Social work in the United States has developed over more than a one hundred year period from a movement of individual and community based reformers to a recognized profession of hundreds of thousands. The history of social work has been characterized by a number of intense ideological and developmental struggles, not the least of which has involved the very meaning of professionalism and its application to a field with reformist intention. As with other professions, the relationship with academia has been critical both in the definition and the development of social work. This article reviews the American experience in the university-profession connection and describes the current character of social work education in the U.S. and how it both reflects and shapes the current character of American social work professional practice.

The primary mission of the social work profession is to enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty. (Preamble, Code of Ethics, National Association of Social Workers, 1996)

The profession of social work is committed to the enhancement of human well-being and to the alleviation of poverty and oppression. (Curriculum Policy Statements, Council on Social Work Education, 1994)

Social work, as it is practiced in the United States (US), is a bit over 100 years old, originating in the late nineteenth century Charity Organization Society and settlement house movements. As evident in the above statements from the National Association of Social Workers (NASW) Code of Ethics and the Council on Social Education (CSWE) Curriculum Policy Statements, the profession’s construction of itself is indeed quite broad. In this paper we address the role and character of ‘schools of social work’ in the US, giving consideration both to the nature of the profession and what social workers do, and how these impact the educational preparation of social workers.
Throughout its history in the US, members of the social work profession have grappled with issues related both to the nature and territory of social work and the related issue of whether social work is, in fact, a ‘profession’. Critics often construe the issue as one derived from the desire of social workers for greater social status, authority, and income. However, we believe the issue is central to the very idea of social work and its relationship to the university. In short, if social work is not a ‘profession’ then it has no place within the university, except perhaps as an object of study by sociologists. On the other hand, if it is a profession the linkage and effective partnership with the university is not only important, it is essential.

In this paper, we discuss the character of social work from the American perspective. We consider the development of the profession and its association with the colleges and universities that provide the instructional and research support for the profession. As we enter the second century in social work’s history in the US, no question would seem more pertinent than, ‘What is the purpose of a school of social work?’

**Profession and Accreditation**

Greenwood (1957), reflecting the dominant view of the sociology of professions, holds that a profession has certain identifiable traits. These include an identifiable specialized body of knowledge, an established system for social (public) sanction, a professional association capable of controlling entry and policing its membership, and an ethic of social or public commitment (as opposed to commitment to organization or to customer). Social work in the US has all of these to a greater or lesser degree. Most pertinent for our discussion, perhaps, is that social work has an extensive educational structure, integrated in the established system of private and public colleges and universities. This system is maintained by the dual impact of professional accreditation of social work educational programs and the state licensing and certification requirements for social work practitioners.

The structure and process of accreditation of social work educational programs in the US involves an ‘independent’ (i.e. outside of government and university control) authority established and operated by ‘peers’, which establishes and enforces standards through a periodic review process. This system of accreditation, carried out in the US by the Council on Social Work Education (CSWE), is linked to the primary professional social work associations in the US, most notably the National Association of Social Workers (NASW), which requires graduation from a CSWE accredited educational program in order for individuals to qualify for full membership. Similarly, the system of accreditation is linked as a matter of law to the licensing and/or registration systems in every state.

There are some 400,000 social workers in the US with either baccalaureate (BSW) or master’s (MSW) degrees from this system of accredited colleges and universities. Baccalaureate-level (BSW) students are prepared for ‘generalist’ practice in one of more than 475 accredited BSW programs. Master’s-level (MSW) students receive more specialized education and training in the more than 190 accredited graduate
social work departments or schools in American universities and colleges. Many new
BSW and MSW programs are in various stages of development as American colleges
and universities try to respond to the demand for applied and occupationally specific
education.

MSW students typically opt to concentrate either in direct practice or management
and community practice, further specializing in such fields as mental health, child
and family services, health, aging, school social work, etc. There are now 69 fully
operational social work doctoral programs (PhD or DSW), with several more in the
planning stages. Doctoral programs are not subject to CSWE accreditation and
generally prepare students for careers in academia and research, rather than social
work practice.

The practice of social work is legally regulated in all 50 states in the US through
licensing boards made up of social work practitioners and community representa-
tives. Social workers at the BSW and MSW levels of education are required, in most
cases, to be licensed or registered. (However, those employed in public agencies often
are exempt from these licensing or registration requirements.) All of the state
licensing or registration laws require graduation from a university or college social
work program accredited by the CSWE. While the specifics of social work licensing or
registration requirements vary somewhat from state to state, NASW standards, as
well as virtually all state laws regulating social work practice, allow MSW-level social
workers to engage in private or independent practice, providing they have a
minimum of two years of post-MSW supervised practice experience and pass a
specialized examination.

The partnership between NASW and CSWE takes many forms. The CSWE
accreditation process involves curriculum content requirements that include teaching
about the NASW Code of Ethics, for example. To be eligible for full membership in
NASW, social workers must have a BSW or MSW degree from a social work program
accredited by CSWE, and NASW and CSWE representatives advocate in state
legislatures to enact laws protecting and recognizing both social work practice and
education.

The Meaning of Profession

Social work, as it exists in the US, could not be what it is without the extensive
structure of social work education represented in the hundreds of colleges and
universities and their various social work programs, departments, and schools. The
reason for this rests in the very concept of professionalism, which involves, in large
part, the application of specialized knowledge to a bounded area of societal
functioning.

A profession is a group of persons who have committed themselves to acquiring
and refining a body of knowledge and the ethical application of that knowledge to
advance the welfare of individuals and the social order (Greenwood, 1957). The
classical professions of medicine and law are perhaps the best recognized as
representing this concept, but social work, nursing, engineering, education, and
journalism, among others, all represent professions that seek, to a greater or lesser degree, to emulate the recognized and established professions of medicine and law.

Certainly, beginning with the work of Durkheim and Weber, there have been critics of the idea of the classical professions and the related idea of professions as both selfless and sound in knowledge (Larson, 1977). In the twentieth century, particularly in its latter half, clients and patients pressed for greater accountability and more equality in the relationship between client or patient and professional service provider. Indeed, cynicism about various professions abounds. Lasch (1977), for example, argues that professions may, in effect, create markets for their own services and ‘invent’ many of the needs they claim to satisfy. But the critics notwithstanding, the elements of classical professionalism, including notions of public duty and service, as well as claims to particular forms of specialized knowledge, have been and continue to be very influential. These elements continue to shape the general perception of professional character and, perhaps because of that, they also form the objectives of developmental strategies employed by various professions, including social work.

In keeping with the classical idea of the profession, social work’s view of itself is not as an occupational area tied, necessarily, to a specific system of service provision but as a system of practice, based upon a continually expanding body of knowledge that is applied to the widest range of human and social issues in a vast number of contexts. Like medicine, which can be practiced in urban or rural areas, with rich or poor, in hospitals or outpatient clinics, in homes or on the streets, social work, too, is viewed by many in the profession as a method of ‘intervention’ in human and social processes which is influenced, but not defined, by context or specifics of problems or persons.

The University Connection

Given that this is the nature of the social work profession in the US, then its very existence and meaning rests upon a base of knowledge and the application and testing of that knowledge. The development of that base of knowledge and the testing and application of that knowledge creates a necessary link with the university. If social work is a profession in the way we have described professions here, then some element of the university (whether constituted as a program, department, school or college) must be devoted to assembling the knowledge in what is agreed as the intellectual and application area of social work, and it must concern itself with the refinement and dissemination of that knowledge. In the US, individuals may not engage in the legally recognized professional practice of social work without having spent considerable time in a higher education institution dedicated in some way to preparing them for such practice. Further, licensing requirements in every state commit the holder to at least some minimal level of continuing professional education.
Is Professionalism a Fiction?

An underlying question that has concerned social work in the US is whether it is, indeed, a profession in the sense that this ‘application of specialized knowledge’ construct suggests. The question of ‘What is the purpose of a school of social work?’ perhaps implies that there may be some question regarding the link of university level knowledge and research with the practice of social work. That link might not exist in a ‘profession’ which doesn’t have the previously noted professional characteristics. If social work is a hierarchal occupational area in which the worker, because of being subject to high degrees of management and supervision, does not exercise professional judgment and discretion, then the possession of knowledge and the ability to discern alternative applications is of little or no consequence.

This issue was considered early in the twentieth century, when the National Conference of Charity and Correction invited Abraham Flexner (1915) to address the question of social work’s professional character. Flexner (1915) was an educator who had gained international renown for his study of medical education, a study which contributed to a virtual revolution in medicine resulting both in perceived dramatic improvement in the quality of medical care and in the status of physicians.

Flexner’s (1915) report, entitled ‘Is Social Work a Profession?’ answered the question with an unequivocal ‘no’. Flexner (1915) noted that social work exhibited some of the traits associated with professions—i.e. it derived its knowledge from science and learning, possessed a professional self-consciousness, and was altruistic. However, he concluded that social work lacked an ‘educationally communicable technique’. He criticized the field for not having the degree of ‘specialized competency required’ and suggested that this lack of specificity seriously affected the possibility of professional training. ‘The occupations of social workers are so numerous and diverse that no compact, purposefully organized educational discipline is possible’ (Flexner, 1915). He also observed that social workers did not have the degree of professional autonomy characteristic of established professions, and characterized the work as ‘mediating’ as opposed to the ‘social worker himself … [bringing] activity into action’.

More than half a century later, Etzioni (1969), in developing his influential concept of ‘semi’ as opposed to ‘full’ professions, made a similar point. Using social work as a case illustration, Etzioni (1969) noted that what he termed semi-professions (including such fields as nursing and teaching, as well as social work) typically have a less well-developed knowledge base and rely more heavily on practice wisdom than the classic or ‘full’ professions, such as medicine and law. Like Flexner (1915) a half century before, Etzioni (1969) reported a lower level of professional autonomy among the semi-professions, observing that social work services, for example, are typically located in organizations with managers and supervisors as opposed to collegial systems. Etzioni (1969) further noted that the ‘semi’ professions, such as social work, tended to be heavily populated by ‘first generation’ professionals, often women and members of minority groups.
Another criticism of social work professionalism, based more on ideology than sociological analysis, is represented by the view of social work either as a profession of social control or a profession of social reform. In their classic and widely cited book, *Regulating the Poor: The Functions of Public Welfare*, Piven & Cloward (1971) argue that the public assistance system in the US, which existed at that time, was intended both to regulate the low wage labor supply and engage in cultural suppression of the poor and members of minority groups. The book was widely understood to be a broad critique both of American social policy toward the poor and the social control functions of social work. Two decades later, in *Unfaithful Angels: How Social Work Has Abandoned its Mission*, Specht & Courtney (1994) argued that the original mission of social work was community-based social reform. In their view, US social workers abandoned that original mission through their efforts to have social work viewed as a full-fledged profession. Specht & Courtney (1994) suggested that social workers have become ‘priests in the church of individual repair’ when they should be ‘caretakers of the conscience of the community’. This abandonment and fall from grace occurred as a result of a bite of the private practice apple which fueled the desire of many social workers for greater professional autonomy and status and resulted in a turn to the middle classes as potential consumers of a less expensive psychotherapy.

According to Specht & Courtney (1994), in order for social work to return to its original grace, it must reject the individual client or patient focus and work through a new system of community organizations for social reform and a new era of communal social service.

As history, the Specht & Courtney (1994) book is lacking. The authors rest the history of American social work largely on the settlement movement and its reform intentions, while essentially ignoring the more influential and enduring contributions of the casework oriented Charity Organization movement. The real history, not surprisingly, is both more complex and less clear in its moral implications. Nevertheless, Specht & Courtney (1994) made a powerful argument, calling on social workers to repent of the sin of professional avarice and medical envy and urging them to return to the one true church of solidarity with the poor and commitment to social justice. Their argument rests upon a view of the essential contradiction of social work, inherent in the inclusion both of an individual and societal focus of change, and asserts that social reform not only should be the primary purpose of social work, but also that it is morally superior to other purposes.

A more thoughtful and provocative criticism of social work, though less widely read, is Margolin’s (1997) *Under the Cover of Kindness: The Invention of Social Work*. Margolin, in Foucauldian style, reverses the idea that social workers ‘help’ and presents selected data from case records and social work texts to make the case that social work has created an elaborate rationalization for its social control intentions and activities while using the language of benevolence and empowerment. Margolin sees social work as Machiavellian in character, using ‘brilliant strategies’ to ensnare new clientele while hiding its authentic identity.

Both Specht & Courtney (1994) and Margolin (1997) fail to acknowledge such critical work as Gordon’s (1994) *Pitied but Not Entitled*, Lubove’s (1965) *The
Professional Altruist, and Odem’s (1995) Delinquent Daughters, and many others who have presented social work as incorporating the contradiction of altruist and client-centered helping and the social expectations that often create the basis, legally and otherwise, for the social service organizations within which social workers ply their profession. The best of these works present the social work profession both as cognizant of these contradictions and struggling to accommodate the realities of social sanction and social function.

If the Specht & Courtney (1994) and Margolin (1997) sort of view of social work as a morally compromised and two-faced ‘profession of oppression’ were to become dominant, it would, of course, have profound implications both for the profession of social work and the colleges and universities that host social work educational programs. A profession requires social sanction from established authority and, by its nature, tends to be case oriented. If the social work profession were totally given over to social reform and advocating for individual client interests without regard for the larger social and cultural context, it would likely lose social sanction and cease to be a profession in the sense that term normally implies, i.e. a designated and recognized group of trained individuals who are committed both to patient or client AND the public interest. Dealing with this inherent contradiction in medicine, law, education, and the various other professions is, indeed, the essence of the professional role.

Our sense is that social work practitioners in the US understand and accept the inherent tension between individual and collective interests and between individual change and social reform better than many social work educators. Partly because of the persistence of the sort of myth of professional development presented by Specht & Courtney (1994), emphasizing only social reform in the Settlement movement, the culture of social work education in the US reflects an either/or nature of social reform and casework. The common argument is that there must be a trade-off, i.e. that a focus on methods and techniques of practice resting on ‘clinical’ research and scientific objectivity can only develop at the expense of broader participation in social action and policy making. Yet, as an intellectual matter, there is no particular reason to believe that social work could not simultaneously pursue both methodological study, aimed at interventions with individuals and families, and program and policy study, aimed at interventions at the community and societal levels. Consequently, the notion that there can only be a trade-off must be an ideological one, based on the view that individual amelioration of problems undermines the radicalization that leads to social reform.

Erenreich (1985) characterizes this intellectual dichotomy in social work as follows:

> Social work [has] been characterized ... by one of two broadly opposing sets of theories. On the one hand, there are those theories that emphasize the problems of the individual and see casework as the solution. On the other hand, there are the theories which emphasize the problems of society and see social reform as the solution. These theories are more readily understood as the ideologies and battle cries of particular groups within and without the profession, struggling for power, than as exclusively true, well-validated (or even capable of being validated) theories of human behavior. (p. 227)
While Erenreich (1985) captures the essential elements of the debate, social work and the related professions typically see social reform as desirable, but also understand it is difficult to operationalize and often involves somewhat unpredictable social and economic costs to large numbers of people. Individual intervention not only has more immediate impact, but it is less costly, more accessible as an intervention, and its outcomes are more predictable. And, we suggest, more consistent with the socially defined professional role.

Despite this continuing consideration of the true nature of social work, and the sometimes bitter antagonisms between the competing camps, the profession of social work in the US, through NASW and CSWE (as well as increasingly numerous other smaller and more specialized professional associations), has continued and even strengthened its commitment to systematic knowledge development through research and to the role of the university in the development and dissemination of that knowledge.

The NASW Code of Ethics (NASW, 1999) takes the extraordinary step of incorporating an intellectual accountability principle, holding that ethical professionals must both be current and intellectually honest, providing services, ‘… only within the boundaries of their education, training, license, certification, consultation received, supervised experience, or other relevant professional experience’ (1.04.a.), and using ‘… intervention techniques or approaches that are new to them only after engaging in appropriate study, training, consultation, and supervision from people who are competent …’ (1.04.b.). The NASW Code of Ethics admonishes social workers, when recognized standards do not exist, to ‘… exercise careful judgment and take responsible steps (including appropriate education, research, training, consultation, and supervision) to ensure the competence of their work and to protect clients from harm’ (1.04.c.). Further, the NASW Code of Ethics admonishes social workers to ‘… promote and facilitate evaluation and research to contribute to the development of knowledge’ (5.02.a.) and to ‘… critically examine and keep current with emerging knowledge relevant to social work and fully use evaluation and research evidence in their professional practice’ (5.02.c.).

Indeed, throughout the NASW Code of Ethics there is continual reference to the soundness of a knowledge base and the application of that knowledge to defined problems and practice arenas. It is a document that expresses what social workers do in many of the practice contexts in the US, but it also expresses the vision of itself as a profession and its aspirations to establish a fully ‘professionalized’, knowledge-based, peer governed, system of practice grounded in systematic, research-based, observation and documentation of ‘intervention’.

100 Years of Professional Social Work

The sentiment expressed in the NASW Code of Ethics (1999) is understandable, given the origins of social work in the US. From the outset, first as an avocation and later as a profession, social work in the US was very much a product of a mentality of ‘social engineering’, expressing the idea that social problems can be solved through
acquiring and applying knowledge. From this perspective, solutions to social problems would not result from political movements or conflict, but rather from the application of ‘science’, the collection of ‘evidence’, and the dispassionate consideration of that evidence to draw conclusions that would lead to ‘responsible’, well founded interventions by ‘well educated’ professionals (Crunden, 1982).

This drive for a middle class ‘professional’ solution to American social problems occurred during the latter half of the nineteenth century. The country experienced massive population growth and rapidly increased industrialization, urbanization, and immigration, and along with a very evident and widely reported (through an aggressive, competitive press) ‘explosion’ in social problems. Homelessness, substandard housing, high infant mortality, poverty, low wages, and brutal working conditions were but a few of the widespread problems.

Efforts by organized labor to deal with such problems were met with violence and legal injunctions that led to a sense of class conflict on a grand scale. Erenriech (1985) characterizes American society during this period as ‘... deeply uneasy. Not a few feared outright revolution. Fear of endemic disorder and unrest, loss of confidence, generalized anxiety, were widespread’ (p. 27). The US was in a state of social disorder and its most basic economic and political institutions seemed threatened.

In response, there was a middle-class ‘revolution’, of sorts, but neither of the major late nineteenth century political combatants, i.e. industrial capitalists and labor leaders, dominated this revolution. Rather, the professional, educated, urban class asserted control over both the definition of social and governmental problems and the proposed solutions to them. This process came to be called the Progressive Movement, encompassing a broad and influential cultural and educational agenda, as well as a specifically political one (Crunden, 1982). In the process, it transformed American government, both at the local and national levels, and redirected American universities toward applied science and service of the ‘public interest’. The result was the beginning development within universities of a science of human and social engineering and spawned professions of social work, nursing, journalism, public health, and public administration, while reconfiguring education and medicine.

Several social welfare developments in this era formed the basis for the emergence of a social work profession that claimed responsibility for and competence in dealing with the poor and dependent. These included efforts to control tuberculosis in American urban areas in the 1880s and the founding of settlement houses in New York City and Chicago, as well as the child welfare efforts, represented most notably by the Children’s Aid Society and the Society for the Prevention of Cruelty to Children, both based in New York City. However, it was the development of the Charity Organization Society (COS), first in Buffalo, NY in 1877, which contributed to the detailed identification and classification of what came to be called ‘social casework’. In so doing, it established a base both in identity and method upon which social work developed. Mary E. Richmond first used the term ‘casework’ in 1899 and her landmark book, *Social Diagnosis* (1917), became the standard reference work for ‘caseworkers’.
The COS movement was a response to the rapid growth of uncoordinated relief giving, which itself was a response to the rapid, uncoordinated growth in urban industrial America. The relief situation was widely perceived to be excessive and chaotic. COS leaders sought to replace apparent disorder with one rational superstructure in every community which would stress social investigation, coordination, and personal ‘professional’ service. ‘Scientific charity’, a term coined by the COS, expressed perfectly the following idea: apply the methods and rigor of science and do for social welfare what this approach had done for medicine and engineering. Social work, as scientific charity, was to study the problem of dependency, gather data, test theories, systematize administration, and develop techniques that would lead to a ‘cure’.

In order to develop this modern, scientific charity, there was a need for social workers to understand the character and organization of the social order, the nature and impact of social change, and be competent in the means of working with individuals to effect change. However, there were problems. COS agencies initially viewed causes of poverty and dependence, such as vice, indolence, intemperance, etc., primarily as moral failings of individuals. This was an intellectual holdover from the nineteenth century religious origins of much social welfare work and organization (Lubove, 1965).

In addition to the ‘non-scientific’ construction of problems as ‘moral’, it became obvious in short order that relying on volunteers for the provision of services was not enough. In 1893 a survey found that the shortage of these ‘friendly visitors’ was so great that less than one case out of seven was ever seen by a volunteer (Lewis, 1971). Both of these problems could be addressed by the development of a systematic educational system for those in social work. In 1893, Anna Dawes published a paper entitled, ‘The Need for Training Schools for a New Profession’, in which she argued that a good deal of knowledge and expertise was being accumulated by people with experience in charity work. In 1897 Mary Richmond followed with a paper entitled ‘The Need of a Training School in Applied Philanthropy’.

Following the publication of the well-received papers by Dawes and Richmond, as well as many similar statements, and the beginning of in-service training by organizations such as Boston’s Associated Charities, formal professional education was begun in 1898 under the sponsorship of the New York Charity Organization Society in league with Columbia College. This effort, called the Summer School of Philanthropy, was six weeks long and consisted of lectures, visits to public and private charitable agencies, and supervised fieldwork. In 1903 the program of the school was expanded to include a six month long winter course, which in 1904 was extended to one full year and the name was changed to the New York School of Philanthropy. Other cities quickly followed New York’s lead and established professional schools for the training of charity workers.

This development of an educational structure linked so directly to the training needs of agencies in the communities, but placed in the university context, inevitably led to the call for overt professionalization of the field. Professionalization was, after all, a major social trend during this era. Medicine and engineering had reorganized
and regenerated themselves as professions, in part by participating in the reform and re-creation of American universities into places that focused on research and application. It seemed quite reasonable to think that the myriad and diverse social problems plaguing the new urban society should be proper targets for solution by a new profession. Fueling this professional desire were practical problems of the low wages associated with charity work and the limitations on opportunities for women in late nineteenth and early twentieth century America.

A new urban class of women had emerged during the latter part of the nineteenth century. While they were educated in a greatly expanded American higher education system, these women found the traditional professions largely closed to them. Emerging professions, such as nursing, education, public health and social work, provided alternative avenues for these women to achieve success and exert influence.

While the COS was the seminal home for social work and social casework, it was not alone as a site for social work practice. In 1905 medical social work was established at Massachusetts General Hospital for the purpose of supporting patients, and their families, in carrying out the treatments recommended. The hospital’s new neurological service created a specialized division to deal with mental patients by 1907. In 1921 the prestigious Commonwealth Fund included school social work in a five year Program for the Prevention of Delinquency (Lubove, 1965).

The Emergence of the ‘Medical’ Model

By the middle of the second decade of the twentieth century, American social work had developed identifiable specialties and had already begun to define itself as a new and potentially effective profession with a focus that went considerably beyond relief for the poor. That focus, certainly beginning as one on the dependent poor, had by 1915 shifted to the more generic ‘social functioning’. Those to be served by this new profession were identified typically as ‘children, families, and the mentally ill’, with few specific references to the poor.

However, anxiety about the professional status of the field persisted, and there was an ongoing debate about the proper sources of knowledge and theory for this new profession. One view, derived from the settlement house experience, held that the new profession should focus on understanding the social causes of dependency. Samuel McCune Lindsey at the New York School of Social Work, Edith Abbott at the Chicago School of Civics and Philanthropy, and George Mangold at the Missouri School of Social Economy argued forcefully for a profession based on social and economic theory and with a social reform orientation. Mangold (1914, p. 88), for example, wrote ‘… social work … can subordinate technique to an understanding of the social problems that are involved … Fundamental principles, both in economics and in sociology are necessary …’.

This view was countered by those who insisted on the need to establish a practice method and emphasized individual work and problem solving through developing the relationship between client and worker. Rooted in experience in the Charity Organization Societies, hospitals and treatment oriented family agencies, this
argument took the form of emphasizing the importance of practical knowledge related to social work practice and the operations of social service programs. Increasingly, social work services were bureaucratized and invariably were delivered on a ‘case’ basis. As Walkowitz (1999, p. 58) points out, training in social work at the time consisted largely of the on-the-job sort and Richmond’s *Social Diagnosis* was ‘the Bible’, both consistent with a view of social work knowledge that focused on the agency, the individuals in the social work relationship.

Flexner (1915), as noted earlier, had a dramatic impact on this issue of the character and source of social work knowledge. Social work leaders consciously set out to remedy the deficiencies identified by Flexner focusing especially on the development of an educationally communicable ‘technique’. Other reports during the same period, such as the joint report of the New York School of Philanthropy and the Intercollegiate Bureau of Occupations (1915) presented a rather positive view of the field and endorsed the ‘medical’ model of professional development identified by Flexner. Over the 15 years following Flexner’s report, and consistent with its recommendation, there was a rapid expansion in the number of professional social work schools, all of which were associated with colleges and universities. This expansion within academe gave rise to the call for a professional accreditation body and this, in turn, led to more standardization of curricula.

Social work, now part of the college and university context, increased its publication and conference activity, and a dominant theme in such activities, reflected in the new curricula content, held that casework, and therefore social work, was a singular generic skill, independent of setting or nature of client. Richmond followed her classic *Social Diagnosis* (1917) with *What is Social Casework?* (1922), which furthered the ‘technical basis’ and conceptual focus that Flexner considered to be such a vital aspect of a ‘true’ profession. As a result of all these activities, by 1929 social workers had narrowed the definition of social work to ‘casework’ and the organizational context in which it occurred. Increasingly casework was psychiatrically oriented drawing on European theoretical developments in dynamic psychology. In the process, schools of social work diminished the place of public welfare, social and labor reform, and the ‘less professional’ and scientific techniques such as liaison and community resource mobilization.

Over a period of some 25 years, the primary locus of graduate level social work practice had shifted from Progressive Era settlements and COS organizations to a point where the ‘… majority of social workers worked out of family casework agencies’ (Walkowitz, 1999, p. 59). In 1929 the Russell Sage Foundation published a descriptive report, *The Social Worker in Family, Medical, and Psychiatric Practice*, which provided a detailed glimpse of social workers’ professional life primarily made up of working with individuals in a series of ‘casework’ encounters. As Ehenreich notes, ‘the complex emotional reactions of the worker to the client—frustration, sympathy, strong feelings of like or dislike—had a major impact on the interactions with the client. To be effective social workers needed to master these reactions’ (Ehenreich, 1985, p. 72). Because of the reality of working directly with individuals and the necessary elements of relationship involved, the concepts and language of
psychology and psychiatry became very much the language of social work. Of course, these concepts and language also fit very well with the medical model, both in the sense of a professional development strategy and in the sense of a practice model that allowed the discrete definitions of problems, a diagnosis, and an intervention at the individual level. In 1928 the Milford Conference convened to consider whether social work was a disparate group of technical specialties or a unified profession with integrated knowledge and skills, concluding that it was a single profession united by a practice method (American Association of Social Workers, 1929).

Of course, the move toward this predominant ‘medical model’ of social work was not without controversy. Commenting on this a few decades later, Lubove (1965) criticized the failure to realize that community work might be defended as legitimate professional responsibility. An editorial of the time in the journal Survey, written by Paul Kellogg (1918), complained that the ‘typical social worker is too much concerned with individual cases and … is too much of a worker and not enough of a reformer’.

Despite these criticisms the character of social work continued to reflect a professional developmental model that reflected the Flexner view and, by 1930, social work had accomplished something quite substantial. It was widely recognized as a profession, it had established a method of casework practice applicable to a wide range of human problems, and it had established an extensive educational and professional structure supportive of its further development. In 1919 the 17 schools of social work that then existed in the United States and Canada had formed the Association of Training Schools for Professional Social Work and developed uniform standards of training and professional education. The group was renamed the American Association of Schools of Social Work (AASSW) in 1927 and by the mid-1930s schools of social work were required to have university affiliation and to offer two years of graduate study as conditions of membership (Beless, 1995, p. 635).

The institutionalization of social work education as a graduate only level course of study was not universally accepted. During the Depression that gripped the US, and the world, during the 1930s, many public social services were instituted and, for the most part, people without graduate degrees were hired to staff them. Professional social work education, as represented by the AASSW and its member schools of social work, was not interested in, and was indeed somewhat hostile to undergraduate level social work education.

In 1942, both out of a desire to prepare baccalaureate level students for public welfare practice and as a response to being frozen out of membership in the AASSW, several undergraduate social work programs formed the National Association of Schools of Social Administration (NASSA). The AASSW and the NASSA finally merged in 1952, creating the Council on Social Work Education (CSWE).

For a number of years, CSWE viewed baccalaureate programs as ‘pre-professional’ and restricted accreditation only to graduate level (MSW) programs. It was not until 1974 that accreditation of baccalaureate programs was instituted (Beless, 1995). This integration into one accrediting body of undergraduate education and graduate education in social work was much more than the creation of a logical continuum. It was the fusion, and a not always stable one, of two professional cultures—one more
focused on public service and social reform and the other more focused on skill and knowledge development for professional, often clinical, practice.

The Depression, New Deal, War, and Rebound

In 1929 an economic Depression began that proved to be the longest and deepest in American history. It had a rapid and profound effect on social work, changing the site of much of social work practice from private not-for-profit agencies to new, often large and complex, public ones. In turn, this produced a new demand for public welfare workers, a position defined as NOT requiring an understanding of the intrapsychic landscape of clients, and typically established by state civil service boards as positions not requiring degrees in social work.

As noted earlier, through the AASW the field had defined itself as an all-graduate trained profession providing skilled casework services based on psychotherapeutic theory and technique. Thus, this demand for social service workers in the public sector created a crisis of sorts (Lowe & Reid, 1999). The economic and social realities of the Depression challenged social work's construction of itself, again raising the issue of social reform and, by implication, raising questions as to what constituted the proper knowledge base of the profession.

The huge demand for goods and services caused by the Second World War brought an end to the Depression that the Roosevelt administration’s New Deal programs had succeeded in ameliorating but not ending. There was a prevailing national mood of optimism and social workers once again felt free to concentrate on the individual causes of distress and in developing knowledge and techniques to deal with these.

The psychotherapeutic orientation that had begun in the 1920s, and that was de-emphasized in the 1930s, now found wide acceptance in the 1940s and 1950s. Support for this was widespread both among social workers and those who supported social agencies, public and private. It was further supported by evidence, based on the testing of millions of military recruits during the war, that the prevalence of mental health problems was far beyond what had been thought and the need for improved and increased mental health services became evident. By the 1950s, 85% of students in schools of social work chose casework or direct practice, often described as ‘psychiatric’ social work, as their major area of concentration. This interest in individual counseling was reinforced by the fact that more and more persons above the poverty line were turning to social workers for help. A 1960 study of family service agencies revealed that 9% of clients were upper class and 48% were middle class (Leiby, 1978).

Accompanying the return to interest in the individual causes of social problems was a successful effort by graduate schools and MSW-level social workers to reassert their dominance over the profession. In 1955, following a lengthy period of negotiation, seven associations of social workers in specialty areas merged to form the National Association of Social Workers (NASW). Membership in NASW was open only to those with the MSW degree or students pursuing MSW degrees. Social
workers without the MSW, who comprised the bulk of those employed in the public sector, were not welcome, in spite of the fact that over three-quarters of the people occupying jobs defined by the US Bureau of Labor Statistics as social work positions did not have graduate training in social work.

The 1960s: The Re-discovery of Poverty

Throughout the 1950s, many Americans had been lulled into a false sense of well being by books such as *The Affluent Society*, in which Galbraith (1958) argued that poverty was a small and declining problem. Americans who were poor were thought to be so either because they lived in areas isolated from the general economic prosperity of the country (insular poverty), or because of individual problems that prevented them from functioning as viable wage earners (case poverty).

As the decade of the 1960s began, the country was shocked by a series of books, articles, and reports documenting the fact that poverty still existed in America on a massive scale. Notable among these were *The Other America* (Harrington, 1963), *Our Invisible Poor* (MacDonald, 1962), and the report of the Ad Hoc Committee on Public Welfare appointed by the new Kennedy administration. The result of these events taken together, plus a general feeling in the nation that we had been stagnating and that change was needed, was a tremendous increase in interest in the problem of poverty and public welfare. Professional social workers, as represented by NASW and CSWE, became increasingly involved in social welfare policy matters. National attention to civil rights, welfare rights, anti-war and feminist movements definitely had an impact on social work, resulting in a temporary increase in student and faculty interest in community organizing and social action.

However, by the end of the 1960s social work found itself in a position of considerable distance both from policy formation and service provision for the poor. This was a result of the choice by the profession to respond in a limited way to the increased demand for trained public social service workers in the last decades, combined with the apparent failure of social workers to reduce poverty and decrease the public welfare roles as had been expected when social work services were expanded as a result of several 1960s federal social welfare programs.

By the mid-1970s the mood of the country had changed with respect to social welfare programs and the social work profession had fallen out of favor with a more conservative Nixon administration. The social work profession, as represented by NASW, opposed a major welfare reform proposal, known as the Family Assistance Plan, that had been put forth by the Nixon administration. This marginalized the profession in regard to national policy for the poor and further alienated the profession from the central aspects of the American policy and service system for the poor. Thus, the profession that began as one specifically mandated to deal with the problem of poverty had, by 1975, come largely unmoored from its original focus on the poor and was, again, focused on individual service to a broad range of people with problems.
Social Work Expands its Domain

While US social work cannot be said to have been a central actor in the formation and implementation of public policy regarding the poor in the last third of the twentieth century it did, nevertheless, take steps to be more inclusive of those workers providing the bulk of the public social services to the poor. In 1970 NASW changed its long-standing membership requirements to allow people with baccalaureate degrees from CSWE approved programs to become full members. This change, in turn, required that some mechanism be developed to approve undergraduate social work programs and that was accomplished in 1974 when CSWE began to accredit Bachelor of Social Work (BSW) programs. As a result of including baccalaureate social workers in the definition of the profession, and the corresponding increase in the number of people receiving the BSW credential, nearly half of the more than 500,000 jobs that the US Bureau of Labor Statistics currently identifies as social work positions are now filled by people with professional social work credentials, a proportion much higher than at any previous time in the profession’s history.

Ironically, as NASW and CSWE expanded the definition of professional preparation and became more inclusive, primarily of public sector workers, the character of social service delivery and organization was changing dramatically. The stereotypical career of the BSW, i.e. public social service work in child welfare or public assistance settings, is largely a thing of the past. An important factor in this development is the expansion of the mental health and health service sector, which has become the major arena for social work employment. In a recent NASW membership survey (National Association of Social Workers, 2000), respondents identified the following as their primary practice setting:

- mental health—39%;
- health—8%;
- child welfare/families—8%;
- school social work—6%;
- aging, adolescent services, addictions, or international services—11%; and
- multiple areas or other—28%.

As these data indicate, when mental health and health settings are combined, they account for the practice settings of 47% of the respondents and in the field of mental health a substantial majority of service providers are social workers.

Another element in the continuing undermining of social work’s identity with services for the poor is the increasing use of contracting with nonprofit or for-profit agencies and firms to deliver social services to specified populations on time, within budget, and adhering to standards set by the contracting organization. Traditionally, social work had been practiced either in governmental or private not-for-profit agencies.

After World War II, particularly in large metropolitan areas, a few social workers began to establish private practices, usually providing some type of mental health
counseling, psychotherapy, or marriage and family counseling. In recent years, however, fee-for-service practice in both nonprofit and for-profit organizations has become commonplace. Private practice refers to a practice organization typical for professionals such as physicians and lawyers, where a social worker provides individualized services, generally counseling or therapy, on an hourly or service protocol rate basis.

The NASW membership survey referenced above revealed that approximately 25% of the respondents were in full-time private practice, while a large percentage of respondents who were employed full time in agencies were engaged in private practice on a part-time basis (NASW, 2000). The emerging pattern is one of social workers delivering individualized services in the context of nongovernmental organizations that seek contracts for delivery of specified services to identified clientele. This is bit different from the classic ‘hanging out of a shingle’ model of private practice, but it nevertheless involves cost and profit considerations that have not been present in public service delivery and will contribute to the change in the professional culture of social work that has been ongoing in recent decades.

The expansion of social work licensing laws and the inclusion of social workers as eligible for reimbursement in many insurance and government benefit programs have also accelerated the numbers of social workers going into full- or part-time private practice. Private for-profit businesses employing (or in some cases owned by) social workers include drug and alcohol treatment programs, nursing homes, eating disorder clinics, adult day care centers, companion services, as well as case management and general mental health service provision.

The development of private practice and for-profit social work has met with a mixed reception in the profession. Many welcome these developments and believe that the establishment of a private base for social work practice permits more autonomous and, hence, more professional services, as well as creating additional career opportunities and greater attractiveness of the profession to potential social workers. Certainly, private practice settings provide social workers with greater opportunities to exercise professional autonomy, which is often quite limited for those employed in agency settings. In addition, private practice or employment in for-profit settings often is more lucrative than agency-based practice.

On the other hand there are a number of people in the profession who view the development and expansion of private, for-profit social work as a cause for concern. Reamer (1993), for one, observes that, ‘In increasing numbers, social work is attracting practitioners with limited commitment to the profession’s traditional concern with social justice and public welfare’ (p. 12). Certainly, many students currently entering schools of social work express their strong desire to ultimately engage in private practice (D’Aprix et al., 2004).

It has been argued for some decades in American public policy circles that private market allocation of social services, under-girded by various forms of public and private insurance providing the ability to consume, constitutes a more efficient and effective way of delivering services than the old public service monopoly model (Reid,
1971). Nonetheless, Reamer’s observation resonates with many in the profession. The social work profession’s ideals of social justice and public welfare may well increasingly become subordinate to ideals that have more to do with the effective delivery of specific services in an accountable way. Thus, we are likely to see even greater emphasis on such things as outcome evaluative research, budgetary accountability, ‘best practices’, and evidence-based practice, along with greater practice specialization.

On the other hand, US social work has renewed its association with a traditional area of service with a strong public service tradition, namely child welfare services. Through the middle of the twentieth century, child welfare was considered to be a social work specialization and social work was clearly the dominant profession involved in providing child welfare services. However, over the years since, the traditional alliance between social work and public child welfare was weakened, due to a number of developments, most notably the drive to declassify public positions to make staffing of public agencies easier and cheaper. This ‘declassification’ of social service positions began to change during the 1980s and early 1990s, as a series of legal judgments established the principle that children in protective service have a right to professional services. Such judicial decisions have commonly required states to greatly increase the number of professionally trained social workers in their child welfare systems.

In order to meet the needs of the public child welfare agencies for more BSW and MSW practitioners, many state social service departments and schools of social work have formed partnerships aimed at increasing the numbers of professionally trained social workers employed in those settings. This initiative has stimulated a renewed alliance between public child welfare services, social work education programs, and professional organizations, particularly NASW and CSWE. One result is the development of specialized curricula and field placements in schools of social work focusing on public child welfare services.

However, it is important to note that these child welfare services increasingly are being provided by private contractors and that this renewed interest by the social work profession in public child welfare has occurred along with a narrowing of the scope of child welfare services to a nearly exclusive focus on abuse and neglect, with a corresponding de-emphasis on child welfare as an anti-poverty area. Today, child welfare is construed as protective service not as an anti-poverty program. State child welfare programs are not associated, as they were in the past, with any sort of benefit structure for poor children. In their survey of state child welfare agencies, Kammerman & Kahn (1990) found that the activities of these agencies primarily were focused on investigating allegations of abuse and neglect, and providing direct treatment to substantiated cases. Families with less severe problems, including income insufficiency, were not being served. Thus, schools of social work are re-emphasizing the preparation of students to provide public child welfare services as the field is redefining the practice specialty as one providing clinical treatment services to a pathological population, regardless of income level. This is, again, a development consistent with the several decades long progressive ‘medicalization’ of social work.
Conclusion and Challenges

So it is that American social work has come to the beginning of the twenty-first century with an extensive educational and professional structure in place. That structure, built essentially on the medical model and concept of professionalism, requires the education and maintenance of the ‘practitioner’ as the possessor of knowledge, skills and values that can be applied to the widest range of human difficulties. Social work practice now is largely delivered on a person-to-person basis, typically referred to as ‘direct service’ or ‘clinical social work’, as opposed to the older term ‘casework’. Nevertheless, the profession of social work today has a character and quality that would be quite recognizable to the social worker of 1920, 1950, or 1980.

Yet, despite this progressive ‘medicalization’ of social work, the profession also has maintained an intellectual and ideological stream derived from its origins in the late nineteenth century settlement and other community movements, and its association with social and political movements concerned with the poor, with labor, with racial and immigrant groups, and other disenfranchised populations. Today, this is reflected in the continuation of community practice curricula at schools of social work, as well as involvement of many faculty members in research on organizational, community, and social policy issues. It is accurate to say that modern American social work, as reflected in the educational institutions, pursues knowledge development and dissemination that focuses on broad aspects of social and organizational development as well as individual change.

However, there are challenges that will likely change the face of American social work education. In the short run, virtually every college and university in the US is being confronted with the reality of having to deal with substantial budget reductions. And, because many social work educational programs do not have high status within their colleges and universities, they are often especially vulnerable to budget cuts. A consequence of the budgetary restraint in recent years has been a trend for reorganization of American universities. Such reorganization often casts schools of social work into larger units that involve other related applied fields such as nursing, public administration, public health, gerontology, criminal justice, and the like. This re-engineering of American campuses may well break down disciplinary boundaries, allowing both for more intellectual cross-fertilization and more overt competition over territory and resources.

Further, the recent significant increases in the numbers of BSW and MSW programs, with the resulting increases in the numbers of students graduating, has been occurring at the same time that the downturn in the nation’s economy is resulting in a tighter job market for new social work graduates. In many parts of the US, new graduates increasingly find it harder to get jobs, and the jobs they do get do not pay well. Interestingly, the situation is somewhat different for doctoral programs because, while there has been a significant increase in the numbers of such programs over the past decade or so, these programs in total are producing about the same number of graduates each year as the smaller number of programs did earlier. In addition, large numbers of social work faculty members are now retiring, or likely to
retire in the near future, which is creating a strong market for new PhDs in academic social work. Salary levels often are higher in social work education than they are in most sectors of social work practice.

As we have noted, the nature and organization of social work practice in the US is undergoing dramatic change and schools of social work have to adapt. As Caputo (2002, p. 355) observes, ‘… in the United States and elsewhere, the welfare state has turned to market mechanisms to address social problems’. Many public agencies are rapidly moving toward contracting out services they are mandated to provide, rather than providing them directly. Social workers face far less job security, more changes in work site and focus, and more competition than at any point in the past.

In addition, ‘managed care’, a hallmark of the US health insurance industry in recent years, is increasingly being used in connection with various social services, as well as in more traditional health and mental health settings. Under managed care social workers often have less professional discretion about how they will deal with their clients, since someone employed by an insurance company may tell them how many times and with what frequency they may see the client, and what kinds of treatment can be provided. The emphasis on cost effectiveness in service delivery also has increased interest within social work, and other helping professions, on identifying ‘best practices’ and ‘evidence-based practice’.

Taken together, these current trends—the emergence of market delivery in social work services, the frequency of third party reimbursement for services, the development of managed care, the concept of best practices, and the increasing demand for clinical specialization—require major adjustments for schools of social work and their associated faculty members. Universities tend to be slow to incorporate contextual change, because they are, appropriately, repositories of knowledge in books and people, which represent the history, and development of disciplines and fields. However, at the moment there seems to be some discrepancy between what a high proportion of social work students want and what many social work faculty members are prepared to provide.

The vast majority of current social work students, perhaps as many as 85–90%, want to be prepared to provide clinical or direct practice services to clients. Significant portions of those students also are clear that they ultimately want to enter some form of private practice. However, the students’ desire to prepare for private practice is anathema to some faculty members who view private practice with a jaundiced eye. And, at a more practical level, many social work faculty members have limited training and background in clinical work. The argument that private practice allows a higher degree of accountability to clients and more equality of power in the relationship has not been widely persuasive (Reid, 1996).

The success of the social work profession in securing legal regulation of social work practice, i.e. licensing or registration, and in making social workers eligible for third party vendor status in many insurance programs that cover mental health services, has had an interesting impact on social work education. Previously, the primary non-physician professionals eligible for third party vendor payments were PhD level psychologists. As social workers became eligible for such reimbursements for services,
the profession began to attract many more students who were interested in providing counseling or psychotherapy on a private or independent practice basis, but who concluded they could reach their goal faster and with less expense by obtaining a two-year MSW degree rather than a PhD in psychology, which might take four or five years or more to obtain. These students are most interested in the social work courses that they see as specifically relevant to what is variously defined as counseling or psychotherapy or clinical social work. They are far less interested in the range of other courses that the CSWE accreditation standards require to be part of the MSW curriculum, such as those dealing with social policy, research, diversity, community and organizational practice, social action, etc.

Many current faculty members entered academia two or three decades ago, when seemingly there was greater emphasis on social action. And many of them would agree with the arguments of Specht & Courtney (1994) that schools of social work today are attracting many students who appear to have less of a commitment to the profession's historic anti-poverty and social justice values. Further, faculty members today increasingly are expected, and indeed often are required, to be heavily involved in securing external funding to support the conduct of research. Because they have been involved in social work education for many years, many faculty members are somewhat removed from current practice realities. This requires that schools of social work make much more direct effort to incorporate active clinical practitioners into the educational and university context. This is being done rather widely in the major universities that utilize part-time teaching roles, clinical professorships, and other ‘non-tenure track’ positions as a way to link students more effectively with practitioners.

Are American schools of social work in a position to deal with these challenges? We believe the answer, most probably, is yes. Since contemporary schools of social work increasingly are like other professional schools, they, for the most part, have developed infrastructures that are capable of producing teaching, externally funded research and program support, and a wide array of service activities and professional and community partnerships. The faculties are expected to engage in a wide range of activities beyond the traditional classroom instruction role, and are expected to meet university requirements for tenure and promotion that include rather high expectations for research and publication.

While faculty members now have to perform numerous roles in addition to teaching, many schools of social work in the US have themselves become multi-faceted service organizations. Schools of social work now perform functions that are far beyond the traditional concept of a faculty or department, as can be seen in the following examples. The University of North Carolina at Chapel Hill (UNC–CH) School of Social Work, in addition to its MSW and PhD degree programs, serves as a major provider of staff development training to various public social welfare organizations and is a major research center. The externally funded activities of the UNC–CH School of Social Work, i.e. the funding for research and training programs, total several millions of dollars per year. The Department of Social Work at the University of North Carolina at Wilmington, in addition to its BSW and MSW
degree programs, has developed a Center for Social Work Research and Practice that encompasses community–university partnership grant development, program evaluation, and post degree professional development education. Although the Center’s operation is entirely supported through grant and contract income, every member of the faculty has a role in Center activities as a regular component of her or his faculty role. To one degree or another, the situation detailed in these examples increasingly is typical of schools of social work across the US.

Thus, schools of social work have been adapting to the changing expectations of American colleges and universities. On the other hand, schools of social work have been slower to grasp the transformation of social services to the market allocation model and slower to grasp the transformation of social work practice to something akin to medical services. This does not mean they have been slow to take on the medical model as an analytic construct. As we suggested earlier, the medical model construct has informed US social work from its earliest days. Rather, it means schools of social work have been slow to comprehend that social work services are increasingly being defined as ‘clinical’ and therefore suitable to be delivered and financed in organizations modeled on the US health system. The question, then, is whether US schools of social work today are adequately preparing their students to perform jobs that agencies and organizations are willing to pay to have done. We suspect not, but we see adjustment efforts that are promising.

Assuming these challenges can be addressed, we believe the future of US schools of social work is bright. Social work research has matured and shows promise of being able to contribute significantly to evidence-based practice, and successes of social work faculty in securing external funding and conducting and publishing high quality research not only helps the fiscal situation of schools of social work, but also helps to increase the reputation and status of schools of social work within their host educational institutions. Further, the student demand for admission to BSW and MSW programs remains high.

However, for schools of social work to serve a purpose that is valued by society, they ultimately must become more nimble and flexible in recognizing and responding to the rapidly changing realities of social work practice. Otherwise, graduates will find it increasingly difficult to get jobs, and students will begin to seek other kinds of academic programs that more closely deliver the kind of educational programming they want to prepare them for the kinds of careers they desire. The danger is that schools of social work will be seen as lacking relevance and other professional education programs will begin to attract students who historically have been interested in social work. If this happens, schools of social work will have fewer and fewer students, which will precipitate a downward spiral.

Yet, we remain optimistic about the future of social work education in the US. We do not believe there will be a significant downward spiral. There is a sea change occurring in the composition of the faculties of schools of social work. Many schools are experiencing recurring waves of faculty retirements and younger faculty members are being hired who both are closer to contemporary social work practice and skilled in sophisticated research methods. In addition, American universities are embracing
a more complex model of organization recognizing the varied production functions they have beyond classroom instruction and developing more sophistication in staffing patterns and in funding arrangements to support this complexity. As a result, we believe that schools of social work will engage in more self-searching and renewal processes with respect to composition of their curricula, to educational delivery modalities, and to their relationships with public, nonprofit and for-profit service organizations, as well as the larger social work practice community. All of this, we believe, bodes well for the future of American schools of social work.

Note
[1] In the United States, social work education programs have a variety of organizational forms. They variously are called programs, departments, schools, and colleges. For the sake of simplicity, we use the term 'school of social work' throughout this paper to refer to any of the forms that exist with institutions of higher education.

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