THE FOCUS OF SOCIAL WORK INTERVENTION

Traditionally, societies were given to help the needy and those not able to put to use their potentials without assistance. Social workers came with an orientation that fosters help for people but with more emphasis on putting their potentials to use, so they don’t forever depend on alms. This culminated to the social welfare mandate of the

social work profession, which seeks to promote well-being and quality of life. Thus, the profession encompasses activities directed at improving human and social conditions, while alleviating human distress and social problems. They achieve their mandate through enhancing competence and functioning of people, helping them to access social supports and resources, and trying to create humane and responsive social services, for the benefits of providing resources and opportunities for all citizens (Miley & DuBois, 2010).

As change agents, social workers work with a wide variety of clients, in a vast array of settings. These includes: schools, domestic violence shelters, adoption agencies, criminal justice system, hospitals, rehabilitation centres, non-governmental organizations, faith based organizations, counseling centres, nursing homes, military, among others. Social workers are community organizers, counselors and therapists, caseworkers, activists, researchers, academics, human service administrators, and also in the political arena as lobbyists and legislative aides (Ritter, Vakalahi & Kiernan-Stern, 2009). Whatever position the social worker finds himself/herself, human welfare is central to his or her activities. Hence, the need to understand how best to go about advancing human welfare.

To maximally address the myriad of social and clinical problems challenging optimum societal living and functioning, social workers engage diverse intervention modes in order to achieve the desired results. These intervention modes range from *micro*, *mezzo* and *macro* levels. Categories of persons found at these levels of intervention are individuals, groups and communities respectively. Therefore, the client description in social work refers to any of the categories. Social workers are concerned about addressing social problems such as discrimination, oppression, and human rights violations that affect the client

categories. They are concerned with achieving social and economic justice, and also promote the welfare of the client (Ritter, Vakalahi & Kiernan-Stern, 2009). It takes great knowledge base, skills and techniques to achieve the aims of social work, which emphasizes realization of clients’ potentials and fulfillment of same for the enhancement of life’s quality (Tan, 2009). Making it more tasking is the fact that social workers must have to deal with three categories of clients that are very peculiar in themselves, and should understand how interventions happen at each of the three levels (micro, mezzo and macro). Having this understanding is the focus of this chapter.

**Overview of social work interventions**

Social work interventions can generally be described as scientifically established processes and patterns social workers apply to cases of individuals, groups and communities. A clear systematic pattern of practicing social work began with the introduction of casework by Mary Richmond in 1922, which emphasizes clinical relationships with individuals. This is usually referred to as one-on-one engagement with a client. With an understanding that the individual could be affected by some other relational patterns like the family, workplace, peers and the community, practice with these other clientele categories led to further introduction of group work and community organization (Austin, Coombs & Barr, 2005). Hence, social workers in practicing with individuals, groups and communities now intervene at micro, mezzo, and macro levels respectively. Having a mastery of all three is today seen as the foundational level of learning social work, which is referred to as “generalist social work practice” (Miley, O’Melia & DuBois, 2010; Derezotes, 2000; Kirst-Ashman & Hull, 1999).

So, while the micro level mode of social work intervention is the most commonly practiced, and happens directly with an individual client or a family on clinical grounds, mezzo social work intervention happens on an intermediate scale, involving neighborhoods, institutions or other smaller groups. While macro level interventions are provided on a large scale that affect an entire community and very large systems of care. Discussing these several intervention levels will help for further illumination.

**Micro level intervention in social work practice**

Micro social work is the most common kind of social work intervention, and happens directly with individual client or family. Sometimes, most people imagine interventions at this level as the totality of social work services. In micro social work intervention, the social worker engages with [individuals or](https://socialworklicensemap.com/become-a-social-worker/social-worker-careers/child-family-and-school-social-work/) [families](https://socialworklicensemap.com/become-a-social-worker/social-worker-careers/child-family-and-school-social-work/) to solve problems. It involves working clinically with individuals, families, or very small groups. Its essence is to engage directly, deeply and extensively, for the purpose of facilitating changes in individual behavior or relationships. Individuals often seek social work services because they

experience difficulties with personal adjustment, interpersonal relationships, or environmental stresses (Miley & DuBois, 2010). Changes at this level focus on creating changes in individuals’ functioning. In Nigeria, common examples include helping individuals to discover themselves, overcome addictions, learn desirable behaviours, adopt acceptable adjustments to a new environment, coordinate discharge services for patients, overcome emotional trauma, secure protective services for the abused, provide mental health therapy, find appropriate housing, health care and social services. Family therapy and individual counseling also fall under the auspices of micro practice, and the treatment of people suffering from a [mental health condition or substance abuse](https://socialworklicensemap.com/become-a-social-worker/social-worker-careers/mental-health-and-substance-abuse-social-work/) [problem.](https://socialworklicensemap.com/become-a-social-worker/social-worker-careers/mental-health-and-substance-abuse-social-work/) Micro-practice may even include [military social work,](https://socialworklicensemap.com/become-a-social-worker/social-worker-careers/military-social-work/) where the social worker helps military service members cope with the challenges accompanying military life and access their entitled benefits.

It is important to note that social work with individuals can take different forms depending on the philosophy and perspective of the social worker. While some social workers may address personal problems, others may emphasize social relations underlying the problem, and others may still take the two dimensions at the same time. Although micro level interventions create changes in individual, familial, and interpersonal functioning, social workers do not necessarily direct all their efforts at changing individuals themselves. Often, workers target changes in other systems, including changes in the social and physical environments, to facilitate improvement in an individual’s or family’s social functioning.

In retrospect, micro level intervention in social work practice can be traced to the activities of the Charity Organization Society [COS]. COS focused attention almost exclusively on individuals and sought to provide charity and services to the poor. The COS model viewed the role of the worker as the ‘expert’ in the process of aid and change (Tan, 2009). The major focus of C.O.S and other groups were on providing aid to individuals and families to resolve their personal challenges. Practice at the micro level mode of intervention is conservatively referred to as clinical social work practice.

Clinical social work shares with all social work practice the goal of enhancement and maintenance of psychosocial functioning of individuals, families, and small groups. Clinical social work practice is the professional application of social work theory and methods to the treatment and prevention of psychosocial dysfunction, disability, or impairment, including emotional and mental disorders. The perspective of person-in-situation is central to clinical social work practice. Clinical social work includes interventions directed to interpersonal interactions, intra-psychic dynamics, and life-support and management issues. The services consist of assessment, diagnosis and treatment, including psychotherapy and counseling, client-centered advocacy, consultation, and evaluation (Minahan, 1987). It is a direct form of practice with

individuals, families, and small groups addressing problems and dysfunctional issues at the intra-psychic and interpersonal levels within an environmental context (Austin, Coombs & Barr, 2005).

Furthermore, social work micro practice absorbs the roles of case-managing to a large extent. Moore (1990) stated that case management is a major component of the current mainstream of micro social work practice. The role of the social work case manager is to integrate formal systems of care with the activities of families and primary groups. Case management practice focuses on enabling individuals and primary groups to reach their full potential and on facilitating more effective interaction with the larger social environment. The case management grid illustrates how social work practitioners enable, facilitate and coordinate a fragmented service delivery system. Case managers operate at various levels of complexity determined by the difficulty of the case and the knowledge and skills of the case manager to effectively pull and manage vast array of resources almost at same time (O’Connor, 1988). Moore (1990) highlighted the function of a case manager as follows:

To assess the individual's ability to meet environmental challenges

To assess the caring capability of the individual's family and primary group

To assess the resources within the formal system of care

To enable individuals to use their personal resources in meeting environmental challenges

To enable families and primary groups to expand their caretaking capacity

To facilitate effective negotiation by individuals for resources from families or primary groups and formal service providers

To facilitate effective interaction between families or primary groups and the formal system of care

To evaluate the ongoing needs of the individual

To evaluate the extent to which the individual is adequately supported by both the family or primary group and the formal system of care

To evaluate the extent to which the efforts of the family or primary group are integrated with those of the formal system of care.

To work with micro level clients, social workers need to know about individual, interpersonal, family, and group dynamics as well as human development, social psychology, and the effects of environmental influences on individuals, family members and small groups. To work effectively at this level, social workers would have to acquire sufficient clinical skills like counselling, questioning/probing, listening, crisis intervention, mindfulness, etc. (Miley & DuBois, 2010).

**Mezzo level mode of intervention in social work practice**

Mezzo social work happens on intermediate scale, involving neighbourhoods, institutions or more diverse and larger groups. At this level of intervention,

social work practice deals with small-to-medium-sized groups, such as [neighborhoods,](https://socialworklicensemap.com/become-a-social-worker/social-worker-careers/community-social-work/) [schools,](https://socialworklicensemap.com/school-social-workers/) organizations/associations, among others.

Examples of mezzo social work include: managing the Parents Teachers Association (PTA) of schools, managing decision making of school management or a Student Union Government, working with groups within communities for developmental essence, resolving disputes across groups, facilitating workshops for companies and industries, to mention but few. Generally, the mezzo level (midlevel) of social work intervention represents working with formal groups and complex organizations. Examples of formal groups include teams, groups, interdisciplinary task forces, task-oriented groups, community service clubs and self-help groups; and complex organizations include social service agencies, health care organizations, educational systems, and correctional facilities. With midlevel intervention, the focus of change is on groups or organizations themselves. Factors such as their functions, structures, roles, patterns of decision making, and styles of interaction influence the process of change (Miley & DuBois, 2010). Social workers engaged in mezzo practice are often also engaged in micro and/or macro social work. This ensures that the needs and challenges of these groups are met through drawing resources from individuals and the wider society.

The target of the social worker at mezzo level according to Ezeh, Ezeah and Aniche (2000) is to enable people function effectively in groups and derive maximum satisfaction from group participation. The emphasis is on the education, development, growth and maturity of the members of a group, and the possibilities for development and social adjustments where necessary. In mezzo level intervention, the client system is literally the group or organization. Working at this level necessitates understanding dynamics of formal groups, and knowing how to facilitate mezzo level change is crucial for developing quality programmes and services. Effective mezzo level work requires skills in organizational planning, decision making, and conflict resolution (Miley & DuBois, 2010).

In retrospect, groups were first used by social workers in settlement houses because they felt it was the most effective way to reform social problems experienced at that time like inadequate housing, poor working conditions, and poverty, among others. Mary Richmond who was known primarily for her contributions to the development of social work practice with individuals and families began to draw attention to the practice of group work in the 1920s. But it was not until the 1930s in the US that group work became recognized within the profession of social work as a method for intervention (Ezeh, Ezeah &

Aniche, 2000). The term group work was first used in 1927 during the development of social work curriculum for the training of social workers. But 1930s and 40s group work became an intervention method used by professional social workers for inpatients in healthcare and mental health facilities, persons with developmental disabilities, and those who were veterans of the World War

1. (Austin et al, 2005). The depression of the 1930s in America also contributed to the growth of group work practice. With this interest rose the need to incorporate group method into social work practice, and social workers started adapting case work skills to suit group work. By 1960s and 70s, group work became fully integrated into social work practice hitherto (Ekpe & Mamah, 1997).

Further, groups in Nigeria can be classified in a variety of ways. Generally, groups are classified according to the purpose bringing the individual members together (Okoye, 2011). Turner (1999) described two types of groups namely: treatment groups and task groups. The treatment group is the one that meets the members’ socio-emotional needs, while the task groups accomplishes a mandate and complete the work for which the group was convened, thereby having nothing to do with the needs of the individual members of the group. Some groups in Nigeria are formed for a particular purpose and sometimes for a particular goal that will enhance the welfare of members. In some cases, some groups fail to exist when the goal for which they are formed are accomplished. In some cases, groups can provide useful mechanism for social control and facilitate personal and social change. Treatment groups gather for the purpose of meeting the therapeutic objectives of the group members. Also, individuals work as a group to address problems that they experience personally.

It is important that social workers understand every group to know how natural or artificial they are. To this end, three most common types of groups social workers are bound to work with include:

**Family or household groups**

This consists of family or household members. They may be members of the opposite or same sex, with or without children. Family group work is the most effective when issues that need to be addressed require interaction between family members. Sometimes, a mix of casework to group work could be demanded to work with families, through engaging the family members as separate individuals and not as a whole at a time.

**Therapy groups**

This consists of individuals who do not share a household together or have any kind of relationship with one another outside the group setting. They are people seeking individual assistance. Interaction among group members is solely for

therapy of individual members. The group has no purpose outside of its therapeutic objectives. A good instance is the alcoholic anonymous group.

**Self-help or peer groups**

This consists of people who have similar problems or interest and believe that working and interacting together will provide opportunities for all the group members to grow and change. For instance, a group of young people coming together to advocate for the “not too young to run” bill.

According to McKeller, Stewart and Humphreys (2003) and Okoye (2011), the following are some of the problems that can be handled using group work. They include: problems relating to addiction, problems relating to loss or bereavement, problems of unemployment, people living with HIV/AIDS and other terminal diseases, people who are marginalized, among others. Social workers believe that some of these problems cannot be handled on one-ono-one basis. Therefore, there is the need to bring people that have similar problems together, so they could share experiences and ideas that would provide and/or impact solutions to their problems.

**Macro level mode of intervention in social work practice**

This is a level of intervention provided on a large scale that affect the entire community and very broad systems of care. Macro level intervention in social work is designed to bring about planned change in communities (Netting, Kettner & McMurtry, 1993). Macro level practice includes working with collection of neighborhoods, communities, and societies to achieve social change and development. This level of intervention is a reflection of social work’s heritage of social reform – the pursuit of social change to improve the quality of life. Traditionally, social workers participated in social reforms to work on behalf of people who were oppressed, disenfranchised, or powerless. With the profession’s renewed emphasis on poverty and the social movements of the 1960s for open housing, civil rights, and peace, social workers became activists. Working in partnership with those who are oppressed and disenfranchised became pivotal to community level practice. The new approach involves citizen participation – helping others to know, to choose, and to participate in making decisions about issues that touched their lives. With regard to macro level intervention, social work is “society’s conscience in action”. They strive to eliminate social problems that affect the optimal social functioning of citizens, erode the quality of life, or weaken the structure of the society (Miley & DuBois, 2010).

The history of macro mode of intervention according to Tan (2009) can be attributed to the activities of the settlement house movement in which focus was on the environment and communities in which the poor lived. Such focus was inspired by moving into the immigrant and oppressed areas and developing an

understanding of the issues leading to poverty and destitution. Settlement house workers then sought to work in collaboration with the poor to achieve community change, viewing the role of the social worker as an enabler and facilitator in the process of change. Some activities of macro practitioners have been carried out on an informal basis since people first began forming communities (Netting, Kettner & McMurtry, 1993). Those informal models have been built into sophistry by social workers who are now pundits in community development and organization.

The macro level mode of intervention includes the knowledge and skills related to community organizing, agency/programme management, and policy practice. It is sometimes called “community social work practice” (Austin, Coombs & Barr, 2005). According to the Encyclopedia of Social work, macro level mode of intervention includes those activities performed in organizational, community, and policy arenas. For the most part, welfare concerns of persons are determined at those heights. This is one reason social workers are trained to influence and formulate policies, rules, regulations and legalities that would represent the welfare concerns of people. Such skills like: advocacy, dialogue, mediation, lobbying, among other dialectical instruments, are needed at this level to inspire, drive and facilitate potentials of collective consciousness toward social change, emancipation and development. Macro level interventions target communities, in addition to local, state and federal governments, as well as all their ministries, departments and agencies. The aim is to ensure wellbeing for a very large group of people. In Nigeria, social workers at the macro level intervention help resolve intergroup tensions and community problems by initiating resolution pathways, social actions and social change through community organizing, economic empowerment, legislative action, dialogue, and policy formulation.

Further, macro level practice requires knowledge of community standards, values, and potentials in mobilizing the community for problem solving. Also, social workers need to have an understanding of vulnerable and oppressed populations in the society, as well as primary and secondary resources in and outside of the immediate society that could alleviate their distresses. This is so because, macro level of intervention could equally transcend national boundaries.

In conclusion, social workers direct their interventions concurrently towards restoring clients’ social functioning, and towards realigning opportunities by reforming social conditions. Social workers consider social functioning in the context of the larger social structure, without neglecting the little ones around. Hence, social work modes of interventions span through several levels of human interaction which are: the person, group, and wider community/society/globe. Each of these levels are peculiar yet they are

interwoven. Thus, it is recommended that when social workers work with clients, efforts should be made to underscore how each of these levels are capable of impacting the identified problem, as well as the solution(s).

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