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Another important but equally complex and interesting issue raised by Midgley (p. 17) is that “social policy scholars have not paid sufficient attention to social protection’s economic function.” This book no doubt makes an important contribution to comparative analysis in social work education, in particular courses on social policy and legislation and international social work. We live in complex times where citizens around the world have been seeking a new social protection and economic compact in which their individual and collective safety nets are not surrendered to the state’s power-politics or profit-driven markets. In the final chapter of the book, Piachaud and Midgely challenge us to pay attention to the emancipatory function of social protection that has largely been neglected by social policy makers; that is, “by enhancing human and social capital and by maintaining aggregate economic demand, social protection can promote economic growth.” As future social policy advocates, the question remains, will we rise to this challenge?

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Social Justice in Clinical Practice includes 11 inspiring illustrations of liberation health practice in action and an introduction to the theory and practice of the liberation health model. Belkin Martinez describes the liberation health social work model as “a broader vision of what social work should be” and locates it as both an extension of “past radical traditions” and an attempt to “develop new paradigms for social work appropriate for our current crisis” (p. 4). Given the current social, economic and political crises that compromise health and well-being for much of the population, this edited book is both timely and necessary. It is a practical answer and challenge to the micro–macro divide, not only in social work, but also in sociology and related fields, bringing together a focus
on the personal with the social and political. It actualizes a core principle of social work, that of social justice, and is replete with examples of clinical social workers’ practicing elements of what is often referred to as “traditional social work” alongside what has been considered “radical social work.”

The introduction addresses ways in which neoliberalism has contributed to the United States’ current woes and has interfered with social work’s carrying out its social justice mandate. It discusses three sources of liberation health theory: Paolo Freire and popular education; liberation psychology; and the history and legacy of radical social work and the U.S. rank and file movement. The chapter then presents principles of liberation health in clinical practice that build on and extend these traditions: understanding clients’ problems in the context of social conditions; employing practice interventions that are both individual and social; expanding ways clients view problems by examining ideology; facilitating a process by which clients shift from object to subject in their own narratives; and social workers as partners and allies in the process. As part of setting the stage for the chapters focusing on specific populations and issues, the introduction also describes the problem analysis method used for this body of work—a method of worldview deconstruction that involves a visual triangle featuring personal, institutional and cultural factors. The process of developing and implementing an action plan is also highlighted.

The subsequent chapters build on and deepen the introductory material. Each chapter features content on the setting, population, and/or issue to be addressed, a literature review that discusses the principles above to varying degrees, as well as literature specific to the topic at hand, a case presentation with a visual triangle that represents the author’s formulation and action steps taken, and reflections on the work presented. Kant discusses the transformative process he undertook in becoming a liberation health social worker. Osheroff focuses on child protective services and presents the work of a colleague who employed an agency-based intervention in response to victim blaming and experiences of burn out that were rampant in the agency. The remaining chapters address a client population and/or an issue, including LGBT people, African-Americans, Latinos, upper middle and privileged class families, serious
and persistent mental illness, domestic violence, substance abuse/addictive behavior, adolescent inpatient psychiatry and public housing. The intersection between forms of oppression is addressed throughout. Recurring themes include the insidious effects of dominant world view messaging, the damage caused by a culture of individualism over solidarity, the importance of rescuing the historical memory of change, and the shift from the object to subject subject to the object role as an integral part of both personal healing and societal change.

This book provides a clear and compelling vision of liberation health practice in social work. While not being prescriptive, it provides tools and a framework for analysis and action. The case presentations are highly effective at demonstrating the use of the triangle in a process of problem formulation that both includes and goes beyond traditional practice. These analyses and the plethora of interventions they inform will likely challenge all but the most cynical of practitioners, expanding readers’ sense of what is possible. Several examples of challenges and conflicts experienced in practicing liberation health social work are provided and should prove valuable to the reader as well. While the decision to feature clinical situations that reflect success in applying the liberation health model in social work accomplished a great deal, it would have been good to include a chapter briefly discussing situations when clients did not find the work helpful.

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Naomi Nichols undertook an ambitious ethnographic project with the aim of understanding efforts in Canada to serve homeless youth. For a year and a half, she placed herself at a youth homeless shelter, observing operations and interviewing homeless youth and some of the professionals and paraprofessionals that work with them. Nichols used her experience to illustrate how the Children’s Aid Society (CAS) and other social service agencies function and how their discourse