUI record will negatively impact on his immigration case and is looking for assistance. As an undocumented immigrant, besides being in constant fear of deportation, Carlos does not have access to Medicaid or private health insurances. He grew up as a Catholic, and even though he does not go to church, he uses prayer as a source of strength.

Care Systems	Services Needed (yes/no)	Assessment & Intervention Plans
Aging		
Mental Health		
Health Care		
Social Services		
Criminal Justice		
Legal Services		
Employment		
Family		
Social Community Supports		
Spiritual/Religious Supports		
Basic Needs/Transportation		
Housing		
Disability Services		
Others		

EXHIBIT 16.2 Care coordination eco-wheel intervention plan.

Client's Name: Carlos		
Care Systems	Services Needed (yes/no)	Assessment & Intervention Plans
Aging	yes	Refer to preventive care
Mental Health	yes	Refer to mental health professional
Health Care	yes	Connect client with community healthcare center for sliding fee program
Social Services	yes	Connect client with different support systems within the community
Criminal Justice	no	
Legal Services	yes	Connect client with immigration lawyer
Employment	yes	Refer client to a job program
Family	no	
Social Community Supports	yes	Refer client to a diabetes and depression support group
Spiritual/Religious Supports	no	
Basic Needs/Transportation	yes	Connect client with transportation assistance program
Housing	no	
Disability Services	no	
Others	yes	Refer client to AA program

EXHIBIT 16.3 Care coordination eco-wheel intervention plan—sample.

The community service providers developed a community empowerment model of practice. They created a coordinating council of all health, social service, legal, and other providers to provide a wraparound model of care. A research team developed an eco-wheel and intervention plan to map the assessment and intervention plan for clients who needed ongoing access to multiple systems. Following is an example of a case vignette and eco-wheel assessment and intervention plan completed by the originating health service provider (see Exhibits 16.2 and 16.3 for the service plan). Due to this coordination, Carlos and his family were able to relate to the multitude of services needed. Carlos and his family were very thankful to their social worker as well as the additional assistance provided by the other community service providers. He told his social worker: *“Soy muy grato por su asistencia, Dios te la bendiga”* (“I am grateful for all of your assistance, may God bless you.”).

As illustrated in Figures 16.4 and 16.5, the eco-wheel has a circle in the center that represents the client. Outside of the circle are influences within the client’s various systems (aging, mental health, health, housing) and social support systems (family, social, community supports and employment), which are drawn in circles. The service provider can work with the client to notate the nature of each relationship and how those relationships impact the client’s life. The relationships are indicated by different types of lines and can be positive, strong, stressful, weak, tenuous/uncertain, and terminated or nonexistent at the chosen point in time represented on the eco-wheel (Kemp et al., 1997). Relationships are both directional and non-directional, represented by arrows on the end of each line. The eco-wheel can be updated as the situation for the client changes over time. Interventions can be designed to strengthen areas in which social or service linkages need to be connected and/or strengthened.

CONCLUSION

Empowerment theory and practice are grounded in the values of the social work profession, with particular attention to social justice and its explicit values perspective on power and collective action. These values promote transformative change, if social workers believe “deeply that people can change and environments can be transformed” (Simon, 1994, p. 3). However, empowerment is more than a values and philosophical perspective. The development of empowerment theory and the related interventions have resulted in concrete strategies and

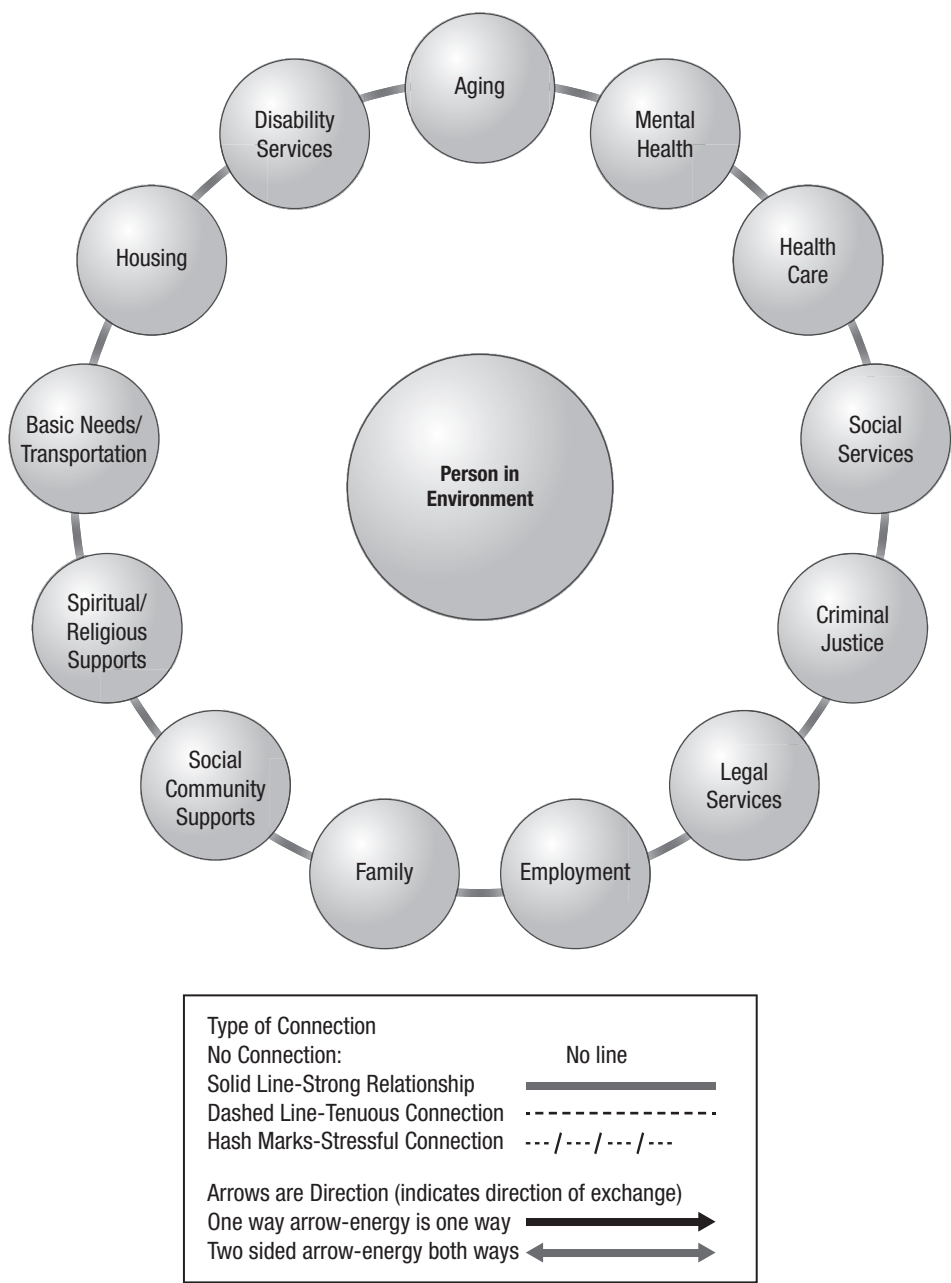


FIGURE 16.4 Care coordination eco-wheel.

Source: Copyright Maschi and Kaye (2019).

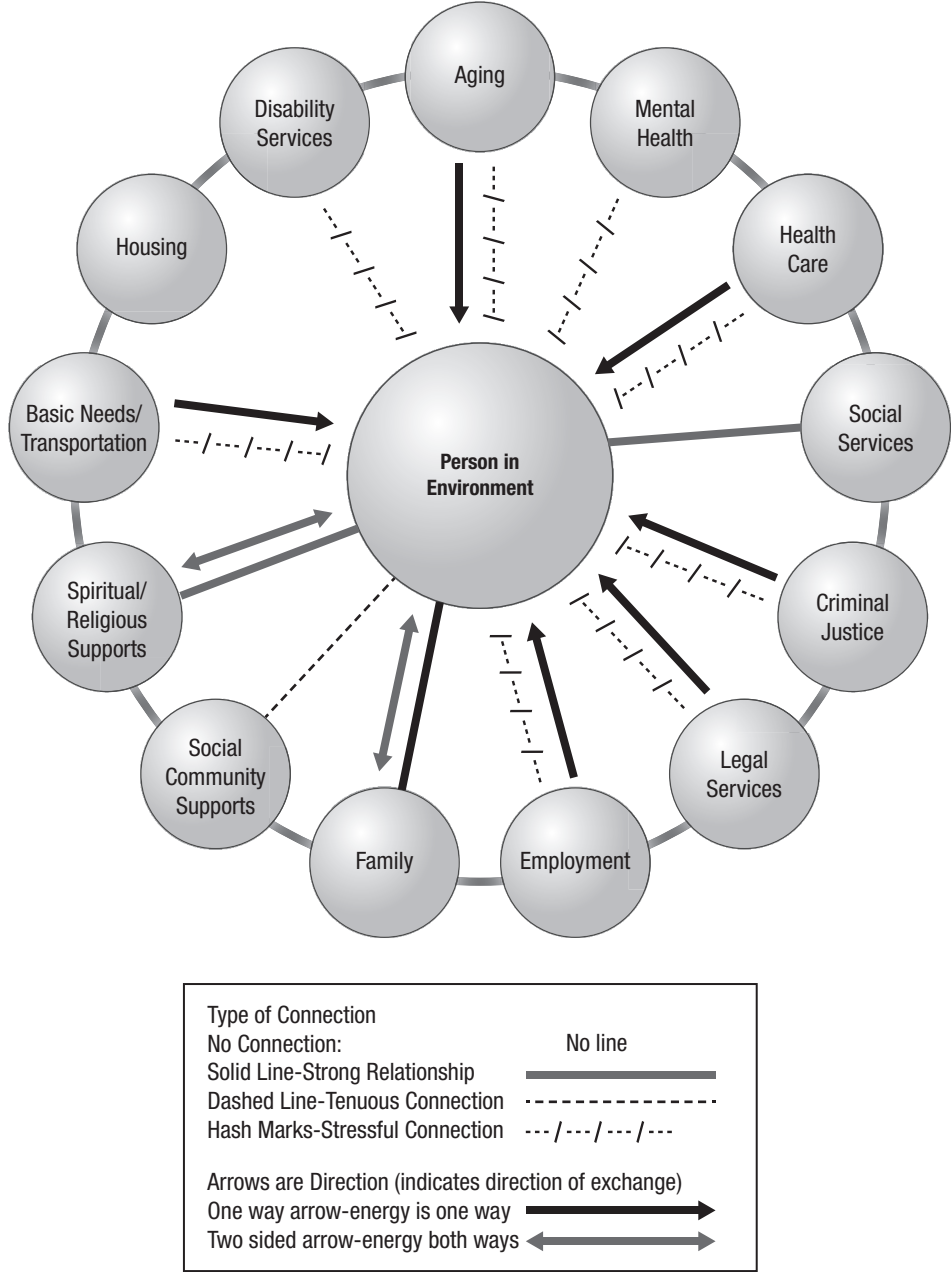


FIGURE 16.5 Care coordination eco-wheel—sample.

processes that social workers can use to create change and increase power at intrapersonal, interpersonal, and political levels. For direct practitioners, empowerment models offer the opportunity to affect client powerlessness with multiple intervention points, thereby increasing the opportunities for growth and well-being.

SUMMARY POINTS

- Empowerment theory and practice are grounded in the values of the social work profession, with attention to advancing human rights and social, economic, and environmental justice,
- empowerment is a values and philosophical perspective and a practice model,
- the explicit values of empowerment theory and practice are the acknowledgment of disempowerment and the attainment of personal and collective power and inspired action,
- the underlying values of empowerment promote human and community well-being and psychological and environmental transformation,
- if social workers adopt a belief that people and environments have the capacity to embrace their wellness and power, the conditions to move empowerment from a process of change to an observable outcome are achievable,
- the evolution of empowerment theory and the related interventions have resulted in concrete strategies and processes that social workers can use to create change and increase power at intrapersonal, interpersonal, and political levels, and
- for direct practitioners, empowerment models offer the opportunity to affect client powerlessness with multiple intervention points, thereby increasing the opportunities for individual and community empowerment and holistic well-being.

ACKNOWLEDGMENT

This chapter is dedicated in loving memory to Jean East who was its original author. We are quite honored to have had the opportunity to update it for her.

KEY REFERENCES

Only key references appear in the print edition. The full reference list appears in the digital product found on <http://connect.springerpub.com/content/book/978-0-8261-6556-5/part/sec03/part/sec034/chapter/ch16>

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