Next Steps: Whither Social Work Education and Financial Capability and Asset Building?

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In these remarks, I hope to answer three questions:
1. Why financial capability?
2. Why social work?
3. Why now?

In other words, I wish to discuss why financial capability and asset building (FCAB) are important, why social work has a role to play in fostering financial capability, and why the profession now faces an opportune moment in this area of work.

Why Financial Capability?

You’ve already heard some pretty compelling reasons for all of us to be concerned about providing the best financial products and services to the citizens of this country.

The Pew Charitable Trusts recently published an article, “Can Economically Vulnerable Americans Benefit From Financial Capability Services?”¹ The authors reminded us that more than half Americans are financially insecure. Over one third experience income volatility.

We’re told that we have recovered from the Great Recession, but that recovery has been uneven at best and revealed just how vulnerable many American families are.

Inadequate preparation for retirement is another issue we should be paying attention to and concerned about. Life expectancies continue to grow as pensions have been replaced by 401(k)s or eliminated and Social Security’s future has been called into question. We know that millennials are not contributing to any kind of personal retirement-savings account. A recent report by the National Institute on Retirement Security found that 66% of people between the ages of 21 and 32 have no retirement savings.²

Student debt is a primary reason for this. And many will work in places that do not offer a pension plan. We need to create opportunities for students to pursue careers that enable them to make a living wage and contribute to their own retirement. Programs like Public Service Loan Forgiveness are critically important for individuals and the larger economy.³ It is imperative that all of us think about how to build the financial assets for our citizens.

Why Social Work?

Because We Are Everywhere

The need for financial capability manifests itself throughout our work. It’s not just in the requests of clients who have explicitly identified the need for financial coaching or financial planning. Social workers find the same need among families in the child welfare system and those represented by children in schools. They find it among families represented in the justice system. Social workers are in every sector of society. This is why I believe that we need FCAB content and skill building in the generalist foundation of social work education—in the BSW and MSW foundations—not just as an optional area of specialized practice.

The Council on Social Work Education is just finishing some visioning about the future of the profession. We brought in a consultant for this process, and he knew a part of social work: He knew the places where social...
workers are engaged in health care. And so I needed to teach him about all of the other places that we inhabit. And certainly the social justice mandate, the values that we have, our case to cause orientation, and those kinds of things. He was a really good student. He listened and did lots of reading. He came back about two weeks later and said, “I feel like I’ve just seen that movie The Sixth Sense—I see social workers everywhere!” Because we are. That’s a strength of our profession.

Our roles in health offer additional reasons why social workers should be in this space. Since I started at CSWE over five years ago, I have worked really hard to convey to other professions the roles that social workers play in the delivery of health care. A focus on the social determinants of health has been our bread and butter for a long time. Now we’re at the interprofessional table and people see the value of having social workers involved in health care delivery. Health outcomes are largely determined by factors outside of the examination room—by social determinants of health or behavioral kinds of things. Now we have an opportunity to expand and redefine health. Health is not just the clinical encounter. Housing is health. Finance is health. School is health. Community is health. These are quintessential domains of social work.

Because We Bring the Person-in-Environment Perspective

Social work is person in environment, though I would argue that we need to think in terms of person AND environment. “Person-in-environment” draws more attention to the person, and the environment is only considered because of ways that it affects the person. Thinking about person AND environment sets up each component in a dialectic, where each pole informs, defines, and opposes the other. Too much attention to one end of the continuum means too little attention to the other. We need to constantly consider both/and.

This is a very specific approach that social workers take, and it parallels the approach one finds in the concept of financial capability, the marriage of individual ability and contextual opportunity. Financial capability is not just the ability to act. It’s the meeting of individual capability with structural, service, and program opportunities.

Because of Our Values and Approaches to Cultural Competence

Our values represent a final reason that social workers belong here—in particular, our long-standing commitment to understanding how race, ethnicity, gender, class, and other kinds of difference impact people and impact their opportunities. Interventions and programs cannot be “one size fits all.” They must cater to the people and communities we serve, respecting histories, traditions, and values. We can do that.

Why Now?

For those we serve, it’s imperative that social workers go into this space prepared with the knowledge and skills to act around FCAB. I have mentioned the Great Recession, the touted recovery, and the persistent vulnerability of families. In treating the whole person/family, and through our interventions, programs, and policies, we must remember that work around FCAB is both micro and macro—“the ability to act and the opportunity to act.”

We also need to engage in this space for the profession. There is clearly a need to attend to the financial needs of our clients. We cannot afford to decide that this work is someone else’s to do—like we did when we decided that hospital-discharge planning was something that we could leave to others. Nurses took it up and social workers lost ground in hospitals and other health-care settings.

My Own Journey

It was shortly after my appointment to my current position in 2012, when I responded to an invitation to visit Saint Louis University (along with Angelo McClain, the CEO of the National Association of Social Workers). At that time, I met a number of the leaders in the financial capability space—and I will admit that it was the first time I was made aware of this particular focus.

Since that time, I have been convinced that social workers—and other human-service professionals—should be prepared to engage clients around financial capability. I have long been of the opinion that every social worker should know how to recognize and intervene when substance use/abuse is an issue, and secondarily, that each should have a deep understanding of trauma theory. Over the last couple of years, I have added financial capability to that list of essential knowledge and skills.

Before I spend some time speaking to financial capability and asset building, I’d like to briefly discuss the two other essentials. I wish to discuss my belief in the importance of the ability to assess for substance use/abuse and to intervene when it is an issue. I’d also like to discuss why trauma is an essential theoretical underpinning for the work that we do.

Within the first 5 years of my experience as a professional social worker, I had the good fortune to work in a substance abuse setting. Once introduced to the individual and family dynamics that are part of and “grow around” someone abusing substances, I realized that many of the people I had worked with in previous jobs were probably using or abusing substances. But that was never a focus of attention. Without proper attention to substance use/abuse, efforts to deal with any other issue were likely to be completely undermined. I am not of the mind that one must be “in recovery” for any set period of time before one addresses other issues (this was the prevailing school of thought back in
the day). That sets too high a bar, can be punitive, and does not fully appreciate the complicated relationship between substance use and other social and psychological challenges. However, what I learned about how it affects relationships to self and others has been critical to my other social work practice and to other populations with whom I have worked.

Shortly after I got my master’s degree, I was introduced to a group of people who were teaching about and building systems consistent with trauma theory. Unfortunately, I was introduced to addiction treatment at a time when the approach was very “top down,” rather patriarchal, and even punitive. This seemed to work for a lot of people. But it certainly didn’t work for everyone—particularly not for those who had experienced some kind of trauma. Traumatic experiences get “hardwired” into one’s mental and social structures. They make it hard to trust people even when you want to. Instead of starting with the question, what is wrong with you?, a trauma-informed approach starts with the question, what happened to you? This is fundamentally a social work perspective.

I’m adding FCAB to my own personal list of essentials because the need to attend to this aspect of clients’ lives is certainly a common denominator for the populations with whom social workers work—the populations represented in the child welfare system, the juvenile and adult criminal-justice systems, the education systems, and the health care system (I mean physical as well as emotional/mental health).

I’m grateful for everyone here today who is committed to working with vulnerable families. I admire the work and believe in its importance. I’m honored to be able to be a part of this movement to bring this knowledge and skill set to social work students.

Notes

References


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Darla Spence Coffey, PhD, is the President and Chief Executive Officer of the Council on Social Work Education (CSWE), a national association representing over 750 accredited undergraduate and graduate programs of professional social work. The association promotes emerging technologies, interprofessional education, and innovative models, pedagogies and practices to advance social work education. As the voice of social work education, CSWE works to strengthen the position of social work within higher education, the national political environment and in the perceptions of the general public.

Previously, Dr. Coffey served as professor of social work, associate provost, and dean of graduate studies at West Chester University. She has an extensive background in social work practice in the areas of mental health, substance abuse, and domestic violence. Dr. Coffey developed a curriculum, Parenting After Violence, and provided training on its implementation to social workers in the child welfare system in Philadelphia. She received her bachelor of social work degree from Eastern College, her master of social work from the University of Pennsylvania, and her doctorate from Bryn Mawr College Graduate School of Social Work and Social Research.

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