

The Future of Social Policy and Social Work in the United States **Angeline Barretta-Herman, PhD, Professor of Social Work (Retired)**

Abstract

As the economic crisis and the controversy over states rights deepens, the United States is facing a dramatic shift in the focus of social policy and social work. A brief historical analysis will examine the development of federal social policy and the focus on casework/clinical social work in education and practice. Current trends support the argument that macro practice will reemerge on center stage in US social work in the coming decade.

Introduction

The recent events in the United States have brought an added dimension to the question of what is the future of social policy and social work in the United States. The Occupy Wall Street protest movement is gaining traction in the US (and world wide). It is surprising that this protest movement has not happened sooner. Unemployment in the US is approaching 10% and that rate is nearly double in selected groups of the population. To understand the future of US social policy, it is necessary to first examine the history of social policy development. However, there is a second question, embedded in the first, which is often posed to US academics and practitioners. They ask why US social work is so focused on individual change efforts through casework and/or clinical practice. Although macro practice has been overshadowed by micro practice in the US, macro practice is, and always has been, an essential component of social work practice in the US. Macro practice becomes a dominant intervention during periods of social unrest and it is reasonable to foresee macro practice reemerging as central in the coming years.

Both of these questions, the future of social policy and the focus on clinical social work in the US, require thorough analysis. Although these comments are understandably brief and selective, they present my perspective for the emphasis on individual intervention and my comments on trends that are already changing the practice of social work.

To begin, there are four contextual factors germane to my perspective. Too frequently, one can fall into the trap of conceptualizing another country in rather monolithic terms or in the popularized stereotypes of a country and its people. In fact each country is a rich mosaic of cultures, traditions, religious groups and ethnic populations. The ethnic and cultural makeup of nations is quickly changing as a result of immigration and increasing permeability of national borders.

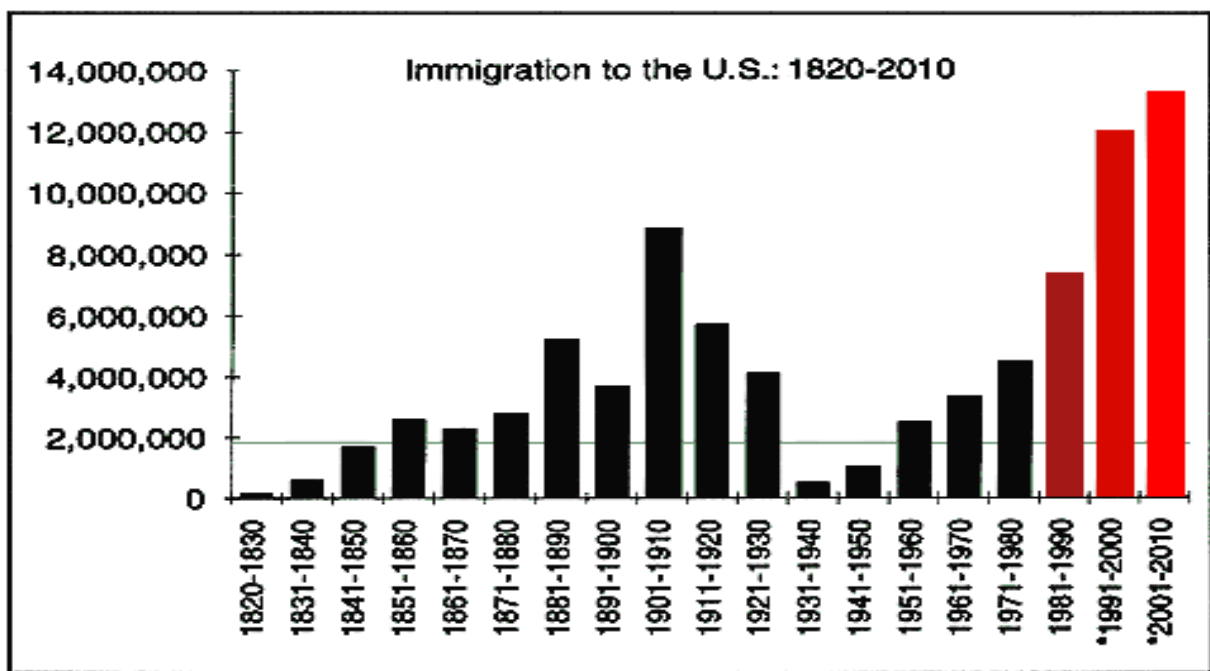
Land mass and population size are two factors that impact social policy development. For example, geographical comparison of land mass and population between the US and Germany illustrates dramatic differences. The US occupies over 9 million square km while Germany occupies 357 thousand. The 82 million people of Germany are dwarfed by the over 307 million people in the United States. Proximity and the degree of homogeneity in a society enhance or inhibit a society's ability to reach consensus on an approach to social policy.

The strength of national identity is the third factor. National identity reflects the commitment of a population to contribute to the common good and to society as a whole. Using a timeline to

compare Germany and the United States demonstrates Germanic identity as predating Germany's unification by a millennium. In comparison, the US dates its national identity to the War of Independence of 1775, just 235 years ago. This does not acknowledge the indigenous populations of North America because this paper focuses on the identity of the US as a nation state dating back to the 18th century. The identity as a nation is a critical factor in the development of US cultural traits and myths and consequently an important factor in the development of social policy and the practice of social work.

Examining the major waves of immigration to the US, the fourth factor (Figure One), illustrates the relatively short period of time the current population has had as residents of the United States. Compared to the first colonists to the US who came from Northern Europe, the second waves of immigrants arriving in the first three decades of the 20th century were mainly Southern Europeans. In the last twenty years immigrants to the US have come mainly from Latin America (Mexico, Guatemala), Asia and Africa. This is important because the peoples coming to the US bring their own history, culture and worldview. They also bring preconceived notions of life in the US and expectations about how life in the US works. Those expectations can both be realistic and idealistic leading to frustration and anger or accomplishment and personal success.

Figure One



* Projections and graph courtesy [Population Environment Balance](#),
Sources: US Census Bureau; Statistical Yearbook, Immigration and Naturalization Service

A Brief History of the US

To better understand the development of social policy and social work in the US, it is imperative to examine the history of the US, while acknowledging what a comparatively short history it is. The colonization and first wave of immigrants to the US in the 17th and 18th centuries, although primarily from Northern European countries, was diverse in purpose. Some came in search of riches for themselves or for their country but many came seeking refuge from repressive monarchies that took their meager earnings or persecuted them for their faith. These early colonists brought with them deep seated distrust of central government systems and quickly embraced decentralized, locally based self-governing systems. They saw themselves as strong, self-reliant, and capable of making a living for themselves. This self-description was accurate in many ways. They left their home country to face and conquer the challenges of a new and untamed world.

Jansson points out that as a consequence the colonists “often developed a harshly moralistic attitude toward persons who genuinely needed economic help” (2005, p.56). The early colonists were overwhelmingly Protestant who valued freedom, autonomy, and personal initiative. Some of them equated economic success as proof of their value in the eyes of God; hence, they were suspicious of those in need whom they referred to as ‘the undeserving.’

Evidence of this harsh moral attitude can be found in the recent US debates about the debt ceiling and entitlement programs, particularly in the arguments put forth by the conservative Tea Party and their willingness to severely cut social programs and bring the US to the brink of default.

When the writers of the US Constitution gathered, the prevailing view was of a contract between citizens and a limited central government supported by a tripartite system of checks and balances. The three branches of government--the legislative, judicial and executive- were designed to prevent an excessively strong President.

The Constitutional debates of the colonial era are relevant to this discussion of social policy and social work because the US Constitution emphasizes state/local rights and provides for a limited central government. In fact, the Constitution does not mention social policy matters.

By not enumerating social policy as one of the federal government’s powers, the framers intended that it [social policy matters] fall entirely within the province of state and local government (Jansson, 2005, p. 70).

This is a source of the constant, often vitriolic, debates about the role of the federal government and a primary reason why many federal policy mandates are enforced only through the provision of federal implementation money. State legislatures can decide to accept federal money and implement policy or reject federal money, in whole or in part. Fifty slightly different versions of a policy’s implementation and widely divergent levels of social programming can exist from state to state. This is particularly important for social work practice, since laws governing aspects of their work, the level of services they can provide, and the services available from state to state can differ markedly.

It wasn’t until the Great Depression of the 1930s with widespread unemployment and harsh living conditions throughout the country, that the federal government was able to assume a more direct role in the development of social policy. That role is constantly under siege as demonstrated in the health care debates of 2010 and the complicated counter-proposals and amendments that emerged in an attempt to balance state and federal responsibility on one hand and public and private roles on the other.

These salient characteristics of the US lay the groundwork for understanding the challenges to social policy initiatives in the US. Fear of excessive central government, support for states’ rights

and a strict interpretation of the Constitution present formidable barriers to the enactment of effective social policy at the federal level.

Prevailing myths of the American Experience

Three myths of the American experience further an understanding of the US and its particular approach to social policy and social work practice. Though the reality is far from what it has been, these overriding iconic myths continue to drive the American psyche.

1. The US as a meritocracy

The US views itself as a meritocracy and proudly wears the label as a land of opportunity for all ‘regardless of the accident of an individual’s birth.’ An individual is not constrained, at least theoretically, from moving up the social, financial or economic ladder. For the many that left the strict social class structure of 17th and 18th century Western Europe, emigrating to the US meant a chance of a ‘better life’ if they worked hard and showed initiative.

The popular press constantly reinforces this myth of unfettered social mobility. They publish stories of individuals who have ‘made it’ despite their ‘humble backgrounds’ such as former President Bill Clinton, Speaker of House of Representative John Boehner; of women including Hillary Clinton and Nancy Pelosi who have ‘broken the glass ceiling’ of gender inequality; of those with strong religious ties such as the Kennedys who made it to the highest political offices despite their Catholic faith and the threat of papal intervention in American affairs; and of minorities including our current President, Barack Obama, who broke the racial barrier.

These contemporary life stories reinforce the validity of this perception, despite the reality that this has not been the case for many marginalized by virtue of their faith, gender, race, sexual orientation, or ethnic background.

2. Universal access to education

Essential to individual success is access to free public education from primary school through tertiary education. The multiple levels of governance in the US –federal, state, and local– have historically invested heavily in education. For example in the case of tertiary education, the contributions have been either directly through legislatively supported land grant universities or indirectly through federal and state tuition support programs to institutions and students.

The devolution of public education to local control and, in large part to local district taxes and bond issues, means great disparities exist in access to quality primary and secondary education. In addition, state legislatures have dramatically limited their support to tertiary/higher education, forcing institutions to raise student tuition and to demand that universities aggressively seek private research money. The myth of free quality public education, accessible to all in the US, is heavily flawed.

3. Absence of widespread, persistent, generational absolute poverty.

A third factor that has bolstered the US approach to limited government involvement in social policy is the absence of entrenched absolute poverty. That is not to say that pockets of multi-generational poverty such as among some First Nations people, sections of the Appalachian Region, or in neighborhoods of major urban centers do not exist, but only to say that poverty in the US has been isolated, contained and proportionately small. It has been only when poverty and unemployment becomes significant across the entire country, such as during the Great Depression, that the limits of individuality and self-reliance are so pronounced that the federal government was permitted to exercise and implement the sweeping social policy changes at the federal level. The US is fast approaching the level of poverty and unemployment not seen since

the 1930s. Poverty in America now stands at 14.3% figured on an annual income of \$22,000 for a family of four. Poverty levels have been on a steady increase since 2000.

Historical development of social work

Before addressing an anticipated turning point in the US approach to social policy as potentially significant as the changes that occurred in the 1930s, I want to briefly review the development of social work practice and comment on the major factors in the early 20th century that converged to focus social work on variations of ‘casework’ and clinical social work practice.

Social Work in the US draws its beginnings from both the Charity Organization Society and the Settlement House Movement of the late 19th and early 20th centuries. The Charity Organization Society and its ‘friendly visitors’ were committed to serving the poor and destitute. They modeled their approach on the philosophy of the 1801 English Poor Law and the concepts of the deserving and undeserving. The settlement house movement, in contrast, was exemplified by the work of Jane Addams and the Hull House in Chicago. Settlement workers sought social reforms, recognized the power of community organization, and revealed the devastating impact of structural issues on people’s lives. They advocated for Child Labor Laws, fire safety regulations, and mothers’ pensions.

Until the 1930s, local and state systems (actually more local than state and more faith-based than government organizations) were the sole providers of care for the poor and ‘those unable to care for themselves.’ This decentralized system of social service delivery created a patchwork of widely varying levels of care from locality to locality. Dramatic differences continue today at both the state and local levels in all areas of social services, health care and education. These differences exist even with regard to professional regulations. Social work is licensed or certified in all 50 states, but the rules and regulations differ and are not automatically reciprocal.

The development of social work education

By the turn of the 20th century, it was recognized that social workers needed training to maximize the effectiveness of their work. During the first two decades of the 20th century, schools of social work were developed. Mary Richmond championed the view that social work should be taught in universities. In her groundbreaking book, *Social Diagnosis* published in 1917, Richmond advocated for a scientific approach to helping while emphasizing the power of relationship. As a result of her advocacy, casework soon became the dominant intervention method and set the paradigm for the social work curriculum that continues to dominate social work education in the US to this day. Professional social work during the first half of the 20th century, required a master’s degree, relied heavily on psychological and psychodynamic theory, and provided primarily mental health treatment.

Once casework became the dominant intervention method, academics and practitioners eagerly embraced the discoveries and developments in psychological and sociological theories. Scholarship in the area of intrapsychic dynamics and interpersonal relationships grew exponentially throughout the 20th century. New developments in diagnosis and treatment were supported by pharmaceutical, medical and psychological research. The academic community embraced the promise of science and the emerging theories of human behavior for resolving social and individual problems.

This is not to say that macro practice or structural issues were ignored during this period but only that macro issues were increasingly overshadowed as scientific research methodologies and individual theoretical developments dominated the academic community. However, there are times in the 20th century when social work advocacy for structural change was highly visible and influential. For example, Frances Perkins, a social worker, was chair of the Committee on

Economic Security, the committee that wrote the Social Security Act of 1934. That legislation marks the beginning of the American Welfare State.

Social workers were highly visible activists during the Civil Rights Movement. Janssen notes the turbulence of the 1960s pressured social work to include community organization and administration with casework and group work 'as fully recognized interventions in social work' (2009, p. 312). Social workers such as Whitney Young, who founded the Urban League, reached national prominence during this period as a civil rights advocate.

It was during the second half of the 20th century that social work education and practice began a major shift. In 1952 the Council on Social Work Education (CSWE) was formed, followed by the formation of the National Association of Social Workers (NASW) in 1955. Both CSWE and NASW limited membership to master level social workers. In fact, it was not until 1969 that NASW granted membership eligibility to bachelor level social workers and not until 1972 that CSWE began accrediting undergraduate social work programs. Initially, these organizations were committed to the professionalization of social work at the graduate level for all social work and advocated for the restriction of the designation 'social work' to only those who completed their graduate studies. Both organizations attempted to maintain macro practice social work as integral to social work despite the multiple pressures working to diminish social work's role in community organization and administration. However, the availability of employment in community organization and administration, the demands for a 'managerial approach' in social service administration, and the reimbursement system for social work services were three major factors that converged to mitigate the place of macro social work in social work education and practice since the late 1970s.

Social work today

Today US social workers are mainly employed in children/family services, health, and mental health settings. They provide the vast majority of counseling services with a primary focus on individual or clinical interventions. However despite this focus of social work practice, undergraduate educational programs describe their theoretical perspective as generalist: that is, a theoretical perspective demanding skill competencies at micro, meso and macro intervention levels. All master of social work programs require a generalist year of study before embarking on a second year of specialization. The curriculum, under CSWE standards, requires all programs to present content and assess competencies in all three levels of social work intervention.

The emphasis on the 'scientific method' that Mary Richmond addressed in the early 1900s has reemerged in an approach to social work practice under the rubric of 'Evidence Based Practice' (EBP). EBP parallels the development of protocols for medical interventions and illustrates belief/trust in scientific research methodology. EBP is seen as lending strength to the continued professionalization of social work but concerns are being raised about insufficient attention given to consideration of the uniqueness of the client, the value of professional judgment, and the power of relationship. James Daley (2005) raises a call for a critical analysis of EBP and its proponents.

EBP is but one response to the demand for evidence of social work effectiveness and to the attempts to more closely regulate the practice of social work at the local level. The ideological debates on the role of the federal government *vis a vis* states rights have direct consequences, then, for social work practice, regulation, and education. Developments in the global and national economy, inter and intra-national political events and environmental disasters continue to impact the US social work in unforeseen ways. The US is at a critical watershed in its development and hence, the opportunities and threats to professional social work are intimately intertwined with the fate of the US.

Factors shaping the future of U.S. social work

Five factors are, and will continue, to shape the future of social work practice and education in the US.

1. Internationalization and international social work practice

International conferences exemplify the transfer of knowledge from every part of the globe enhanced and maximized by the free, or at least freer, flow of information through the internet. Everyday access to social work development and issues relevant to social work grow exponentially. Research, conference papers, list servers and blogs link academic and practitioners alike. Note the work of organizations such as International Association of Schools of Social Work (IASSW), the International Federation of Social Workers (IFSW), and International Consortium for Social Development (ICSD). These organizations are critically important to international policy development and models of practice as large numbers of people move from one country to another seeking work or fleeing war or famine.

Displaced peoples seek the human and social services provided by social workers. The US is no exception to the influx of people from outside its borders. Hence, all social work practice has become international whether social workers are working directly with people from widely different cultures, races, or faith traditions whose home country is different than their own or whether the practice of social work is being indirectly impacted by international policies and events.

2. The aging of the American population

Estimates of the aging population in America abound—the US Bureau of the Census estimates that 1 in 5 people in the US will be over the age of 65 in 2030, less than 20 years from now. Already the cohort of ‘baby boomers’, those born between 1946-1964, is exercising its power in the demand for social services. The vast majority of services to the aged, as is the case of mental health services, are provided by social workers in community mental health clinics, in/out patient hospitals, and, to a smaller extent, in private practice.

3. The role of the individual states in the education and regulation of social work practice.

The US has multiple layers of social work education and regulation oversight. The Council on Social Work Education was created in 1952 as a peer regulation body to nationally accredit social work education programs. Because every eight years this body reviews the curriculum of both undergraduate and graduate programs, it wields significant power and influence over the curriculum of social work programs. Programs must be accredited so their students can receive federal and state tuition support, meet the application requirements as candidates for advance study and be eligible for certification or licensure in individual states.

However, the license to practice is issued not through the accreditation process but by the individual state licensing boards where power and influence over the academic curriculum and the individual practitioner is growing steadily. State licensure boards are threatening to overshadow the influence of CSWE as a national regulator of social work educational curriculum. The US has 50 state licensure boards with widely divergent requirements for licensure in the number of practice hours a graduate must accrue before applying for a license to practice independently, the type and number of supervision hours required, the scope of practice and the number of continuing education hours required to maintain licensure status.

The resulting tension between the national accrediting body and the state licensing boards is yet another example of the ideological battle over states rights and a limited role for national government that continues to dominate US policy decision making. Social work licensure requirements vary from state to state, only some reciprocity arrangements exist and the cost of maintaining licensure in two or more states can be prohibitive. Issues of consistency, best practice and quality standards in service delivery to clients are major concerns for the profession. As the power of the state licensure boards grows, some predict the demise of national bodies such as CSWE and NASW. They point to the dissolution of national NASW conferences this past decade and the unwieldiness of the nearly 1,600 academics at the annual program meeting of CSWE as indications that the demise of national social work bodies is inevitable. However, national bodies provide an essential counterbalance to state regulation of social work practice and provide critical protections for the recipients of social work services. National oversight of the academic curriculum, the preparation of social work practitioners, and social work practice is critical to insuring service quality. And, they are best suited to resist the pressures of state politics and to effectively advocate for social justice and promotion of human rights.

4. The decoupling of social work practice from social service organizations

Spurred in part by the pace of technological developments and the constantly changing relationship of employees to the organization for which they work, social workers are increasingly classified as ‘exempt’ workers, which means they are not bound by a series of labor laws that govern working conditions and provide for overtime pay. Many other social workers are employed part-time and therefore, are not eligible for benefits associated with full-time work. A small, but significant number of social workers work as independent contractors under state licensure laws that provide for private practice. They may be hired for a particular project, to provide a specific service as needed, or for a limited time period.

Full-time employment in the US includes a range of benefits referred to as ‘occupational welfare’. These benefits may include health care insurance, vacation and sick leave, life insurance, access to day care services, continuing education, tuition reimbursement, administrative support, etc. These benefits cost the employer 25-35% above the worker’s base pay and are the expenses and tasks a part-time or contract worker must assume for him/herself. Even if the contract pay is more than the base pay of a full-time worker, seldom does the increase in base pay compensate adequately for the loss of those benefits, administrative support and job security.

Major dangers exist in the move to independent contract work and that is the social worker’s ability to question organizational policy, to critique client service, and to effectively advocate for clients. The worker, in these situations, is not only loosely affiliated to the organization with none of the protections but does not have the organizational supports afforded to the full-time worker. Efforts to highly professionalize social work through the creation of independent licensure provisions have limited the exercise of professional judgment and advocacy.

The move to part-time workers is occurring in the academy as well. By some estimates nearly one third of courses in social work programs in the US are taught by practitioners recruited to teach on a part-time or temporary basis. Experienced practitioners working in the field do bring immediacy and the reality of the field to the classroom but the loss of continuity, cohesion, and integration of learning can limit the effectiveness of the educational experience in socializing students to the profession and in preparing them for effective practice.

5. The vanishing 'American Dream'

The myths of the 'American Dream' continue to pervade the America psyche: access to education, individual freedom, unlimited opportunity, the meritocracy that allows a person to be judged on their merits not by 'the accident of their birth', and a relatively classless society. These US characteristics are being challenged at an alarming rate. The cracks in these myths are broadening as unemployment rates continue to rise, as the gap between the rich and poor grows wider, as access to education is increasingly constrained by rising tuition, and as marginalized groups expand in ever-increasing numbers.

Conclusion

The US is at a watershed, facing a major shift in social policy and, consequently, in professional social work practice and education. I am cautiously optimistic about social work's future. As I review the history of social work and the role of social work during the Great Depression and the civil rights movement, there is evidence that social work assumed an influential role in advocating for social justice and human rights. Since the 1950s the US social work curriculum has demanded that students study macro theory and demonstrate skill in macro practice interventions. Social workers use these skills in practice every day as they advocate for their clients. CSWE and NASW are active participants in policy development at the national and local level. Almost 200 social workers are currently elected officials in political office; eight social workers serve in Congress. Increasingly numbers of US social workers are active in international policy development in organizations such as the United Nations and international aid agencies.

I have no doubt that macro social work will again assume a central role in the coming years. Although macro practice has been less visible than clinical social work in the US, there continues to be a strong commitment on the part of CSWE and NASW to keep macro practice as a critical component in social work education and practice by emphasizing the person-in-environment beyond the family and the local, reaching to the national and international contexts. And most importantly, the continuity of activism throughout our history, means social workers are well prepared in macro practice theory and intervention methods to take a central role at this critical juncture in US history.

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