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EMPOWERMENT: A NEW PERSPECTIVE FOR SOCIAL SERVICES

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Abstract

The current Spanish Social Services model is caught between the rigid structures created by the welfare state and a neoliberal ideology that leads (without realizing it) to prioritize interventions from a quantitative perspective above the qualitative dimensions and resources above of the accompaniment processes. It is intended to provide a reflection, fruit of both the academic experience and training / supervision of professionals of social intervention (social educators, psychologists and social workers), on the different ways of approaching the social reality, from the role of professionals of the social, and from the tools and methodologies with which they have to perform their accompaniment function with greater quality. It advocates a review of the model and the implementation of new proactive intervention processes, which empower both the professional and the subject / user. It is reflected on the use of diagnostic methodologies that are within the paradigm of "Approach of capabilities" and "Person-centered care". "Self-diagnosis" methodologies based on the axiom of empowerment. Axiom that places professionals as a catalyst for the self-diagnosis that the subject performs on himself; as a form of accompaniment to the subject in the identification of their life processes and relational environment. We consider that its implementation contributes to generate a more mature citizenship, more knowledgeable of their rights, which calls for the use of more comprehensive and dialogic intervention methodologies, from welfare institutions.

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1. Introduction

We propose for the Public Social Services to be able to carry out more integral support and intervention processes with individuals and family groups, by using socio-personal self-diagnosis as a method to explore new pathways, related to the paradigm of “Person-centred care”, the “Theory of capabilities”, and the axiom of Empowerment. This proposal places the professionals as an element of support for the subject in the discovery and identification of their potentials and the design of individualized processes of change/improvement, and breaks with the classic position of “authority” or “expert-executive”.

And we are seeking diagnostic methodologies that incorporate “self-diagnosis” or professional support based on the paradigm of “Empowerment Evaluation”. These models, beyond the formulation of descriptive diagnoses, propose working on the basis of identifying strengths rather than weaknesses, protective rather than risk factors.

That is, to test a new model of care that focuses on people and to work towards proactive models aimed at contributing to achieving the full social and political participation of the citizenship, with the aim of re-establishing the delicate intersection between neoliberal ideologies and public social policies.

2. Problem Statement

Working on “new strategies for new times” is still a pending issue in the social professions. Álvarez-Uría Rico (2018) reflects that, since the late 1970s there has been a major transformation on a global scale led by brutal capitalism and the globalization process; there has been a major social (political, economic and societal) change that plunges social scientists into perplexity. This perplexity has also come to Social Work. Thus, our old methods, forged to think and intervene in the problems of the past, now seem outdated and inadequate to tackle today’s complex post-industrial societies and their problems. The debate urgently requires invigorating both on the part of academia and by professional groups and, of course, by civil society itself.

Neoliberal ideology, that is “the return of the kind of radical capitalism, with no other law than the return of maximum profit, an unfettered capitalism without any disguise, but rationalized” as defined by Bourdieu (2005, p.29), with the complicity of the mass media and the use of techniques and mechanisms of social control presents an image of an increasingly fragmented, plural, insecure, uncontrollable society. In an atmosphere dominated by the citizens’ feelings of insecurity and uncertainty, it creates moral panic about the economic burden borne by those who have some dependence on welfare services (aporophobia, xenophobia, etc.) and “drains the public institutions of the social value of solidarity” (Álvarez-Uría Rico, 2018, p.24).

This neoliberal spirit seems to have taken over almost all of the current socio-political discourse in the manner of a “friendly monster”, as coined by Simone (2011), and impregnates (whether we are conscious or not, whether we like it or not) the postulates and ways of today’s Social Services.

In fact, the recent FOESSA report (2019) reflects on the breakdown of the socio-political and economic model that was introduced in Europe in the middle of last century, known as social state and a model of the redistribution of wealth, faced with a growing hegemony of neoliberal thinking. Thus, it states

that since the recession of 2007 and the formulas chosen for its management, a process of deep social counter-reform has taken place.

This process of “social counter-reform” takes shape in the major changes that have occurred in both the bodies managing public social welfare, and in the citizens benefiting from the system, and in the professionals involved in its management. We analyse them briefly, separately:

-Responsible institutions without an (apparently) clear vision of their approaches and priorities in social policy, which in most cases have preferred to continue with traditional projects and not to commit to more disruptive or innovative strategies to intervene in new, increasingly multifaceted social situations. And with politicians who have opted, in some cases, to leave the services created in the 1980s to languish, and in others openly breaching more progressive laws on care policies (case of Law 39/2006 of 14 December on the Promotion of Personal Autonomy and Care for people in situations of dependency in Spain).

-A citizenship facing more complex and diverse social situations. The FOESSA report (2019) notes that, in Spain, 18.4% of the population (eight and a half million people) are socially excluded, that is to say, are separated from social, economic and cultural life due to a lack of rights and resources. Of these, more than four million are in situation of severe social exclusion, emphasizing that 1.8 million people accumulate so many difficulties that they are in total social neglect. We thus refer to a society where insecurity, unfairness and uncertainty have set in, it seems to stay. Housing exclusion and job insecurity strongly emerge among the main indicators of exclusion. We note, therefore, an increase in the number, but also in the type of people who resort to the social services. This exclusion coexists with another part of the population that believes it is “integrated” and that, although it does not declare itself to be openly unsupportive, does show indifference to the suffering of its peers, who latently it considers individually and ultimately responsible for their situation (through negligence or incapacity).

-And professionals who are overwhelmed in the face of the two vectors described above: the increased number and complexity of users, and unclear political approaches, with conflicting messages. Both in a context of declining economic resources, services and numbers of professionals (also affected by the processes of insecurity, a reduction in the number of experts and of wages).

All of this socio-political composition has led to disregarding the most qualitative part of care, i.e., the tempus of work prior to the intervention (stages of contact, acquaintance, examination and, therefore, diagnosis). Also, the simplistic vision of the social professional as the professional of immediate care and/or service provider hinders the provision of this space of time before the intervention. Similarly, the proliferation of excessively rigid and protocolized intervention formalities leads to a decline in professional creativity. And, the contractual provisions that these agencies offer (project-based, or part-time) are an added difficulty in performing a good initial diagnostic task.

As De Robertis (2017) reminds us, Social Work as a professional activity is always organized in tension between the fundamentals that consolidate it and aspirations in exchange in new contexts. We must conclude, therefore, that the working methods seek to engage and respond both to the different socio-political contexts under which the intervention is carried out, and the sphere of action of the professionals who make use of them.

3. Research Questions

In Spain, what we understand as diagnostic work -prior to the intervention- has fallen into semi-oblivion in many of the social services. In this the 21st century, the debate has been reignited and the opportunity to perform social diagnoses in the overall framework of socio-personal accompaniment.

The aim is to ascertain the evaluation and use that social professionals make of diagnostic methodologies. Methodologies that would allow formulating social indicators and the use of diagnostic terminology that would tend to be standardized and, therefore, generate a common nomenclature within the social professions.

We aim to provide some insight into what could be done to accommodate the growing social diversity and empower professionals and users at the same time.

4. Purpose of the Study

The particular work material of the Social Services are people, in the singular role that Aguilar (2018) summarizes in three verbs: caring, curing, and changing. Hence, one of the basic goals is to achieve empowerment, developing all their capabilities and skills. However, perhaps the current management model fails to fulfil these intentions. Let us look at the two vectors separately:

4.1. The current model of the Social Services

In 2002, Barbero already warned of the predominance of a bureaucratic-administrative model of intervention in the public social services, to the detriment of intervention based on socio-personal interactions and the stimulation of collective processes. And he called to overcome the immediacy that had prevented the construction in Spain of a reflective practice, with theoretical preparation. Currently, those scholars who confirm the consolidation of this model are numerous, though for reasons of space we will not go into the details.

Montagud (2018) reflects on the various factors that converge in the current debate on the situation of the social services in Spain and, therefore, the interventions carried out by Social Work. Thus, she offers a kaleidoscope that describes: from the shortcomings of the model of the social services to which the Constitution committed, to professional dissatisfaction with the inability of the social services to fulfil the promises of welfare and with the gaps in the (partial, insufficient and discontinuous) interventions implemented.

Perhaps a conception has been imposed of the social services as a set of technical, monetary services, increasingly alienated from multipurpose personal assistance. Given these circumstances, the recovery of relational assets between the professional and the user is advocated.

Even with the force of the argument on the excessive bureaucratization of the social services and the claim that they have become mere dispensers of resources [which Dustin (2007) calls the “McDonaldization of the social services”], we intend to focus our attention on another aspect of “social intervention” that is none other than thinking about whether social workers are able, in this situation, to influence the modification or sustainment of fragile situations, reflection on what they do, how they do it, and why.

Martín (2009), based on research conducted on the exercise of the profession of social worker, claims that they mostly operate on the basis of experience, common sense, intuition and lack of method, i.e., through means of approaching knowledge that refer to rather irrational and emotional elements, personal resources tinged with goodwill, but lacking reflection and scientific rigour. In a “constant ebb and flow: those of omnipotence and impotence” (Molleda Fernández, 1999).

According to the above authors, the organization of the social services systems, their management, control, quantification functions, often immerse social professionals in the turmoil of working under stress. The solutions posited involve boosting lifelong learning to thereby engage in a sustained dialogue with reality, rescue the concept of citizenship and look further into the relationship between theory and practice that are critical in order to overcome practicality.

These considerations impel deep reflection into the paradigm under which our intervention is developing and what role we wish to claim and occupy in the space of the functions of providing support to people within the structures of the welfare state.

4.2. Person-centred care

In the year 2000, Amartya Sen, Nobel Prize-winning economist, launched his famous theory of capabilities, which pursued promoting the welfare and development of individuals, groups and communities, beyond purely economic indicators. He argues that all societies should promote for their citizens a set of opportunities (the so-called capabilities), that people can choose whether or not to implement freely. Thus, freedom as a capability and self-determination of the individual are central to this approach. A life with dignity is constituted to the extent that people have a set of capabilities to function, that allow them to achieve those aspects they consider valuable for their lives. The welfare system should promote and accompany this capacitation and its exercise freely.

Palomeque (2014) echoes the contributions by Amartya Sen and Martha Nussbaum and provides interesting insights into their usefulness and application for the social professions. Thus, she considers that the individual should not be considered as a passive entity that receives help, but as their own driving force of the generation and change of social development and justice.

“We must escape the idea that the citizen is only capable of receiving (...) passivity does not build citizenship” (Palomeque, 2014, p.10)

The actual idea of participation by the person in the professional intervention is crucial. On the one hand, participating involves people’s active intervention, agency, in the construction of their own reality, and on the other, a dynamic of mutual exchange and critical thinking producing a transformation of the environment in which they participate. It includes personal development and the reorganization of their life project as well as their recognition as individuals with dignity and in whom we must promote freedom of choice, strengthening their capabilities and facilitating their access to social spaces from which they are wholly or partially excluded.

In other words, all social intervention must start from an initial phase of awareness raising aimed at making the person conscious of their own situation and the rights and duties to which they are entitled as a citizen so that, from there, they can embark on a process to develop their own skills, attitudes and capabilities that will lead them to make their own decisions (Palomeque, 2014). This task can only be

undertaken by the person him or herself, with the professional assuming the role of enabler of the search, reconstruction, activation or return of lost, destroyed, disabled or withdrawn capabilities.

In addition, the professional should be required prior and personal reflection that makes them conscious of their way of interpreting reality, their stereotypes and prejudices, their ideological, political or religious preferences, build and examine their own value system and an effort to understand and, more importantly, accept (rather than justify) the actual functioning of the person, which is sometimes found in very different parameters to theirs. Also, personal commitment and active militancy in defence of the social rights of the people with whom they work are essential.

All of this leads to an increasing interest in tailoring services to the needs of people, and involving them in looking after their welfare. This has meant a shift in the orientation of the model of care, and has put the person at the heart of the social system, promoting respect for their dignity and autonomy as fundamental ethical pillars.

Rodríguez (2014a) defines person-centred care as: “that which is aimed at achieving improvements in all areas of the quality of life and well-being of the person, based on full respect for their dignity and rights, interests and preferences and with their effective participation” (p.17).

The intention, in short, is for the person to have a life project for the future, constructed from as much autonomy as possible, in which their reference professional can collaborate. That is to say, a process of progressive support and empowerment of the individual.

Involving the individual in their welfare is recognized today as a key component to develop high quality, integrated, socio-personal care. This approach, as we have mentioned, is not based on deficiencies to be covered but the potential to be discovered. The effort should start by using the capabilities present, the work of the professional requires respectful conduct and listening, to help position the pieces that make them the person they are, in a task of joint accompaniment and design of the intervention.

The function and role of professionals in achieving these goals requires professionals with the appropriate skills and knowledge, new forms of work and methodologies of accompaniment that we will point out within the paradigm of “empowerment evaluation” or self-diagnostic methodologies.

4.3. Working for empowerment

Empowerment is a concept that arises from the realization that all people have power over our lives and our environment, if we can identify it.

Boehm and Staples (2004) attribute to Solomon (1976) the introduction of the concept of “empowerment” in the social professions, as the process whereby people increase their power in things personal, interpersonal and political, and at financial levels in order to take action to gain more control over the conditions of their lives (as cited in Altell, 2018).

According to Altell (2018), Solomon conceptualizes it in order to distance himself from the welfarist view that existed at that time and open a new approach to the social professions:

“Ironically, providing resources may be of little help to achieve empowerment if the provision of these resources gives rise to a sense of helplessness and dependency [...], the ability to lead the process itself together with mobilizing its development potential is what enables giving this development the name of endogenous development” (as cited in Altell, 2018, p.73).

Empowerment in the Social Services involves being configured as an integrated and holistic approach to the needs of the vulnerable population (Adams, 2008; Lee, 2001). For Adams (2008), empowerment, rather than an evolution in social intervention practices is a real paradigm shift, since it is based almost exclusively on the analysis of the capabilities and strengths of individuals and generates, in all cases, a task of capitalization of subjects in their individual and collective trajectories in which they find themselves weak.

Altell (2018) also considers that we find ourselves before a “revolutionary” change of perspective for social professionals, as it puts an end to the paradigm that it is the professional who knows what users need from their service. The aim is to break down the barrier between professional and user, seeing the other as a person, a subject with rights and capabilities that have enabled them to live and survive, and assuming that the enunciation or prioritization of future needs or projects will not be made by the professionals but by each individual.

5. Research Methods

A sample of the results and reflections resulting from training and supervisory sessions with professional social workers who work in different Public Social Services of the Catalan Autonomous Community are shown, in particular we can quantify around 1,000 professionals (especially social educators and social workers). The sessions were conducted by the GRASE (Social and Educational Analysis) Research Group at the University of Lleida between 2008 and 2019.

Also provided are the reflections generated by this research group from their participation, as experts, in the design of diagnostic methodologies for assessing social exclusion in the autonomous community of Castilla-La Mancha (2018) and from methodologies for the diagnostic evaluation of Self-sufficiency, in the Catalan Autonomous Community (2017-2019).

6. Findings

The empowerment process involves significant changes, not only going from a state of user helplessness to one of greater control over their lives and environment, but also because the process is aimed at changing three conditions in interrelated levels: people’s feelings and capabilities, the social groups to which they belong, and, professional practice, that, if enhanced, will propitiate organizational and functional changes that promote the realization of the above.

In this context, the growing interest in tailoring services to people’s needs, and involving them in looking after their welfare, has meant a turnaround in the orientation of the care model, and has put the person at the heart of the social system, promoting respect for their dignity and autonomy as fundamental ethical pillars. Seen from this perspective, in the socio-personal sphere, empowerment has managed to increase the synergies between the three levels described: the institution, professionals and users.

In our country, the most established self-diagnosis methodologies are based on the Assessment Framework proposed by Cowger (1994), an explanatory table that stipulates: deficits, strengths, environmental factors and personal factors of the subject (in parallel with: Strengths, Weaknesses, Opportunities and Threats - SWOT). This is useful for various reasons: the simplicity of its approach, the

ease with which it can be explained to the user, the opportunity for the latter to approach his or her situation in opposite terms (positive/negative, internal/external) enabling visualizing a situation from two perspectives, and the fact that it can be used to work individually with a user, but also with their partner or family group performing several simultaneous or correlative (at different times) “SWOT analyses”. The results enable new feed-back in the professional relationship and enable the actual understanding of the facts by the user. Also, the PRECEDE (predisposing, reinforcing, and enabling causes in educational diagnosis and evaluation) Model described by Green and Kreuter in 1991. This difference between: predisposing factors (those that precede conduct and provide rational or motivational aspects to perform it), enabling factors (living conditions that act as barriers to the action or, conversely, include the new skills a person needs to perform a behavioural or environmental change. They are the ones that become the immediate target of professional intervention) and reinforcing factors (feedback, positive or negative rewards or punishments that the person will receive after their behaviour). The diagnosis suggests that the person should identify these three factors, and on this basis, the entire work plan is approached. And this same orientation is posed by Aguilar (2013) for the processes of social diagnosis with a rule which she calls the “SODA-MECA rule”, which merges the identification of satisfactory or unfavourable situations and reflection on how to maintain, correct or deal with them.

And we also note “The Outcomes Star” model, a tool that seeks to help the user to expose their personal experiences, i.e., help them to define their feelings and problems for the professional, in a very simple way, using easily understood numerical scales, which is one of its major advantages.

Thus, in the diagnostic methodologies carried out under these premises, it will be useful to determine the gap or difference between the perception that the professional has of the person and their self-image.

However, most professionals with whom we have had contact:

A- Are not aware of purely self-diagnostic methodologies. State that they have a better understanding of more descriptive methodologies, constructed from identifying needs and the breakdown of the whole (the person) into their component parts (their different needs).

B- Are anchored in a welfare model that does not satisfy them, but from which they know no way out, in which solutions are always sought exogenously from the user. This generates high dependence and chronicity in interventions and may strengthen the estrangement evinced among users and themselves which, in some cases, increases their burnout.

C- The daily practice leads them to eclectic intervention models, models based on “problem solving” with a short-term projection and treatments in the form of predesigned provisions or services. When there is no recourse, there is often no intervention.

D- Claim they do not have time to apply purely diagnostic techniques (prior to the intervention). The quantitative increase in the number of people who attend the social services (since the economic crisis of 2007) has resulted in less availability of time to devote to monitoring each of the families.

E- Work from the perspective of being an “expert” and it is very hard for them to change this perspective to initiate processes of support to and empowerment of users. Also, the users “learn” this passive role, which does not invite self-mobilization and self-searching for solutions. Many resources of the subject’s environment and community are thus not taken advantage of.

F- Relate an increasing distance between the “theoretical” methodologies, designed from a laboratory, and the practices conducted in social care centres and perhaps mutual estrangement. There is not much willingness to make an initial effort for professional reconfiguration.

G- Almost all the professionals with whom a relationship has been maintained were not aware of self-diagnostic methodologies and the paradigm of empowerment evaluation. Most state that they have been trained conceptually in a paradigm of systemic intervention, although they admitted they implement it little in their everyday work. For Boehm and Staples (2004) the theory of “empowerment” arises, initially, in academia, not among users or among practising social professionals. It is important to note that its beginnings occurred in the world of academia, since we could understand that for some time professionals have been absent from the approaches and discussions of scholars, although, perhaps academics have also been removed from professional practices and discussions. The result has been that academics and practitioners have been spurred by motivations and interests that have not always coincided, which in practice has meant that the progress of one of the parties may be unknown to the other. Hence, we could say that the appearance of “empowerment” introduced or came to mean a very different and disruptive philosophical and methodological perspective from the practice of provided by the majority. It should be mentioned that, according to our contact and interaction with social professionals this is true.

H- Have received little training to take the leap into these new methodologies and do not feel reassured at starting them. The empowerment perspective allows the professional to position themselves as a catalyst, an enabler, beside (not opposite) the user to accompany them in the very reasoning of their circumstances, needs and projects. Under this approach, professional activity would focus on mobilizing users’ talents, knowledge, skills and resources to achieve their goals, a mission that, in people with poor social skills, can be imagined as being arduous and over parsimonious.

In any case, from our research it follows that many public social services professionals consider the application of the self-diagnosis methodology too costly, too time consuming and slow to implement. They also consider it distant from their professional skills and knowledge. They also appreciate that the organizational structure of these services does not facilitate its implementation, but rather the opposite and, if they decide to implement it, they “clash” somehow with this meta-structure. We also wish to point out, in this regard, that the findings of many of the pupils at our Faculty, in their end-of-degree research project, point to the reluctance of some social professionals to implement diagnostic and accompaniment methodologies that exceed care methodologies and their little interest in training to acquire new professional skills.

They also consider that many of the subjects treated by the Social Services are not ready for its use (due to a lack of knowledge and the existence of welfare inertias) and that this hinders greatly the ability to achieve the alliance and support for its consolidation. That is, they are not prepared for the transition from the deficit-based approach to the appreciative approach to accompaniment.

We should perhaps wait a little longer for the current (and majority) care model, based more on identifying needs and on giving expert advice than on accompanying processes of change, to evolve until reaching the intervention-action axiom based on the empowerment of citizens, through unlearning some professional roles to learn others.

7. Conclusion

There is no more empowering an element in our professional duties than creating and promoting the conditions that enable personal and collective autonomy.

Working under the empowerment approach and with self-diagnostic methodologies helps us to position ourselves beside rather than opposite the subject. It invites us to reflect on the ethics and political responsibility of what the social workers do and encourages, in the words of Zamanillo and Martín (2011), “loosening the chains that shackle practitioners to a bureaucratic work post and subsidies”.

But, let us not forget that, to empower users, first there is a need to feel “empowered” or, conversely, in the process of accompaniment and “empowerment” with users, professionals can also find opportunities for professional self-empowerment. This professional support essentially contains the idea of process, i.e., it guides us to the story, to the vital dynamics of people, and hence there are no predefined goals or objectives, but they will be built and maintained. Professionals and users will emerge stronger after this process.

This approach, although designed to reinforce citizens’ rights, could at the same time offer a golden opportunity for social professionals (Rodríguez, 2014b). Indeed, it would entail the following changes:

- A. A positive sense of self (“self-concept”), which includes positive self-assessment and self-esteem.
- B. Critical thinking about the place they occupy in the world in relation to other systems and macro structures.
- C. A perception of having sufficient knowledge and tools to influence what happens both in their own environment and in the lives of others.
- D. A tendency to act perceived as an ability to do so effectively in respect of oneself and the other.
- E. A sense of collective identity where individuals share the goals, resources and aspirations of significant social systems of which they are a fundamental part.

Even with all the utilities that we point out, it would be naive of us not include here some of the “traps” that may be contained. We refer to the fact that this methodology fits in entirely with a vision that breaks society down into individuals. That is, it connects with a very liberal concept of the social state, under the belief elevated to dogma that “you can if you want to”, you can achieve everything you propose getting in life if you try. Those who do not succeed, the losers of the system, will therefore also be for reasons attributable to their lack of ambition and tenacity.

There would be a risk of forgetting the social causes of inequalities and public and collective responsibility for overcoming it. This would clash with the founding principles and position of denouncing retrogressive social policies and cutbacks in the rights held by these professions since their founding principles.

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