

Brit Think, American Think

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Abstract: This paper looks at the author's experiences of his undergraduate education, master's education, and early social work career in the United Kingdom, and it discusses his eventual emigration to the United States. He reveals that, despite what he had read and seen on television, living and working in the United States was extremely difficult. The author writes about his belief that the United States was not a welcoming country and about his observation that a negative view is held of those who require social work services. After ten years as a social worker, the author assumed a career in higher education. In that environment, he soon discovered that the philosophy of "more is better" regarding the number of required credit hours was in stark contrast to his experience in the United Kingdom, where fewer credit requirements allowed for greater depth in learning. Finally, the author provides some suggestions on what could be done to improve the profession and its education requirements in the United States.

Keywords: social work profession, social work education, general education, community, social care.

Introduction

This paper looks at my experiences--good, bad, and indifferent--living and working as a social worker and college professor in the United States. I reflect on working in a country where I was not raised or educated and how, at times, this has been confusing and exasperating. Frequently, I have found myself thinking that in the United Kingdom we would have dealt with things differently, even though I have lived in the United States for 32 years and love living in the state of Maine and teaching at the University of Southern Maine in the School of Social Work. As stated by Doel, Shardlow, and Johnson (2011):

One of the greatest strengths and beauties of the United States is not only its geographical diversity but also its human diversity. This vast range of differences among groups includes those related to age, class, color, culture, disability, ethnicity, gender, gender identity and expression, immigration status, political ideology, race, religion, sex, and sexual identity. (p. 230)

I am cognizant of the fact that, at times, I perceive things differently from my colleagues and friends. You can take the man out of the United Kingdom, but you can't take the Brit out of the man. Sometimes, I feel as if I am living in two worlds. Physically, I am here in the United States, but internally, I still think and feel like a Brit. Indeed, many of my friends refer to me as the "Limey."

Welcome to the United States

In 1986, I emigrated to the United States. The first social work position I took was working at a 52-bed intermediate care facility for dual-diagnosed individuals located in Bronx, NY. Prior to emigrating to the United States, I had worked as a residential and intake social worker in the

United Kingdom. Hence, I thought that this knowledge and background would hold me in good stead in assuming this position. However, I quickly learned that the priority was not the residents; rather, it was ensuring that the program met compliance standards. According to the direct care staff who worked at the program, the facility had been without a full-time social worker for over a year. Initially, I could not understand why this had occurred; however, it soon became very apparent why this situation had perpetuated for so long.

The immediate concern of the program was not that I got to know the individuals who resided at the facility; rather, they were more concerned with state and federal regulations and the need for bio-psycho-socials to be written on all 52 residents. It was pointed out to me that if these evaluations were not in compliance, then the program could lose funding. This paramount concern left me feeling very confused and disillusioned. When I had worked in residential social work in the United Kingdom, my overriding responsibility was the well-being of the residents. I was in their home. It was my obligation to ensure that I took care of them. It was as if my personal, as well as my professional, values were being challenged to the core.

Doel (2016) eloquently captured this dichotomy in the following statement:

The dilemmas that social workers face are often associated with conflicts in values. These stem from both within the profession because of the elusive, complex and contested nature of social work and its purposes and from the frictions between various social systems. Some conflicts play out within the individual as he or she tries to determine which of the two or more values should triumph when each would lead to a different course of action. Other value conflicts arise between your own and those of other people--colleagues, service users, the management of the agency, the law, etc. (p. 47)

For me, this was my first insight into how programs and services were funded in the United States. In the United Kingdom, most programs were funded by local authorities. There was a consensus or philosophy in the United Kingdom that it was the local authority's responsibility, indeed obligation, to take care of mentally or physically challenged individuals in one's community. However, in the United States this was not the dominant philosophy; rather, there was an attitude that even while these individuals were deserving, one still had to justify the programs and services that were being administered. In other words, at any point, these services could be drastically reduced or even eliminated.

This was a very different experience compared to my work and education in the United Kingdom. The services were not being directed by the service user; rather, there were external constituents who were determining what could and could not be done. For example, there was much more documentation in the United States. Everything had to be justified or accounted for. In the 52-bed facility that I worked in, each resident had an individual treatment plan that listed, in specific detail, the goals the staff were expected to work on with each resident.

Another issue that I found extremely frustrating was the fragmentation of services. For instance, many of the residents at the facility also attended a day treatment program that was under the

control of the same agency, yet it was as if they were two different entities. My work was further complicated when a resident required medical attention. I still recall vividly accompanying one of the residents to the hospital where he ended up spending two days on a gurney in a hospital corridor. It was as if the medical professionals were saying, "This isn't our problem." This was in stark contrast to my experience in the United Kingdom, where different programs and services worked in collaboration. For example, I recall a case I had while performing intake social work: A gentleman in his mid-50s, who had been referred to the local authority, needed hospitalization due to the fact that he had developed gangrene in one of his legs. The outcome was that the leg needed to be amputated. Once the medical procedure had been addressed, it was apparent to all that this gentleman could not return to his own two-story home. He would require some form of residential care that would need to address multiple issues, but at this point his medical and rehabilitative needs were priorities. Indeed, the hospital, social service agency, and rehabilitative program worked collaboratively to ensure that this gentleman got the care he required.

This firsthand experience brought home to me how vastly different the social welfare programs of the two countries were. In the United Kingdom, there was the concept of "from the cradle to the grave." In the United States, you were obligated to show need, and even then, it could be denied. In other words, there seemed to be a philosophy in the United States that one had to demonstrate that there was a need for services. The onus was on the service user to show why they were deserving of services. There was an underlying, almost unwritten, assumption that "people were trying to get away with something."

Although the aforementioned was my first direct experience with this model of social welfare in the early 1980s, I had worked at several summer camps in the United States for the mentally and physically challenged. I was profoundly impacted by the amount of paperwork and bureaucracy that seemed to accompany these individuals who attended summer camp. We had to ensure through the medical department at the camps that everything was documented. When I questioned this, I was informed that, unless this occurred, the camp and sponsoring agency could lose funding. Further, the program needed to demonstrate the services that had been provided to receive reimbursement. Therefore, even though the individuals who were attending the camps were deemed eligible for services, there was the need to continually show why certain services and programs were required. If one did not do so, then one was being dishonest and somehow inappropriately taking funds for which they were not eligible. The onus of responsibility was on the individual to show need.

Working and Living in the United States

However, this harsh reality was very different from the perception I had of the United States when living in the United Kingdom. Through television, movies, music, newspapers, and literature, the impression I had of the United States was that of being a very accepting, generous, warm, and tolerant country. This stark contradiction of seeing the United States from the outside and then living and working in it was very difficult to comprehend. Indeed, I would assert that there are many contradictions between how the world perceives the United States and how its citizens experience its numerous rules and regulations.

Again, I experienced this discrepancy on so many levels. Regarding the places where I worked as a social worker--in a residential treatment facility for mentally and physically challenged adults and in a foster care agency in New York City--I was amazed by not only how the programs treated the service users who came to the agency, but also how they treated the staff.

As noted earlier, prior to emigrating to the United States, I had worked as a residential social worker and an intake social worker. In both settings, I would assert that I was treated well. People were respected and valued; there was a great deal of concern and interest in the staff. I still recall how the team leader of an intake team of a local authority in England would always sit with the team. Whenever we would come back from a home visit, he would be available. However, in the United States, my impression was that employees were a dispensable commodity; they were there to do a job, and if they didn't do that job, well then, they could be replaced. Indeed, when I worked in child welfare, the average time for a social worker was two years. Hence, during the seven years I worked in foster care, I observed numerous social workers leave the agency.

I believe that this philosophy of dispensability also permeated the thoughts of the service users of the respective programs. I was struck by their often-dismissive comments of the fact that I was the seventh social worker they'd had, that all social workers come and go and that no one really takes them seriously. It was as if both the service users and social workers viewed themselves as undeserving, insignificant, and disposable. The service users felt they could not wholly depend upon the social worker, and the social worker had the feeling that whatever they did would be disregarded or forgotten at some point because of the lack of continuity.

Higher Education

Not only did I encounter this philosophy in my direct practice, but also when I began teaching in higher education. I have been fortunate enough to teach in three different university systems. One was a private university in New York and two were public universities (one in New York City and one in southern Maine). I must admit that I have really enjoyed teaching in all three of these settings. I have had the opportunity to teach numerous classes across the curriculum, as well as serve on various department, college, university, and state-wide committees. However, in each setting, the students impacted me profoundly. I was touched by their enthusiasm and willingness to participate in class, the time and effort they put into their written work, and, for many, the obstacles they had to overcome in order to get into college. For me, it has been a privilege getting to know them and being able to work with them.

However, over the course of my academic career, I have heard students frequently say to me that I treat them with respect, listen to their concerns, and show concern for their endeavors. My response is, "Of course I listen to you." However, they go on to assert that there are some faculty members who do not listen to students and that they should not question or challenge their instructors: "It is, 'Do it my way, or else!'" I get very upset when I hear students telling me this.

Throughout my own educational experiences, I can think of numerous teachers and college professors who went out of their way to help me. They listened to me. They encouraged me.

They supported me. They introduced me to people. They took me to conferences. They opened countless doors and provided me with so many opportunities. I have been so fortunate, and in doing all this for me, they ingrained in me a deep sense of responsibility that it was my obligation to treat all my students in the same manner. I needed to offer them the same opportunities that had been afforded to me. Hence, when I see or hear students being treated disrespectfully by some faculty, it causes me a great deal of inner turmoil and concern.

In social work, we talk about respecting our service users, being empathetic, actively listening, showing genuineness, expressing concern, and so forth. Are these just theoretical concepts or tenets of the profession that we really believe in and put into practice? Again, I notice some similarities here between what I encountered when working as a social worker in the field. Often, I have sided with or advocated for my students. There is disbelief on the students' part that I would advocate for them. This has often put me at odds with my colleagues who believe that I should take the faculty's position and that we should show a united front.

I am amazed at how dedicated and hardworking most students are. Many are working at least two jobs, have families, and have been working in residential social work or direct practice for several years. They have a great wealth of knowledge, expertise, and life experience. It has been my experience that if one taps into this, then one's classes can be exciting, invigorating, enriching, and enjoyable. However, for this to occur, one must be willing to surrender power and authority and turn the educational paradigm on its head. In other words, the students become the experts, not the teacher.

General Education

Another area of concern I have encountered in the United States in the undergraduate programs that I have worked in is the number of courses that students are required to take to graduate. There are general education courses, core classes, foundation courses, and social work classes. This is very different than my experience in my own undergraduate education in the United Kingdom, where I studied 12 classes in far more depth over the course of three academic years. In contrast, in the United States, students take four or five classes in different academic disciplines per semester for a 15-week period to gain 12 or 15 credits. The pedagogical approach that is adhered to in the United Kingdom--where students take the same four classes in the same academic discipline over an entire academic year of 30 weeks--provides the students with an opportunity to think and reflect about what they are learning in greater depth, which is in contrast to the United States philosophy of "more is better."

When teaching classes, I often feel as if we are just scratching the surface of the issue; there is never enough time to look at issues in any great depth or scrutiny. In contrast, when teaching at the master's level, students are only required to take social work classes, which enables one to look at the material in far more detail and depth and with a much more critical and reflective perspective. Instead of trying to consume the whole buffet, why not indulge in a few courses and have a deeper appreciation and understanding of the concepts that are being presented.

This also gets into the issue of the cost of higher education in the United States. I am frequently

horrified and stunned at the amount of student debt with which undergraduate and graduate students leave the university. At the University of Southern Maine, which is a public university, students often inform me that when they leave, they will be in debt between \$40,000 and \$50,000. It is my belief that these numbers are on the low side, and today we are talking about students graduating with debt around \$100,000. These figures are terrifying. The median annual social worker (BSW) salary is \$54,341, with a range usually between \$48,076 and \$60,908 (Salary.com, n.d.-a), and the median annual social worker (MSW) salary is \$60,799, with a range usually between \$54,748 and \$67,349 (Salary.com, n.d.-b).

We need to come up with an improved method of enabling students to graduate with a degree that does not saddle them with crushing debt. I would assert that there are the following possibilities. First, when I was in social work school over 30 years ago, several of my peers were “sponsored” by their social work agencies to attend school. The arrangement was that after graduation they would return to the agency for several years. Second, why don’t respective states say to students in social work that if they remain in the state after graduation for a certain number of years, they will forgive their student debt? Third, the Council of Social Work Education and the universities in which social work is taught need to be more proactive in getting the message out that social workers and social work education has numerous cost-saving benefits for the taxpayer and is beneficial to the entire community. This leads to the question of what kind of social work graduates and professionals do we require.

Generalist and Specialist Practice

Going back over half a century, Hollis and Taylor pointed to the “lack of adequate criteria for determining what is basic and what is specialized in social work” (as cited in Doel, Shardlow, & Johnson, 2011, p. 257) and considered this to be the main reason for the inability to develop a satisfactory social work curriculum. Bartlett (1970) noted that the concept of specialization is only valid “when there is a concept of a whole that can be divided into parts” and that social work’s peculiar origins as “a profession growing through its parts” (p. 94) led to premature concepts of specialization. An aggregation can just as soon become desegregation. She declared that “practitioners not long in practice cannot be regarded as specialists because specialization rests on extended study and experience from which true expertise develops” (Bartlett, 1970, p. 195). Bartlett would, therefore, have considered the idea of developing a specialist area of practice as a social work student as premature.

Bartlett argued for greater discrimination in the use of the terms *generic* and *specific* and of the terms *basic* and *specialized*. Papell (1996) reminds us that the term *generic* first appeared in North American social work in the report of the Milford Conference in 1929, though only a single method (casework) was involved. “The recommendation was that education presented in the university was to be generic while the specialized knowledge needed in settings wherever casework was practiced--such as psychiatric, medical, child welfare--was to be taught in the field” (Papell, 1996, p. 16).

The division between specialist and generalist remains far from clear. The distinctions can be drawn along many different lines, depending upon time and place. Almost 50 years ago, Bartlett

noted that social workers were accustomed to thinking of their practice in terms of agencies, fields, and methods. She mused why it was proving so difficult for “social workers to take the necessary steps toward a perception of their practice as no longer fragmented” (Bartlett, 1970, p. 130).

In other words, there is an expectation at the advanced generalist level that the student will engage in more difficult practice tasks and, therefore, operate from an expanded knowledge base about individuals, groups, organizations, and communities. The advanced generalist must also develop increased skills to intervene in direct service provision with individuals, families, and groups at one end of the multi-level practice spectrum and, at the other end, address more complex indirect practice situations such as supervision, administration, policy, and program evaluation.

The question remains, why is the profession of social work so confused, even obsessed about the terms “generalist” and “specialist”? If one looks back at the settlement house movement and Jane Addams’ establishment of Hull House in Chicago, the whole premise was that individual work, family work, group work, community work, and so forth were all integrated. Indeed, many of the pioneers of the profession advocated for social change, changes in the law, and social protection. They also asserted that poverty was a structural problem and required fundamental measures and social change to be eradicated.

Yet, almost 150 years later, we are still having this debate about generalist and specialist. The Council on Social Work Education, universities, licensure boards, social work agencies, and social workers still appear to have conflicting views of generalist and specialist. I would even assert that many see generalist as inferior.

However, if we could view the term “specialist” from the perspective of having greater in-depth understanding or knowledge of the problem or issue rather than using the term clinically, I believe this would be a healthier and more productive approach.

I have already mentioned that I worked in the United States in a residential program for mentally and physically challenged adults and in a foster care agency. It often occurred or was implied that this work was not clinical enough. I really had a challenging time--and still do--understanding what was being implied, because I was doing some of the following in both settings: individual work, family work, group work, and community work. The work was often complicated and exasperating, yet, somehow, because I was not doing a 45-minute therapy session, this work was not as important.

Community Centers

What needs to be done? When I was an undergraduate student in the United Kingdom in the town of Middlesbrough, there was a community center. Every day this center was utilized for some of the following: daycare, lunch groups for the elderly, afternoon tea club, sports events, and evening socials for dances, parties, and so forth. The center was managed by one person but had many paid and unpaid staff. It was open seven days a week for at least 12-15 hours each

day.

Specht and Courtney (1994) talk about community service centers as providing care that is universal and available to everyone, is comprehensive and includes multiple services in one location, and is easily accessible (p.152). The wonderful aspect of the community center in Middlesbrough was that it was located right in the middle of town, so it was accessible to all.

I now live in the town of Brunswick, Maine. It is a beautiful town with a great downtown area. There is a building that is right in the middle of town called Senter Place. This would be an excellent location for a community center. In one location, many community-based services and programs could be provided. The community center also does away with the stigma of providing services. Again, there is still a notion that these programs are only for the poor and disreputable and that social services should be provided to people in the most unattractive way (Specht and Courtney, 1994, p.153).

Unfortunately, in 2018 this negative notion still seems to dominate. In 2015, the Department of Health and Human Services in Portland, Maine was moved from Marginal Way, which was in the center of town and was accessible by car and regular public transportation, to a location outside of town near the Portland Jetport. It is difficult to get to this location, and there are few shops or other amenities in the area. Again, this illustrates that the notion of helping one another has a negative stigma attached to it: People who require services have individual weaknesses and are attempting to exploit the system, and these individuals need to be dealt with in a harsh and punitive manner.

Let's return to the settlement house movement, which began in the United Kingdom in the 1800s with the establishment of Toynbee Hall in London's East End. The settlements provided child care, health clinics, and numerous classes in dance, arts, culture, and domestic sciences. In the 1890s, Jane Addams established Hull House, which was based on Toynbee Hall. According to Specht and Courtney (1994):

Hull House was in the heart of a crowded working-class neighborhood filled with immigrants from Greece, Italy, and Germany. They started with readings and discussions and showing slides of Florence art. By 1893, there were some forty clubs and other activities including a day nursery, gymnasium, dispensary, and playground. Later they added an art gallery, a little theater, and a music school. The settlers at Hull House associated themselves with many social reform movements; they were defenders of organized labor, they supported such causes as the outlawing of child labor, and they fought for women's suffrage. (p. 82)

Hence, if we were to develop community centers all over the country that were easily accessible; provided numerous services and programs under one roof; were staffed by social workers, teachers, doctors, nurses, police officers, lawyers, and recreational therapists; and offered an array of services and programs that were open to all, I think this would be a more creative solution. This model also gets the social work profession to turn away from focusing on the individual and to look at the environmental issues and how, through community and working

together, we can address issues and concerns in a constructive and positive way.

Conclusion

While I love living in the United States, particularly in the state of Maine, I do have to concede that, at times, being a social worker, and now a university professor, many difficult ethical questions have been raised for me. I realize that, often, I am in the minority when I say that I have some concerns about private practice. I have openly stated this to students in class and acknowledge that this is my personal view and is not shared by the profession.

I also accept that I am very troubled that social workers in the United States are not more actively involved in issues of social and economic justice. Even though the Council on Social Work Education states: “The purpose of social work is actualized through its quest for social and economic justice” (Council on Social Work Education, 2015, p. 5). The dominant philosophy is that of individual work. Somehow, group work and community social work have become appendages. Students have also become savvy to this, saying that they only want to take classes that will enable them to take their licensure exams. Courses in policy, child welfare, elderly, homelessness, group work, and so forth are very nice, but they do not help them prepare for their state examinations.

My dilemma is that I wish the United States social work profession and education system could be more like the United Kingdom’s. A system like that would prepare all its undergraduates and graduates to work with diverse populations, groups, and communities, and it would provide them with an opportunity to look at these issues in far more depth and with greater meticulousness than just a series of three-credit courses one must complete to graduate.

I also strongly believe that the profession of social work needs to embrace the concept of social care. Over the past 18 months of the Trump administration, we have heard more and more about the importance of the individual. “Putting America first” is one of President Trump’s slogans. However, this individualistic notion does not work. We all do much better when we work in a system of social care that is truly community based. We need to go back to the roots of our profession and embrace what Jane Addams, Florence Kelley, Sophonisba Breckinridge, John Dewey, William James, Octavia Hill, Edith and Grace Abbott, James Ruskin, and Beatrice and Sidney Webb were advocating in community work.

It is through a community that services are offered to everyone. We must attempt to get away from the notion that social services are only intended for the less deserving and that there is a negative stigma attached to those who utilize these services. The profession of social work needs to embrace and advocate the notion that services are universal.

At the time of writing this paper, the headline on the front of the Sunday Review section of The New York Times reads: “When History Repeats.” Kakutani (2018) writes about the incarceration of her mother’s family in an internment camp during World War II, and she writes about how history is repeating itself with the current detention of families near the Mexican border:

Today in America under President Trump, the news is filled with pictures and stories of families and children being held in detention centers, and reports that the Pentagon is preparing to house as many as 20,000 “undocumented alien children” on American military bases. (p. SR1)

If this issue doesn't muster us as a profession and demonstrate that we need to reconceptualize ourselves and do things differently, then I don't know what will! I believe we need to get back to our core roots of Toynbee Hall and Hull House. As asserted, over the past 100 years, the service users who we are committed to have faced numerous complex issues, which require us as a profession to continually evaluate and reinvent ourselves. In many respects, the current situation in the United States has provided the profession of social work with an opportunity to reexamine itself, or, at the very least, question how it goes about serving the populations it proposes to serve.

In March 2018, the School of Social Work at the University of Southern Maine attended Social Work Lobby Day at the State House in Augusta, ME. The school was awarded, through the Maine and National Educational Association, a social justice pop-up grant. Through this grant, we were able to take approximately 60 students to meet with state representatives from both chambers. What was so wonderful about the event was that many of the legislators who the students met were social workers. They talked passionately about the need for social workers to get more involved in local and state government and, therefore, bring a greater social work understanding and perspective to the legislature.

While this approach is going to meet with a great deal of resistance and opposition from both inside and outside the profession, I believe the only way in which we are going to seriously address social justice and economic problems is through a model of community-based social care. We need to be committed to a collective approach rather than a model of individual repair.

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