# Factors Leading to Client Degradation in Welfare and Public Housing

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Degradation and humiliation are the consequences of using many social services in our society. Added to this is classification as a non-normal or a failure because one turns to a government source for help. The person is stigmatized for use and the agency is negatively labeled by both non-users and users.

While these public opinions stem partly from a long-held philosophy regarding the role of social services and the nature of the poor, these attitudes are reinforced and strengthened by specific policies and practices in the administration and structuring of the programs. Comparisons between services in the United States and Britain, Sweden, Norway, show there is wide variation in the degree the public and the user perceive of the service as an unacceptable or acceptable method of meeting a need and the degree the public give it a strong negative label. Evidence indicates that within one country this varies for different services; in the United States, for example, public welfare, mental hospital and public housing programs are highly stigmatized while Old Age Survivors Insurance, various educational scholarship programs and possibly Medicare lack this negative label.

The purpose of the research described below was to investigate what types of institutional arrangements or administrative policies are conducive to a publicly acceptable program for one social service, public housing. A further purpose was to examine both the historical and contemporary social and economic factors in a society that explain why a negative label or stigma is imposed on this social service. The focus was on British social services, especially public housing, and based on the author's two years of research in Britain; comparisons were made with policies in American public housing, based on the author's San Francisco housing project study, and on data gathered in interviews with Swedish and Norwegian social service officials.

There is increasing concern over methods to avoid stigma by academics, welfare rights groups, and agencies themselves. Howard Becker suggests the need to explore the stigmatizing process, including the activities of bureaucratic agencies, in order to understand how to change society's proneness in assigning this attribute to a person.[1] Richard Titmuss adds that to provide social services in such a way as to avoid the disability of stigma, the loss of dignity and self-respect for the user, is one of the major challenges facing the social welfare expert today.[2]

Our research provided insight into specific policies that can decrease the stigma associated with many American social service programs, especially public housing.[3] It located small changes that can be easily executed but make a noticeable impact on the degree of stigma; in other cases, it found major changes that must be made, which mean significant revamping and re-thinking of policy at both the local and national level necessary. Second, the research findings pointed out the dilemma caused by incompatibility of various policy aims--the aim of minimizing stigma and the aim of assuring that the most needy poor, as well as the deviant, are given first priority

in use of the limited resources available.

Research findings also showed the high cost of providing a severely stig-
matized service because such stigma hampers attainment of agency goals.
For example, in public housing, the agency both could not provide the
idealized physical units (one goal) because the bad reputation caused
user lack-of-upkeep and user hostility as expressed through vandalism,
and second, this reputation caused lack of financial support from the
public and public officials. Nor could the agency provide a psychologi-
cally suitable home environment because of the negative label given to
this housing setting. In sum, in public housing, costs resulting from a
negative label range from those due to high tenant turnover, to poor ten-
ant maintenance and high repair bills, to tenant hostility to management
(and thus high staff turnover) and to vandalism and other deviant acts.

What can happen is that the social agency's efforts to alleviate a social
problem, as students of deviance such as Lemert and Erikson point out,[4]
can instead aggravate or perpetuate the very problem, and, in fact, assure
a career of deviance for the clients. Using public housing may make a
person a so-called "legitimate" deviant, not yet breaking the law, but not
considered normal, and second, one who may easily move to an unacceptable
or illegitimate deviance with the feeling that societal reaction will hard-
ly be more severe to his "double stigmatized" status than to his present
negative label.

This dilemma of pushing persons to further deviance by negatively label-
ing their use of the helping services has long existed. Yet agencies,
from poor law days to today, have often purposely stigmatized users and
the services, with the aim of keeping people from permanently using the
service or even applying for use. In such cases the results have often
been mixed--with many becoming long-term users through necessity but, at
the same time, users who because they are degraded and stigmatized develop
an attitude of hopelessness, apathy and dependency.[5] Some agencies are
now enlightened to the need for change, as Titmuss says:[6]

> "Slowly and painfully the lesson was learned that if such services
> were to be utlilized in time and were to be effective in action in
> a highly differentiated, unequal and class-saturated society, they
> had to be delivered through socially-approved channels; that is to
> say, without loss of self-respect by the users and their families."

## Findings

In regard to the above statement, one can ask, in historical terms, why,
or under what circumstances, a society meets a need by a highly stigma-
tized type of program or a non-stigmatized type. Comparing Britain and
the United States on public housing policy, one finds substantial support
for the hypothesis that "a service is less likely to be stigmatized when
the public and officials feel the need is acute and cannot be met by indi-
vidual effort, and thus state provision is necessary." In the United
States, throughout the last decades there has been little change in the
feeling that everyone should be able to take care of his own housing need;
when this feeling wavered somewhat in the depression, a small amount of
public housing was provided, but, when need was great in the immediate
post-war period, federally-insured mortgages were the main solution. In

Britain, housing need has been acute in several recent periods, (during the latter part of the 19th century and after World Wars I and II) most agreed that private builders could not meet the needs. Because most of the working class required rental units, council (public) housing was the preferred form of assistance. Today thirty percent of the housing is such, while in the U.S. only one percent of the stock is public housing.

Findings also show that for many services in Britain, including housing, the program is not likely to be stigmatized because most members of the society do not perceive of state provision of the service as offending the core values of the society, including the self-help or the work incentive ethos. Evidence shows many see the government as the rightful provider of housing for the working class or at least the needy. Council housing is considered an aid to allow the person to function in other areas of community life, to keep the family together and the children in good physical and psychological health, and to stop working class discontent and societal tensions. In the U.S., state provision is seen as a drain on the taxpayer and an offending competitor with the rightful provider, the private builder. State provision is seen as destroying one's incentive for individual effort in the area of work.

A philosophy where the group perceives itself as having major responsibility for all members of the community, such as suggested by the British welfare state philosophy stressed by Beveridge,[7] seems to also provide a better setting for non-stigmatized services than does the American philosophy of laissez-faire or individual responsibility (self-halp). Evidence that this former outlook actually exists in Britain is shown not only by the wide support for the National Health Service, but from results reported in nation-wide surveys of attitudes of non-users of the public housing service and debates in Parliament. Evidence from American Congressional hearings, voter referendums, and surveys of attitudes of local officials, show the American philosophy is still more laissez-faire in orientation.

Even when the means test is applied, if non-means tested income level groups can use the service, the degree of stigma may be much less than when the service is only for means-tested groups. As council rents are increased in Britain, we find application of a means test for a rent rebate scheme; however, the test for the rebate occurs after entry, is voluntary, is confidential, and need not be utilized for continued occupancy. This, plus the fact many consider the rebate a right, seems to be the basis of why there is so little stigma attached to use. Second, one might say when one pays a fee for a service and later gets a rebate there is often less stigma. This may also relate to the reputation of the agency one turns to for remission; many aged are willing to ask the housing department for a rebate but they are much less willing to apply to the welfare department (Supplementary Benefits Commission) for such help. There seems less stigma when income is assumed rather than ascertained.

Another policy source of stigma can occur when a human need, such as housing or physical or mental health care, is met by a number of different agencies, with different socioeconomic levels served by different agencies. Then the agency serving the lowest level socio-economic group, (or, as some say, the one with the least power) is assigned, Even where

a broad spectrum of groups are served by <u>one</u> agency, if there is also a broad range of assignment facilities (especially as the program ages), then the least desirable, whether prewar housing units or older hospital facilities, may be given to the lower socio-economic group or the less desirable, with the full approval and urging of other users. In Britain, this has occurred within public housing; in the U.S., the stratification of users was between different types of housing programs (public housing, non-profit, FHA insured loans for single dwelling units, etc.). One can find evidence to support the hypothesis that the type of user will be influenced by the number of more acceptable alternative programs as well as entry requirements to this program; and second, the attributes of users will have an effect on the degree the service is stigmatized.

If the service involves the use of physical facilities a negative label is possible due to the appearance of the buildings. With a hospital or housing, architecture is important. One finds that the degree local authority officials wish to take pride in their public housing, and use it as a vote-getting device, influences the kind of architecture. In Britain, public housing officials do take pride in new council estates and announce their completion as an achievement of their administration, while in the U.S., there is often more emphasis put on assuring that the housing does not look better than private housing by keeping down cost and cutting corners on building design. This difference relates to difference in type of users. In other words, the type of user influences the quality of the architecture; the fact many are upper working class and even local councillors and some white collar, (in Britain) provides pressures for decent architecture. Similarly, the use of sites in middle class districts may encourage use of high quality architecture to avoid criticism by middle class neighbors.[8]

In all of this, the strength and unity and the outlook of the competing supplier, such as the private real estate and building lobbies, may be important. If these groups see local authority housing as competing for the same clientele as themselves, they can pressure the government (as in the U.S.) away from encouraging a high standard of architecture. If, instead, such groups see as one of their main clients the local authorities (as in Britain) this situation may be different.

Services using physical units must also worry about site location. A site in a bad part of the city may cause the project to be stigmatized, yet a fight for a site in a good area may mobilize public attitudes against the service. In no service is the site problem so acute as in regard to public housing. Ability to get sites for such, it was found in this study, can relate to the power of local and central government versus the power of opposing lobby groups, and relate to the degree of interest by these governmental bodies in supporting the program. Ability to get sites in non-slum areas can relate to local authority structure, boundary arrangements and compulsory land purchase powers as well as the tax-paying position of tenants.

The degree of isolation of the project, whether housing or a mental hospital or other facility, can also be a major cause of stigma. Similarly the size of the project may make it more visibly segregated in the non-users' eyes and thus more stigmatized. At the same time, one finds size and isolation of the estate may protect users from the negative opinions of non-

users as they are not in direct contact with them this way.

In sum, there are many policies that can decrease the amount of stigma associated with the service. Some conflict with other goals and a balance between different ends must be reached. Yet the cost of providing a stigmatized service should be enough to make policy planners aware that this is a major aspect of provision they must reckon with. The humiliation and degradation now encountered in use of many of our social services is extreme. It provides a psychological atmosphere that fosters the continuation of a culture of poverty. It runs against the grain of progressive philosophy needed in the post-industrial state, a philosophy that acclaims social services are a right and not a meagerly-dispensed charity.

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