



**WESTERN
MICHIGAN**
UNIVERSITY

The Journal of Sociology & Social Welfare

Volume 7
Issue 4 July

Article 3

July 1980

Non-Governmental Emergency Food Services: A Descriptive Study of the Tertiary Welfare Sector

Stanley Wenocur
University of Maryland

Follow this and additional works at: <https://scholarworks.wmich.edu/jssw>



Part of the Public Administration Commons, and the Social Work Commons

Recommended Citation

Wenocur, Stanley (1980) "Non-Governmental Emergency Food Services: A Descriptive Study of the Tertiary Welfare Sector," *The Journal of Sociology & Social Welfare*: Vol. 7: Iss. 4, Article 3.

DOI: <https://doi.org/10.15453/0191-5096.1427>

Available at: <https://scholarworks.wmich.edu/jssw/vol7/iss4/3>

This Article is brought to you by the Western Michigan University School of Social Work. For more information, please contact wmu-scholarworks@wmich.edu.



**WESTERN
MICHIGAN**
UNIVERSITY

NON-GOVERNMENTAL EMERGENCY FOOD SERVICES:

A DESCRIPTIVE STUDY OF THE TERTIARY WELFARE SECTOR

Stanley Wenocur, DSW
School of Social Work and Community Planning
University of Maryland
Baltimore, Maryland with

Marilyn Anikis, MSW
Jeanette Boyd, MSW
Debra Brown, MSW
Paul Donato, MSW
Gregory Hunter, MCP
Jacqueline Padow, MSW
Sherrie Vavrichek, MSW

ABSTRACT

NON-GOVERNMENTAL EMERGENCY FOOD SERVICES:
A DESCRIPTIVE STUDY OF THE TERTIARY WELFARE SECTOR

This paper presents the findings of an exploratory study of voluntarily organized emergency food centers in Baltimore. These agencies comprise the heart of a tertiary welfare system that provides basic survival supplies without a means test to the needy who cannot obtain relief from traditional public or private sources. Forty-one emergency food services were identified in Baltimore and the heads of 37 of these agencies were interviewed in depth. The findings indicated that a large and heterogeneous population had utilized emergency food agencies and that the agencies generally met the requisites for a true safety-net function - i.e., accessibility, non-bureaucratic structure, and few eligibility rules. The data suggest strengthening the role of voluntary charitable agencies in welfare reforms directed at achieving universal safety-net coverage in the society.

NON-GOVERNMENTAL EMERGENCY FOOD SERVICES:
A DESCRIPTIVE STUDY OF THE TERTIARY WELFARE SECTOR

Despite the provisions of public social agencies and social insurance programs, poverty is still a social reality of urban America. Many individuals and families lack basic life-supporting supplies and are unable, or unwilling in some cases, to obtain these from existing public and voluntary agencies. In order to survive the needy often turn to voluntarily organized emergency food centers. These agencies constitute the heart of what we

have defined as tertiary welfare sector. This paper presents the findings of a systematic investigation of voluntary emergency food services in Baltimore. The results afford some fresh data from which to consider anew fundamental social policy issues, such as the shape and substance of basic social protections in the society, who should provide these - public or voluntary sectors, church or state, and in what combination - and how such benefits should be delivered.

The Tertiary Welfare Sector

Historical development aside, our current complex of social welfare programs and services can be located within a tri-level conceptual framework of social protections. Primary forms of social protection consist mainly of the kinship and friendship arrangements that exist in all societies. Very simply, in time of need the first line of assistance is family and friends. Both the Poor Laws of the past and present public assistance regulations and policies have recognized these sources of support through requirements that relatives accept responsibility for their immediate kin before public aid is granted.

Secondary level social protections can be considered as the various social insurance and public assistance programs found in both modern and developing countries.¹ Within these areas of governmental responsibility, Shlakman² has pointed out that social insurance programs represent a first-line entitlement because they minimize the use of a means test and correspondingly reduce the exercise of arbitrary administrative discretion. Categorical public assistance programs such as Aid to Families with Dependent Children, on the other hand, have served as a second line to defense for persons not eligible for firstline entitlements. Those persons ineligible for preferred treatment "slip through the interstices of the categories...into the safety-net for means-tested, second track, inferior treatment."³ These programs retain some of the residual character of Poor Law treatment wherein recipients are viewed as undeserving and constant surveillance is maintained to protect the society from "welfare chisellers". A final resort - General Assistance - has been left to state and local governments for the unemployed who have exhausted or are not entitled to unemployment insurance, usually single employable males and two parent families. Not surprisingly, General Assistance programs have been the most marginally financed and haphazardly applied forms of social protection.

Many needy persons unfortunately fall through our second

tier social insurance programs and public assistance safety-net because they are unable or unwilling to meet the requirements of available programs or because coverage is simply not offered. In order to survive they are forced to resort to a tertiary level system of social protections. The tertiary system may be defined as a network of voluntarily organized social agencies and services that can provide emergency relief and counseling without a means test. Some familiar examples are church missions, and voluntary sector agencies such as the Red Cross and the Salvation Army. The emergency food services that are the subjects of this paper lie at the center of this system. The existence of emergency food "agencies" is certainly not unique to the history of social welfare, though the passage of Social Security legislation led to a decline in their numbers. Still, some pre-Depression emergency food agencies have persisted to the present and others have been more recently re-created.

Conceptually, the definitions of a tertiary system of social protection is less clear than primary or secondary forms. Voluntary social agencies, such as those funded by United Way organizations, for example, offer many useful social services for the needy. To the extent that some of these services include tangible relief or the type of counseling that concerns itself with obtaining basic provisions for their clients, we would include them in the tertiary system. With few exceptions, however, such voluntary agencies do not define their functions in terms of the provisions of tangible relief, and much of the counseling is psychologically oriented.

Background of Study

The existence of a number of small, informally organized emergency food "agencies" is a well known phenomenon to public welfare service workers and others concerned with helping the poor. Typically some of these agencies are also listed in Health and Welfare Council directories of community resources and other such informational handbooks. But an accurate accounting of the number of these agencies, identifying and locating them, describing their organizational characteristics and service populations has seldom been pursued. A survey of church and synagogue health and welfare services conducted in 1975 by the Chicago Council for Community Services uncovered 27 scheduled and 65 "as-needed" emergency food services provided by Chicago congregations.⁴ For a city as large as Chicago probably many more such services would be identified with further

4.

in-depth investigation. Aside from the Chicago study, an extensive search of the literature failed to turn up any other information on non-governmental emergency food services.

In Baltimore traditional public and private social agencies have been unable to meet the emergency resource needs of the citizenry for several years. A 1974 study conducted by the Central Maryland Health and Welfare Council of emergency financial assistance provided by Baltimore's voluntary social agencies found that more than 20,000 requests for help had been received by six major voluntary agencies, and that more than 11,000 referrals had been made to these agencies by the public welfare department.⁵ A 1976 report of the Baltimore City Department of Social Services-Emergency Services Center indicated there had been an 18% decrease in the number of cases served by the Emergency Services Center from 1975 to 1976, or 12,511 cases, including requests for emergency food, because "grant allotments have not been sufficient for the Center to adequately meet the demand for services."⁶

In 1976 the Maryland Food Committee (MFC), a church-supported charitable agency dedicated to promoting policies and programs for the reduction of hunger in Maryland, organized a loose coalition of some fifteen Baltimore emergency food agencies that it partially or fully funded. According to MFC figures, these agencies had provided food or meals to an average of 7200 different individuals per month over a seven month period. These data and the extent of unmet need mentioned above formed the basis for an exploratory-descriptive study to search out and identify voluntarily organized emergency food services in Baltimore as completely as possible, and to study their service delivery characteristics, including organizational structure, providers clientele, and relationships with one another and other organizations and institutions.

Methodology

Data collection centered around two main approaches. The first dealt with identification of emergency food services (EFS's) through a snowball search technique (described below). The second dealt with studying the characteristics of the EFS's themselves through a series of structured interviews with the persons in charge of these agencies. For purposes of this study, emergency food services were defined as units (individuals, groups, or organizations) which provided emergency food or meals voluntarily

on some regular, organized basis. The critical element in this definition was the notion of a deliberately organized and regular, as opposed to a haphazard or occasional, effort of a provider to meet a community need for emergency food. In this way large numbers of individuals and organizations, especially churches, that occasionally give out some food to a needy community member or congregant, were eliminated from the category of emergency food service.

The identification process began with a dozen EFS's known to the Maryland Food Committee and grew from there.⁷ Each EFS was asked to generate a list of other places that they know of where people went for emergency food or meals. These places were called in turn, and those identifying themselves as EFS's were then asked to identify other EFS's known to them, as above. A major assumption of this approach was that no matter where the snowball began, eventually the same emergency network would be traced out. The search process continued until no new names appeared. Systematic application of the snowball technique eventually produced a firm list of 41 EFS's.

The final list of EFS's was checked out against other existing lists of emergency food services for purposes of external validity, viz. a Health and Welfare Council list, the Maryland Food Committee complete list, and a DSS Emergency Services list and findings from a DSS survey of some 250 churches in Baltimore. The project list included all of the EFS's mentioned in the other files and added to them, with the exception of the church survey. Here some 40 emergency food services had been identified beyond the project list. A random sample of 10 of these names was drawn and contacted. None of these contacts proved successful, either because there was no response to repeated phone calls, or because they did not meet the definitional criteria for EFS's established by the project.

The research team was able to interview the directors of 37 of the 41 EFS's identified in the study using a lengthy structured interview schedule. Interviews lasted between 2 and 3 hours and were sometimes completed in more than one visit. The respondents generally viewed these interviews positively despite their length.

Limitations

Before turning to the major findings of the project some of

6.

the limitations of the study bear mention. First, the size of the tertiary sector and its client population in Baltimore is probably under-represented as we cannot be certain that all of the EFS's in the city proper were identified. It is also possible that our methodology systematically ignored an emergency services subsystem in one or more of Baltimore's ethnic communities either because of differences in style of service delivery or a lack of interconnectedness between the project-identified network and other emergency service networks.

Secondly, most of the EFS's that were studied did not have extensive recordkeeping systems to draw on in answering the interviewer's questions. The findings of the study are therefore based upon respondent estimates and perceptions, subject to errors in recollection, inaccuracy, and bias. In the case of questions about historical origins and service delivery system information at the inception of an EFS, retrospective bias was quite likely.

Finally, all of the information in the study was gathered from service providers. Within the scope of this study a sample of clients could not be adequately interviewed. However, client perspectives of the EFS's would surely have added much to our understanding of the tertiary welfare sector. The need for such information points the way towards further study in the future. Without a more extensive census of the client population and in-depth interviews and observations of a client sample, the present study remains as the best available information on tertiary food agencies and their clientele to our knowledge.

Findings

The findings of this study have been assembled to highlight the characteristics of Emergency Food Services "agencies" as service delivery systems and the population that is served. Some findings have necessarily been omitted so as not to dilute this description.

Characteristics of the EFS Client Population:

Tertiary sector emergency food centers serve a sizeable number of persons. The 37 EFS's in this study responded to approximately 15,000 separate requests for food per month during the past year (Table 1). (See Fn. for question of overlap.) Stated differently, some 180,000 separate individuals and families, or between 15 and 20% of the population of Baltimore, received

7.

food or meals from an EFS⁸ during a 12 month period. Most of these clients were single individuals, but a substantial number of families also received aid.⁹ If each family were considered to have 4 members, the total number of persons per month benefiting from EFS assistance would be 19,519, raising even higher the percentage of Baltimore residents who received emergency food or meals from EFS's. (Not to be forgotten is the unknown number of needy persons who did not get help from any source).

TABLE 1

NUMBER AND TYPES OF CLIENTS SERVED BY EFS's PER MONTH

<u>Types of Clients</u>	<u>Number Served/Average Month</u>
Individuals	14,115
Families	<u>1,531</u>
Total	15,466 (Case Units Served)

Of the clients who received aid from EFS's most were 1-2 time users, as opposed to periodic or regular users. One or two time users represented persons requesting aid only once or twice during the year, or clients who were generally able to sustain themselves, but for some reasons did not have sufficient reserve resources to help them get through an emergency situation. Periodic users were defined as clients who had used the service more than once or twice during the year, but less frequently than once a month.

These clients probably had enough resources to survive most of the time, but lacked a stable enough incomes to remain independent consistently. In addition to fluctuating circumstances, this group may also have included persons who did not live in Baltimore on a regular basis, but who used the EFS services once a month or better. The chronic use pattern was probably indicative of a highly dependent group whose members had no regular incomes and/or an inability to manage what resources they did have.

Table 2 indicates that although a substantial number of EFS's served periodic or regular users, for the majority of EFS's, more than half of their clients fell into the 1 - 2 times user range. High frequency responses regarding periodic and regular users, on the other hand, in most cases fell into the lower percentage ranges.

TABLE 2

FREQUENCY OF CLIENT USE PATTERN OF EFS's

% of Client Population	Frequency of Use		
	1-2 Time	Periodic	Regular
0%	3	4	8
1-24	9	20	16
25-49	5	6	2
50-74	3	0	6
75-100	<u>17</u>	<u>6</u>	<u>5</u>
Totals	37	36*	37

*Missing data (N= 37) = "don't know" or "not applicable" responses

The client population of Baltimore's EFS's was also quite heterogeneous. Contrary to expectations, it was composed of mostly female-headed single parent families, rather than homeless men. Two-thirds of the EFS's served a predominantly female client population. A substantial number of EFS's served a predominantly black population. As expected, most clients lived at a subsistence level economically (at or below the poverty line), were poorly educated, and had problems with unemployment or underemployment. At least a third of the EFS's also indicated that they served a majority of clients suffering from alcoholism, and a majority of EFS's served at least some deinstitutionalized mental patients and prisoners. Drug use was a relatively infrequently seen client problem. Almost all of the EFS's served mainly clients who were Maryland residents with stable (3 months or more) local addresses.

When EFS's were categorized as to type of service provided, e.g., Food only (27 EFS's), Meals Only (4 EFS's), or both food and meals (6 EFS's), differing service patterns appeared. The Food Only group, geographically located in neighborhoods, served 60% of the client population. The clients of the Food Only EFS's appeared to consist mostly of neighborhood families, many of whom were white, under and unemployed, and 1 or 2 time users. Meal only EFS's served mostly a single male, black population of periodic or regular users, with a high prevalence of alcoholism and a greater degree of transiency. The client characteristics of the Food/Meals combined group of EFS's as might be expected, exhibited attributes of each of the pure types of EFS's.

EFS Organizational & Service Delivery Characteristics:

Though the causal link cannot be stated directly, nearly 50% of the EFS's indicated that at their inception Department of Social Services (DSS) referrals to the EFS and service worker's requests for help for clients were significant factors in starting up services. The present service referral pattern between DSS & the EFS's supported this developmental relationship. As can be seen in Table 3, nearly 50% of the EFS's received most of their clients from the Department of Social Services, while two-thirds of the EFS's referred "few" clients to DSS in turn.

TABLE 3

EFS REFERRAL PATTERN TO AND FROM BALTIMORE DSS

	<u>EFS Estimates of Number of Clients</u>			<u>Total numbers of EFS's</u>
	<u>Few</u>	<u>Some</u>	<u>Most</u>	
Estimates of EFS Clients sent <u>to</u> DSS	26	9	2	37
Estimates of EFS Clients Received <u>From</u> DSS	9	9	17	35*

*Missing data (N= 37) = "no answer" or "not applicable" responses

Service delivery problems with the welfare department constituted a major reason that persons sought help from EFS's. These included such difficulties as delays due to lost or stolen checks, long waiting periods to begin receiving assistance, running out of food before arrival of a DSS check, and ineligibility.

The EFS's in the study seemed generally to represent a continuation into the present of many pre-Depression types of voluntary welfare organizations founded on the principles of charity. The findings indicated that ninety percent of EFS's were church-related, (Catholic & Protestant) either through auspices, major sources of funding, or background of the providers, or all. Most of the EFS's were begun through the inspiration and efforts

of single individuals who saw a community need and felt a moral obligation to act to alleviate it. Eighty-five percent of the individuals and groups responsible for beginning an EFS were affiliated with religious institutions, primarily Catholic and Protestant. Sixty-seven percent of the persons who began these EFS's are still involved and the majority of providers were affiliated in one way or another with an organized religious body, either as clergy or lay people devoted to church work. Seventy-five percent of the providers were college educated and white. One was an MSW and three were BSW social workers. Most EFS's were actually housed in churches or parish buildings (51%); the rest chiefly operated out of row houses or store fronts which they either owned or which had been donated to them. Over three-fourths of the resources sustaining the tertiary sector were contributed by religious institutions, especially Board members, staff, and funds.

EFS's largely operated without means tests or eligibility rules of any sort. Most EFS's did not require proof of need (24%), identification (16%), income (8%) referral papers from some other agency (11%), or residence in a particular geographic locale (38%). Most did not limit the number of times that a client could receive emergency assistance within any specific time period (24%). Most EFS's (70%) did ask for basic information from the clients, and this seemed essentially to be accepted at face value. Some EFS's, particularly those serving meals, maintained behavioral requirements, such as being sober and not being prone to violence. In general a simple indication of need by a client was sufficient to bring forth whatever EFS resources could be mustered.

As service delivery systems, not only did EFS's refer few clients to the welfare department, but also they tended not to refer clients to other sources of assistance either. EFS's saw as their primary aim the provision of direct help with few strings attached and minimal bureaucratic delay. Fifty-nine percent of the EFS's reported meeting direct emergency needs as the purpose of their services, as opposed to such longer range goals as rehabilitation, spiritual counseling, or social reform. The literature suggests that client referrals to other agencies are often a means for social agencies to select out a desirable service population, and that referrals are frequently unsuccessful.¹⁰ In order to be able to provide direct emergency assistance, virtually all of the EFS's offered other forms of assistance beyond food or meals - such as shelter, clothing, and help with utilities or rent payments and evictions.

EFS's also proved to be geographically and temporally accessible. The greatest concentration of EFS's was found to be in the center of the city (40%), with another cluster (22%) in the southern section of the city, and the rest spread around areas adjacent to the inner city. Neighborhood-based EFS's tended to provide emergency food rather than meals, the latter being reserved for the EFS's in the central city. No emergency centers were found in the outer parts of the city near the city/county line, probably reflecting the greater affluence of suburban life.

Most EFS's indicated that they were open on a regular basis, many for 6-7 days per week. Almost all had both regular business hours (meaning they are open between 4 and 8 hours per day) and some provision of service outside of regular hours. Several EFS's indicated that people were around most of the time, frequently on a 24 hour per day basis, to respond to requests made after hours. In a few cases a phone number was posted so that clients could phone for needed help when the facility was closed. Clients found out about the EFS's mostly from other clients (72%) and from DSS. In addition, most EFS's made at least some efforts to let people know about themselves, usually by handing out a sign or by putting notices in community bulletins.

Organizationally, the structure of the EFS's supported their accessible service delivery style. In general the EFS's were non-hierarchically structured. There was little specialization and differentiation among the various roles of the providers according to status (volunteer or paid or clergy), task, or educational background. The typical EFS had a small staff of about five workers, most of whom were part-time or volunteers, with many EFS providers doing this work as part of their parish duties. Decision-making seemed to be at the direct service level; the providers had a great deal of autonomy in the exercise of judgment. Most EFS's had some sort of an advisory board structure to oversee their programs, but boards seemed to play a subdued role in the functioning of the centers.

Interestingly, most EFS's showed no development as organizational or service delivery systems. They tended to offer the same range of services and served the same numbers of clients at the time of interview as when they began, and 21 of the 37 had been in existence for three or more years. This non-developmental dimension of the EFS's may reflect the truly voluntary caste of the agencies, as well as their limited resources and direct assistance goals. The EFS providers were either volunteers or

"professional poor" (i.e. students, clergy etc.) for whom the work was only a part-time occupation. Since the providers' livelihoods were not dependent upon the EFS's, nor was that a fundamental reason for their involvement, organizational aggrandizemen apparently was neither a manifest nor a latent goal.

As service delivery systems EFS's thus exhibited many of the characteristics necessary for providing last resort social protections in the society. We would characterize the major requisites of a true safety-net service as: willingness and ability to accept all who seek its provisions; minimization of bureaucracy; provision of direct, tangible assistance; accessibility; and commitment to service by the providers.

However, EFS's could not furnish protections adequately. While EFS's seemed essentially to be accepting of all who needed help, they could not provide help for all who needed it. Their chief impediment was lack of resources. In many ways EFS's operated marginally, much like the clients they served. Most did not have annual budgets, and where total operational worth could be estimated, including in-kind donations of facilities, staff, and goods, few of the budgets exceeded an annual value of \$10,000. Most EFS's had no stable source of supplies, including food and other necessities, as well as income. Many closed their doors temporarily when their resources were exhausted. EFS's therefore operated with a great deal of daily uncertainty. In such a system clients could never be sure that emergency assistance would be available. One wonders further about needy persons who never learned about these services, or who came only to find the larder empty, but who had already been denied assistance from the public sector.

Discussion

The findings of this study offer some fresh data with which to re-examine a number of familiar and fundamental social policy questions: the matter of universalistic vs, selective services; the place of charity in social welfare; the professionalization and bureaucratization of social welfare; and publicvoluntary welfare sector relationships. Our discussion of the findings will attempt to touch on these matters without going too far beyond the exploratory material that has been gathered.

First of all, the study has documented the existence of serious gaps in structure of social protections provided by

governmental programs. The fact that 15% or more of the citizens of a major urban center like Baltimore resorted to non-governmental emergency food services at least once in the course of a year suggests that the substance and delivery of existing social provisions is highly inadequate. We assume that Baltimore is not unique. Explanations for this unfortunate state of affairs are, of course, multiple. Among the most obvious are: the low level of public assistance grants; the categorical eligibility requirements of public assistance programs that render many persons ineligible; the lack of publicly provided emergency resources¹¹; the inaccessibility of the resources that do exist; administrative delays and bureaucratic mismanagement.

A significant number of the users of emergency food services were welfare recipients. This finding at least partially explains how people survive on inadequate welfare grants. Although the tertiary welfare sector is not formally legitimated by the architects of social policy, in practice, the poor and those who assist the poor in public agencies frequently turned to EFS's for subsistence resources.¹² These organizations responded where public services failed because of their accessibility, avoidance of means tests, commitments to direct service, and non-bureaucratic styles. Their marginality, however, though conducive to these positive aspects of service delivery, also limited their capacity to offer reliable and widespread emergency provisions. This straightforward point bears further elaboration.

The evolution of the modern welfare state has been a history of the gradual transfer of welfare responsibility from private individuals, voluntary associations, and religious institutions to public auspices. Accompanying this transfer we have witnessed a shift in underlying societal values from welfare as charity to welfare as legal entitlement. We have also moved haltingly towards universalistic systems of social protections. Since the public sector alone has the resources to guarantee adequate and stable social protections, the voluntary sector has largely accepted this reality. Nevertheless, the findings of this study have demonstrated that the voluntary sector is still significantly involved in the business of giving relief.

The tertiary sector's ability to assist many of the persons who slip through the public sector safety-net is bound up with its charitable value ideal. The state as a political body must establish its legal entitlements in a manner consistent with socially acceptable values. It therefore must decide who is

deserving or undeserving of benefits, that is, who is eligible and in this society the criterion generally rest on a judgement of ability to contribute to the community through labor. Voluntary welfare institutions can respond to need alone and offer assistance out of simple concern for humanity to all who ask without proof of worthiness.

Charity as a value has been demeaned in this society with the ascendance of the concept of legal entitlement. The loss of a charitable base for welfare has resulted in a corresponding loss of flexibility in the provision of social protections. A universalist system of social protections, that is, a noncategorical non means-tested approach, requires a societal commitment to the values of both (social) justice and mercy (to paraphrase the Prophet Micah). In the development of social welfare programs for a complex industrial society, mercy and the humanitarian impulse have been relegated to the uncertainties of a marginal, tertiary welfare system.

Nor has professionalization of the charitable impulse in the form of social work been sufficient to ensure the delivery of concrete services to the poor either in the voluntary or the public sectors. Instead, social work practice in both spheres has stressed the development of rehabilitative and social treatment technologies in the delivery of services.¹³ Additionally, within the public sector bureaucratic imperatives have frequently stifled social work's humanitarian value ideals¹⁴ such that, on balance, social workers have often behaved merely as an extension of the political will of governmental functionaries.

The findings of this study have similarly suggested incompatibility between the practical implementation of the charitable value ideal and its professionalization. Professional social workers were notably absent from the operations of tertiary sector EFS's. The staff members of the EFS's seemed to have a strong "mission orientation", that is, a commitment to simply meet needs as presented by clients, and a willingness to accept the status of "professionalsal poor". By way of contrast, professional social workers who do serve the poor usually work within large bureaucratic organizations where relatively high salaries, professional culture, and rehabilitative practice modalities supply primary sources of gratification. None of the above is necessarily surprising. It points up the limitations of professions, whether social work or some other human service profession, in delivering basic social provisions.

Conclusion

The thrust of modern social policy has been towards the development of universalist state-supported and state-delivered social protections. Recent welfare reform proposals have included the notion of cashing out in-kind benefits so as to consolidate and simplify the administration of public assistance. Clearly social protections would be buttressed and the safety-net extended through a guaranteed income scheme of some sort, through establishment of the principle of need alone as the criterion for aid, and through increases in existing grant levels. But just as clear is the reality that universalist social protections under state auspices will always be imperfect; at the least, some segment of the population will always slip through the safety-net by exhausting their state-supported social provisions or through bureaucratic inflexibility. Therefore, present and future costs of human suffering compel us to attend to strengthening non-governmental relief-giving capacities as well. The question is how to fortify the tertiary welfare system through public policy initiatives without destroying its voluntary character.¹⁵

Though lack of space prevents full exploration of the complexities here, we would propose that social protections could be meaningfully expanded by: (a) increasing the availability of emergency in-kind supplies for the needy, such as food and clothing; (b) through government surplus commodities and government incentives to private industry to furnish additional resources;¹⁶ (c) utilizing the tertiary sector to distribute these publically supplied in-kind benefits. Rather than the elimination of in-kind provisions through cashing them out, these should be utilized as a kind of inflation-proof, last-resort protection. This form of legitimation for the role that the tertiary welfare sector is already performing would reduce its marginality and take advantage of its assets. (The resources of the tertiary sector would also be increased, of course, by a re-ordering of priorities in the voluntary/philanthropic sector itself towards meeting fundamental human needs).

The assignment of a relief role to non-governmental agencies, partially subsidized by government, would have to be accompanied by a search for fiscal accountability that would not unduly limit the autonomy of the voluntary parties in the relationship. An indirect system of improving tax incentives for contributors to tertiary system agencies would allow for the most autonomy, but also the most uncertainty about secure resources.¹⁷ Contractual arrangements between public and tertiary welfare agencies, along

the lines of purchase of service agreements, might also be considered. Such agreements would offer more resource security but decrease voluntary agency autonomy. At the very least, tertiary sector agencies could receive government surplus commodities to add to their stock of emergency supplies with minimal accountability requirements. Even a modest governmental-tertiary sector program along these lines would improve the safety-net function of both.

Summary

The findings of this study of non-governmental emergency food services have demonstrated that a tertiary welfare sector in Baltimore serves as an emergency safety-net for a large proportion of its citizens. By the same token, the public welfare agency in Baltimore, the intended repository of the safety-net function for the community, often is not adequate in this emergency capacity. It has been proposed that the unique characteristics of the tertiary sector delivery system, founded on a charitable ideal, enable it to perform its "agency-of-last-resort" function. However this function is hampered by the severe resource limitations of tertiary agencies.

The development of broad-based social protections in the society would be enhanced by a policy of deliberate cooperation between the public and voluntary welfare sectors to achieve these ends. The voluntary sector has not generally been viewed as having a significant contribution to make in meeting basic social needs. But the state cannot achieve these ends by itself because of its political character. At the least, a simple transfer of in-kind provisions, such as surplus commodities, from governmental to voluntary sector agencies for distribution would be a step towards guaranteeing basic social protections for all. It would also be a way of giving recognition to the principle that the strength of a pluralistic society lies in bringing together creatively the separate agencies of justice and mercy without forming them into a singular monolithic institution.

NOTES & REFERENCES

1. See, Gilbert, Neil, "Alternative Forms of Social Protection for Developing Countries", Social Service Review, 50 (3), September, 1976.
2. Shlakman, Vera, "The Safety-Net Function in Public Assistance:

A Cross National Exploration", Social Service Review, 46 (2), June, 1972.

3. Ibid., p. 198
4. Council for Community Service in Metropolitan Chicago, "Churches and Temples Survey: Final Report", Joel Leon. Chicago: September, 1976.
5. Health and Welfare Council of Central Maryland, Inc., "Informal Survey of Emergency Financial Assistance", Baltimore: (unpublished report), 1974.
6. Baltimore City Department of Social Services, Fiscal Year '76 - End of the Year Report, David L. Tabler, Chief, September 9, 1976, p.7
7. Because of space limitations, the description of research methodology has been abbreviated. The process of exploring and identifying emergency food services was neither simple nor tidy. Several weeks alone were spent observing a few better known EFS's in order to get a feel for the phenomena under study and determine what kinds of questions and issues ought to be investigated.
8. The data on the number of persons receiving emergency food or meals assistance from EFS's were derived from asking each respondent, "How many separate individuals do you serve each month?" and how many separate families do you serve each month?" Since these are provider estimates, we had no way of checking for overlap between EFS's or for repeaters within an EFS. Essentially each request can be counted as one case and there is some case overlap. However, we have preferred to treat each case as a different individual or family unit because the data in the study suggest that case overlap is fairly small. For example, many EFS's primarily serve persons in their own neighborhoods, and the EFS's are geographically dispersed throughout the city. Undoubtedly a core group of users exist who follow a "route" to different EFS "stations" each week. These do not represent the overwhelming majority of the EFS clients in this study. (See for example) Wiseman, Jacqueline P. Stations of the Lost: The Treatment of Skid Row Alcoholics Englewood Cliffs, N. J.: Prentice-Hall, 1970. In fact, most EFS's indicated that they served primarily one or two time users (see Table 2). Finally, it is likely that some

EFS's in the city were not uncovered by this study, so that the figures may actually be under representative of the amount of service being provided.

9. It is possible that respondents interpreted the question about the number of separate individuals served each month as the total number of different cases served, whether single (unmarried) individuals or families. If this were so, then the number of families (1,531) ought to be subtracted from the total number of individuals (.4,115) served. The result would mean that only a total of 12,764 single (unmarried) individuals were served each month, and that annually the total number of individuals and families served is closer to 170,000 rather than the 180,000 mentioned in the text. These adjustments are presented to make the reader fully aware of the "roughness" of the data. Whether the correct proportion for the number of different EFS users over the year in Baltimore is 15% or 20%, allowing for overlapping cases and other inaccuracies, the fact remains that a substantial number of people experienced dire need last year, enough to contend that our present system of social protections is seriously flawed.
10. See, for example, Kirk, Stuart A. and James Greeley, "Denying or Delivering Services", Social Work, 19 (4), July 1974; Greenley, James and Stuart Kirk, "Organizational Characteristics of Agencies and the Distribution of Services to Applicants", Journal of Health and Social Behavior, 14, March 1973.
11. Title IV A of the Social Security Act, through a 50% matching grant to states, provides Emergency Assistance to Families with Children (EAFIC) and allows a one time only grant for specified emergencies of up to \$250.00. In Maryland in addition a state funded program will provide Emergency Assistance (EA) once in a maximum of \$100., that can supplement EAFIC for families with children; or for individuals or families without children (and hence ineligible for EAFIC) EA will provide a first time emergency maximum grant of \$200.00 and a second time maximum grant of \$100.00. The Emergency Services Center of the Baltimore City Department of Social Services Center can go to anyone in need, but are severely limited by lack of funds, so that assistance is generally restricted to one 3 day supply of food (twice a year) and minor grants for utilities shut-offs or evictions. Most other local political jurisdictions in Maryland have no such Emergency.

12. They also utilized private-for profit services which are sometimes all that is available. Consider the welfare hotel, the skid row boarding houses and the host of other private enterprises that profit directly from payments by the destitute and the sick or indirectly from third party arrangements on their behalf.
13. For a recent review of the historical development of social services by the state see, Wickenden, Elizabeth, "A Perspective on Social Services: An Essay Review", Social Service Review, 50 (4), December 1976. For a critique of voluntary sector practice see, for example, Cloward, Richard and Irwin Epstein, "Private Social Welfare's Disengagement from the Poor: The Case of Family Adjustment Agencies", and Mayer, John E. and Noel Timms. The Client Speaks: Working Class Impressions of Casework, New York: Atherton Press, 1970.
14. See, for example, Scott, Richard, "Professional Employees in a Bureaucratic Structure", in Amitai Etzioni (ed.) The Semi-Professions and Their Organizations: Teachers, Nurses, and Social Workers, New York: Free Press, 1969.
15. Our argument for the use of the voluntary sector to meet basic needs is a variation of the argument for the use of selective benefit schemes to target provisions efficiently for different needy groups. The universal/selective debate is well presented by Hoshino. See, Hoshino, George, "Britain's Debate on Universal or Selective Social Services: Lessons for America:", Social Service Review, 43 (3), September, 1969. See also, Titmuss, Richard, "Welfare State and Welfare Society", lecture delivered at the British National Conference on Social Welfare, London, April, 1967, and published in the Proceedings of the Conference, or reproduced in Titmuss, Richard M. Commitment to Welfare, London, George Allen and Unwin Ltd, 1968.
16. For example, through public/voluntary cooperation in some cities, food banks have been able to be established, with space donated by the municipality, food stocks contributed by private industry through tax incentives, and manpower provided by voluntary organizations. Tertiary sector agencies then draw on the food banks for their emergency supplies.
17. A series of recommendations employing tax incentives has recently been proposed in a Report of the Commission on Private

Philanthropy and Public Needs entitled, Giving in America: Toward a Stronger Voluntary Sector, 1975. The Commission was a privately initiated, privately funded citizen's panel, stimulated by John D. Rockefeller, 3rd, and numerous prominent governmental figures. After two years of careful study the Commission's main recommendations in the area of tax incentives were" a) retaining and adding into the charitable reduction rather than replacing this with other governmental stimuli to giving; b) allowing all taxpayers who take the standard deduction to deduct charitable contributions as an additional itemized deduction; c) allowing families with incomes below \$15,000 a year to deduct twice the amount of their giving, and those with incomes between \$15,000 and \$30,000 to deduct 150 percent of what they contribute;

- d) that corporations set as a minimum goal by 1980 the giving for charitable purposes of 2% of pre-tax net income. (pp. 18-20). Numerous other recommendations for strengthening the voluntary sector are also included in this report. See also a critique of this report prepared by the National Committee for Responsive Philanthropy entitled, "Private Philanthropy: Vital and Innovative or Passive and Irrelevant?", 1975. NCRP, 1028 Connecticut Avenue. N.W., #822 Washington, D.C. 20036