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## Introduction to the Special Issue on Structural Competency

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# Introduction to the Special Issue on Structural Competency

Tina Sacks and Leah A. Jacobs  
*Special Issue Editors*

Social work emerged as a practice, profession, and area of study preoccupied with how social problems affected the human condition. Jane Addams, for example, established settlement houses to provide housing, community, and job and language skills to newly arrived immigrants. She understood the challenges they faced maneuvering in burgeoning American cities to be about a lack of resources, not simply individual failings. Interventions had to address the fundamental causes of their problems (e.g., lack of shelter, food, or access to education), in addition to the psychological impact said deprivations might have created. In short, the interplay between structural and individual determinants of ease and (dis)ease were fundamental concerns of social work, and the social “work” needed to encompass activism, advocacy, therapy, counseling, case work or a combination thereof. Yet, as the profession coalesced around an identity that foregrounded mental health treatment, social workers’ emphasis on social structure as a determinant of social problems was, even if never fully eclipsed, decidedly overshadowed.

Meanwhile, other professions, like medicine and public health, have come to terms with the implications of structural forces that shape inequality, particularly discrimination and exploitation. These professions are grappling with the ways in which such forces impact their practice and their role in alleviating social problems. In our view, social work—with its long history of attending to the structural causes of individual problems—has lessons to offer other professions interested in identifying and intervening upon structural forces and related consequences.

In spite of our profession’s legacy, the recent turn toward structural competence has, to our surprise, come not from social

work scholars, but from physician scholars. Through their structural competence framework, Jonathan Metzl and Helena Hansen promote a training model for medical students that emphasizes the structural determinants of health and healthcare. The framework seeks to shift medicine away from a training model that emphasizes individual-level determinants of well-being and practice. It also expands beyond the cultural competency framework to incorporate other socio-structural factors that, alone or in interaction with culture, affect patients, providers, and healthcare delivery. Over the past five years, as structural competence gained momentum in medicine, we noted an emerging interest among social work scholars and practitioners. We wondered, has structural competence reinvigorated interest in structural models of social work training and practice—is this a reversal in the partial eclipse of structural social work?

This special issue of the *Journal of Sociology & Social Welfare* is dedicated to exploring the philosophical, theoretical, and practical connections between structure and social work. Further, the issue provides an opportunity for social work scholars and practitioners and those from other fields to apply structural competence to social work intervention and education; draw from theoretical and applied work on structural competence in other disciplines; and debate the similarities and differences of cultural and structural competence.

To that end, Mimi Kim's paper analyzes how social work scholars and human service organizations employ the terms "culture" and "structure," particularly in the context of intimate partner violence. In so doing, she suggests that human service organizations must more explicitly attend to the ways in which racialized hierarchies of power are often muted by the emphasis on culture over race. Kim articulates a culture-structure framework that grapples with the differences between culture and structure while also centering notions of power and hierarchy. In so doing, she provides a roadmap for social work practitioners and scholars to engage theoretically and practically with categories of identity and experience such as race/ethnicity, gender, class, sexuality, immigration status, ability, age, and religion.

Applying the work of social theorist Anthony Giddens to structural competence, Jaime Booth argues that structuration theory may facilitate a fully theorized approach to evidence-based

social work intervention. She notes that structural competency should promote a reconsideration of our unidirectional understanding of the relationship between structures and people, and go beyond simply illuminating the relationship between structures and problems. Booth further urges us to draw on “evidence-based strategies to address those structures identified as important for client outcomes.” She presents several methodological recommendations to arrive at such strategies for changing the structures that inhibit clients’ well-being.

Chambers and Ratliff apply structural competency to a central social work practice arena—the child welfare system. They note that while Black and Indigenous children are much more likely to be system-involved compared to their white counterparts, scholarship in this area has focused on individual-level behavior, such as biased decision-making, apart from other structural factors that undoubtedly contribute to this disparity. Chambers and Ratliff explore structural competency as a strategy to reduce these racial differences.

Turning toward another central practice arena, medicine, Downey, Neff, and Dube discuss the relationship between medicine and social work and argue that both professions would benefit from deeper engagement with the structural forces that influence health and healthcare. Doing so would forge a shared lexicon and could soften the long-standing hierarchy between these deeply intertwined professions. The authors also argue that structural competency training may force a re-imagining of the work healthcare providers and social workers can do to change the fundamental causes of disease. Only through working together and alongside patients and communities may we redress these structural harms.

Applying structural competence to social work with a specific population, Shelton, Kroehle, and Andia focus our attention on social work education as it relates to trans people and communities. They argue that the dominant pedagogical approach to social work education needs to move from an emphasis on “safe” classrooms to “brave” spaces, and from cultural competence to structural competence. Shelton and colleagues argue that this shift would better prepare social workers to disrupt cisgenderism, dismantle the gender binary, and stem anti-trans violence.

Jacobs and Mark make structural competence tangible by presenting an evaluation of a course guided by Metzger and Hansen’s

framework. They find that structural competence provided a useful pedagogical guide and that it helped students conceptualize the interaction between macro and micro forces. However, they also found students lacked a clear vision of how to implement structurally competent practice. Jacobs and Mark argue that, much like cultural competence, the true test of structural competence must come from its operationalization and assessment in social work practice settings.

Taken together, these papers explore the theoretical underpinnings of structural competence and the potential for structural competency across social work practice settings, populations, and pedagogy. They also provide a critical assessment of the benefits and limitations of structural competency as an intellectual and practical tool, though in our view the promise of structural competency requires further investigation. Specifically, future scholars should (1) thoroughly assess the historical evolution of structural social work, in order to understand its uneven uptake; (2) critically assess the reflexive need to turn to medicine as a model for training a structurally competent social work workforce; and (3) empirically test the effect of structural competence training on social work practice. We hope for and look forward to ongoing and lively debate on structural competence from social work scholars, practitioners, and activists.