Realigning Macro and Micro Social Work After Tragedy

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Abstract: To fulfill its institutional mission while engaging and retaining committed staff, social service organizations must create an optimal balance of micro and macro social work. This became more obvious while helping my organization recover after a devastating event that threatened its very existence. With its diverse array of programs, Agency X, where I directed quality improvement, faced a daunting challenge. Agency survival required restructuring policies, practices, and direct services. Despite its history of innovative and effective programs, and its reputation for enhancing lives as well as systems, the agency was forced to face public scrutiny and declining employee trust. The following narrative describes the aftermath and recovery for this organization through a realignment of macro and micro social work.

Keywords: macro social work, mezzo social work, micro social work, outcomes, quality improvement, realignment, trauma

Introduction

It was a busy time for Agency X. We were selected to provide a new early intervention program for families who could avoid foster care. We were excited to offer an alternative to higher levels of care for many of the families in the child welfare system. Sadly, a low birth weight infant died while the family was in this new program. The incident received broad news coverage, causing a serious blow to our reputation. Our social workers were deflated, and the entire agency mourned the fatality. Although the agency was devastated by the sudden loss for a family under our care, we were also concerned with the possible impact on the organization.

As the external investigation proceeded, we wanted to conduct our own examination of all the factors that could have contributed to, or prevented the death. Upon examination, we discovered that the mother of the family had mental health issues that had not been shared with our agency. Further, this family was not appropriate for the less intensive services. Key questions remained. How did this referral slip through the system? What might we have done differently? Recognizing potential threats for children in similar situations was our highest priority. The leadership team (executive director, quality improvement director, and program directors) focused on improving support for the micro and mezzo social workers and enhancing relationships with social workers at all levels. We developed a comprehensive plan to restore internal and external confidence, which included intensifying risk management, improving communication and trust, and realigning relationships between micro social workers (working with individuals, families, communities, and small groups), mezzo social workers (managing a group of related Agency X services), and macro social workers (determining and executing institutional, structural and cultural dynamics).

Misinformation and Tragedy

For one family referred to Agency X, the risk level was inadequately assessed by the county

referral agency and underestimated by everyone involved, including public health nurses, homeless services and other care providers. The family, deemed to be a low-to-moderate risk, included a mother and her six children living in a homeless shelter where residents received regular health visits. The youngest was two months old and had complex health issues related to the lack of prenatal care and low birthweight. Based on the information available about this family, the intervention called for an uncomplicated service plan. A new case manager and a new supervisor did not anticipate, nor were they aware of, the medical fragility and complex circumstances surrounding this family. Public health and homeless services were also involved with this family, and it appeared that there was a general failure to ascertain the risk level.

Dealing with Trauma and Stress

The family's tragic loss was felt by everyone in Agency X from the executive director to administrative assistants, and with extreme secondary trauma for all the micro direct-care social workers and supervisors. In spite of passing state and county child welfare inspections, as well as accreditation reviews with only minor citations, this incident still happened to a child and family under our care. We were forced to simultaneously consider all possible contributing causes, especially how the health care system, social services and homeless services let this family fall through the cracks. Formal investigations would decide blame, but we wanted to go beyond critical regulatory and workforce issues to improve the system. We needed to quickly determine lessons from this case while also restoring workers' confidence and ensuring the safety of all children and families to whom we were responsible.

Discussions with my supervisor focused on finding root causes and developing prevention strategies. He asked "Why didn't we see this coming and how do we prevent it from happening again?" My responsibilities extended across all levels of social work, and I would be designated to lead the agency's difficult recovery and staff healing process. With the low morale affecting the micro social workers and their supervisors, I suggested they would be the logical starting point for our improvement plans. I was convinced this was an opportunity for listening to all perspectives and encouraging participation by the social workers who were closest to the service recipients. Intensive analysis, while important, needed to be combined with the social workers' firsthand knowledge and compassion for the individuals, children and families we served.

Trust toward macro staff was identified as a weak area according to Human Resources surveys taken before the incident. In the aftermath, trust declined further. Communication between micro social workers and their supervisors needed to include honest assessment and open discussion of social workers' feelings about what is going on with clients, as well as with the social workers themselves. Gaps in knowledge or fears and doubts about personal and client safety needed to be explored in supervision. However, it could only happen in an atmosphere of trust.

We were also concerned about staff engagement being below where we wanted it to be in the Human Resources survey. This became even more important in the post-incident environment. Engaged employees would be committed to the values and goals of the agency. Through their performance, they would demonstrate concern for successful organizational outcomes and goals that would be essential to moving Agency X forward. Frontline social workers and their

supervisors needed to feel valued, empowered and connected to the mission of the agency. Engagement would insure their active participation in decision-making that would contribute to improving outcomes.

Rebuilding Relationships

We decided to analyze and reassess everything—recruitment, training and professional development; burnout and retention; caseload size and risk level; quality of management and supervision; client intake, discharge, and outcomes; trust between line staff and management; and policies and procedures. With every step in this process, we encouraged the full participation of all levels of staff, especially micro social workers and their supervisors. It was imperative that we consider their perspective on how micro social work and macro social work were out of alignment and ensure ongoing collaboration and inclusion.

It was apparent that our micro social workers were experiencing secondary trauma, and their supervisors needed heightened support to avoid burnout. Trauma-informed care was an intervention that worked well with survivors of violence or trauma in some of our other programs. We wanted to provide healing tools for social workers who help the victims and themselves with getting beyond the impact of trauma. Through my consultation with trauma care providers, I developed a version of trauma-informed care using reflective supervision—regular collaborative reflection between micro social workers and their supervisors/mezzo social workers. Macro social workers also embraced reflective supervision to build and reinforce trust. All levels of social workers were empowered by participation in reflective supervision.

Recognizing "Red Flags"

Our internal review of the incident found that micro social workers and their supervisors' evaluation of risk was often different. Judging safety needed to be both objective and subjective. The leadership team decided that we would develop the tools for capturing the data we needed for making judgments about risk. My response was a 360-degree quality program and service review, an intensive examination of a program that included: comparisons of social workers' and supervisors' risk assessment for their entire caseload; comprehensive analysis of incidents; interviews with social workers and supervisors; case record reviews; personnel record inspections; and contract compliance. We produced a report that included successes, procedures for identifying and managing potential risks, and corrective actions. Progress was closely monitored by the leadership team and supervisors. This helped toward realigning micro and macro social work.

The 360 review reinforced the need for policy and procedure refinement. High caseloads, complex clients, and less supervisory time are characteristics of social service providers that would not be easily resolved. With the 360 review information, supervisors were more judicious in assigning cases to the social worker who could best accomplish the desired outcomes. Also, supervisors had more insight for balancing the workload and reducing stressors.

Minimal support for record keeping frustrated social workers and their supervisors. Missing or

insufficient paperwork raised concerns about not having essential information that could be required for a critical decision. Tight budgets limited the administrative support that could have lightened the paperwork burden for micro social workers. Given the importance of documentation, we had to allocate sufficient resources to maintain accurate and timely case records and stay within budget. Issuing laptops and cell phones gave social workers greater flexibility for accessing vital client information, updating records, and submitting critical reports in a more timely way for the required action. Visits with clients proved to be more productive.

Changing the System and Culture

With input from staff at every level, Agency X added to and restructured policies and procedures. We implemented new procedures for social workers who worked with families with children under three years old. Expanded training and professional development on this and other new or revised policies and procedures boosted social workers' confidence and alleviated supervisors of some one-on-one training that they typically provided. Training also created momentum for implementing best practices to achieve program goals and optimize outcomes.

The 360 review gave supervisors information they used to match the most appropriate social worker for the desired client outcomes. Micro social workers had more effective tools for risk assessment and decision making on safety. Supervisors were supported by program managers in approving the service plan whenever the level of risk exceeded the benchmarks we established. Social workers and supervisors were working with more individuals and families with untreated trauma, and we required trauma training to help them recognize it and refer them to appropriate providers.

Conclusion

The realignment of micro and macro social work required Agency X to be strategic in its effort to recover. The incident was a wake-up call for this social service organization and was the impetus for necessary realignment of micro and macro social work in all of the agency's programs, not just child welfare. With improved communication, there was better understanding of strengths, needs, risks, and potential resolution of problems. Restoring internal and external confidence, intensifying risk management practices, improving communication and trust, and realigning and strengthening relationships between micro and macro social workers were the ultimate goals.

Besides a service delivery model that includes input from macro, mezzo, and micro social workers, successful realignment demands commitment, trust, humility, appropriate access to micro and macro information, collaboration, accountability and a high level of quality improvement.

As Agency X realigned macro and micro social work, we minimized tensions that resulted from previous distrust between macro and micro social workers. Macro and micro social workers gained each other's respect and confidence. Applying quality improvement strategies to measure and manage the alignment between micro and macro social work adds value and mutual

accountability to the effort. Successful outcomes for the service population and the organization are dependent on the realignment of macro and micro relationships and interaction. Realignment to improve macro-micro relationships and interaction is possible, efficient, and protective for staff, organizations and service recipients.

Bibliography

Austin, M., Coombs, M., & Barr, B. (2005). Community-centered clinical practice: Is the integration of micro and micro social work practice possible? *Journal of Community Practice*, *13*(4), 9-28.

Burghardt, S. (2013). *Macro practice in social work for the 21st century: Bridging the macro-micro divide*. Los Angeles. Sage Publications, Inc.

Vodde, R., & Gallant, J. (2002). Bridging the gap between micro and macro practice: Large scale change and a unified model of narrative-deconstructive practice. *Journal Of Social Work Education, 38*(15).

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