The Ethnic and Class Dimensions in Neighborhood: A Means for the Reorganization of Human Service Delivery Systems

Arthur J. Naparstek
National Center for Urban Ethnic Affairs

Karen Kollias
National Center for Urban Ethnic Affairs

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A MEANS FOR THE REORGANIZATION OF HUMAN SERVICE DELIVERY
SYSTEMS

by

Arthur J. Naparstek, Ph.D.   Karen Kollias
National Center for Urban Ethnic   National Center for Urban
            Affairs   Ethnic Affairs
        Wash., D.C.   Wash., D.C.

OVERVIEW
     Human service delivery systems get criticized by both "users"
and "providers" of the services, regardless of countless reforms,
evaluations, models, decentralization efforts and re-evaluations.
In order to determine directions for the future, this article will
discuss past policy initiatives, and review the literature which
links human service needs to ethnicity and social class in a neigh-
borhood context.
     A bewildering array of social legislation was passed by Congress
in the 1960's. A preliminary review of American social policy from
the New Deal to the present indicates that never before had domestic
policy been so explicitly selective in programs and services directed
toward a particular group of citizens. The litany of new legislation
directed at problems of race, delinquency, urban and rural poverty,
unemployment and physical deterioration of inner cities included
the Area Development Act, amendments to the Social Security Act, the
Elementary and Secondary Education Act, the Voter Registration Act,
the Juvenile Delinquency Act, amendments to the Housing Act, the
Civil Rights Act, the Economic Opportunity Act, and the Model Cities
programs incorporated in the Demonstration Cities Act. The 1960's
witnessed the federal government becoming explicitly committed to-
ward countering poverty and racial discrimination through the util-
ization of a vast new array of social services.[1] This was readily
enforced as public and private expenditures for health, education
and welfare services grew more rapidly than the general growth of
the economy between 1960-1968. S. M. Miller notes that from 10.6%

of the Gross National Product in 1960, services grew to 17.7% in 1964 and 19.8% in 1968. In terms of dollar expenditures, services doubled between 1960 and 1968, with the public sector growing more rapidly than the private.[2] Martin Rein points out that the emerging prominence of social services was not only because of the expenditure level. He states:

"The primary factor that thrust the social services into prominence during this period was a reinterpretation of their mission and the unobtrusive inclusion of this new function in diverse types of social legislation directed toward different problems and populations."[3]

Distinct conceptual frames of references appear to have influenced the development of the human services, and the way in which they subsequently emerged through the War on Poverty. The policy and ideological basis for these programs emerged from the Ford Foundation Grey Areas Project, the President's Committee on Juvenile Delinquency, and the amendments to the 1962 Social Security Act. The Foundation's Grey Areas Project, followed by the President's Committee work, provided the theoretical rationale for the subsequent Community Action Program. This approach to human services represented a significant departure from the traditional view of how services should be delivered. The explanation of poverty offered was that social structural aspects of society were the causes of the problem and radical reform of the institutions was necessary. The President's Committee came under the influence of Ohlin's and Cloward's "opportunity theory." This theory offered operational suggestions for the elimination of delinquency but also provided the conceptual basis for focusing on how institutions within the social structure perpetuate deviance and poverty.

On the other hand, the 1962 amendments created a strategy aimed toward helping families become self-supporting, rather than dependent on welfare checks. Ellen Winston notes that these amendments attempted to make public welfare a more constructive instrument in preventing and reducing dependency by emphasizing individual rehabilitation through a quasi-therapeutic approach.[4]

However, in late 1969, the entire social service system was caught in a web of politics. The White House, through HEW, had established a host of inter-agency task forces, whose mission was to reconceptualize the administration of human services. A summary

of task force reports indicated the following were seen as long-standing problems:

1.) Services were unfocused and lacking in clear priorities;

2.) Services were forced upon persons unwilling to accept them;

3.) Services were inaccessible to persons wanting and needing them;

4.) Services were unresponsive to those needs felt most urgently by states, communities & neighborhoods;

5.) Services were fragmented with inadequate accountability and poor quality control.

Under the guise of administrative reform, the first Nixon administration began to dismantle the service reform initiatives taken during the early 1960's.

The working alliance between social and political scientists, policy analysts, politicians, foundation executives, federal bureaucrates and others, attempted to forge together a national effort that would master the complexities of social, economic and regional problems. However, by the end of the decade these alliances broke down and judgments from ideological camps were negative. Policies originally conceived as selectively oriented toward serving the poor, were soon to be perceived with even greater selectivity--as programs for poor blacks. However, support for these programs even diminished among minorities. For example, Tom Wicker noted that the policies somehow managed to end up alienating many of the black and the poor, as well as white conservatives...and members of Congress.[5] Lee Rainwater claimed that these programs made promises to the black community and, through a pseudo-radical rhetoric, angered and insulted the working class, while at the same time delivered no more than symbolic resources to black people.[6]

Perhaps the pessimism of Alfred Kahn best summarizes the harsh judgments of what happened during the sixties:

"To review the history of service reform initiatives
from the early 1960's is to discover that there has
been very little effort to reconstruct the basic de-
livery system, as a system. There have been styles
and fads. There has been rhetoric and ideology.
Much has been accomplished that has validity in the
domains of political and social action and social
change. Much has been accomplished elsewhere in
the social sector: employment and education pro-
grams, income maintenance, housing. But there has
been little systematic learning about this, about
organization for personal social services--after
millions of dollars of service and research invest-
ment. In fact, few good questions have been asked."[7]

THE NEED FOR NEW DIRECTION

What went wrong, and why did the significant reforms and many
important research efforts carried out in the sixties and early
seventies result in such failure? Perhaps more important are ques-
tions related to where we go from here. Currently the human services
are being reassessed. However, policy analysts, academicians and
others are defining the problem in the context of administrative
reform with an emphasis on such issues as coordination, regulations
and funding arrangements. Others are engaged in debate about the
relative merits of a universal or selective policy approach to the
human services.

Our contention is that reassessment in these areas will not lead
toward the desired and necessary change. There is a belief that
planners and researchers who pursue changing the system by placing
emphasis on such issues as effectiveness, innovation, comprehensive-
ness, rationality, accessiblity and accountability are doomed to
repeat the experiences of the past.

A recurring theme in social welfare has been the search for
new models for the delivery of services. However, the emphasis has
not been on generating an understanding of how different groups of
people solve problems and cope with crises. In the past, service
systems have been developed without regard to the unique elements
of community life. Although important work has been carried out
with regard to linking service delivery to neighborhoods, little
consideration has been given to neighborhoods which reflect a multi-
ethnic population. There has not yet developed a full understanding
of the intercultural dimensions of neighborhood life, particularly

as it relates to service delivery. Too often delivery systems bypass those neighborhood-based cultural and organizational networks which may have the potential for support of services. More specifically, it is not fully understood the impact different ethnic and sub-cultures have on issues related to prevention and treatment. Finally, the problem is made more complex as we do not yet have a "handle" on the interdependencies existing between race, ethnicity, social class and well-being.

ETHNICITY, SOCIAL CLASS AND WELL-BEING

Human service delivery systems are usually organized according to the perceptions of "what is needed" by the providers. These people for the most part do not live in the neighborhoods where the service centers are located, nor are they likely to reflect the same socio-economic or cultural make-up as their "consumers." Therefore, it seems logical to assume that there is a difference in the professional and client perceptions of need. This difference doesn't lend itself to the sensitivity necessary to understand not only the relationship of utilization patterns of human services to social, religious and ethnic factors, but also to what degree and in what ways are they linked.

The relationship between well-being and ethnicity builds on the work of Mead, Benedict, Kluckholm, as well as Sullivan, Horney, Ferenczi and Kardiner, all of whom stressed the influence of social and cultural environment in normal and deviant behavior.[8] The work of Kolodny,[9] Spiegal,[10] Barrabe and Von Mering[11] and Zborowski[12] suggest that various ethnic groups differ in their responses to health, illness and treatment. However, there is a lack of empirical evidence which links utilization patterns to ethnic variation.[13]

Only recently has there been an understanding of the interrelationships between social class and mental health. The classic work of Hollingshead and Redlich bridged the gap between mental health and class by raising two fundamental questions: 1.) Is mental health related to class? 2.) Does a patient's position in the status system affect the treatment she or he receives?[14] One conclusion drawn from the Yale study was that occupation is a potent force in determining a person's general life adjustments and the ways of coping with problems. This conclusion is also supported by the Midtown Manhattan Study[15] and the Gurin, Veroff and Field nationwide survey of 2,400 adults.[16] Further, Gurin and Srole's work along with Leighton[17] and Phillips[18] has shown that as many as 50% of those who have emotional problems never seek and receive any kind of help.

Finally, it can be concluded from these investigations that the world of semi-skilled and unskilled blue collar workers produces a life situation of deprivation, insecurity and powerlessness resulting in fear, frustration and a sense of helplessness and low self-esteem. The work of Kornhauser,[19] Mills[20] and Fromm[21] support the aforementioned conclusion and strongly imply the work people do has important consequences for their ego strength.

In summary, this brief literature review provides some empirical evidence that various ethnic groups differ in their responses to health, illness and treatment; and that by utilizing occupation as a principal indicator of social class we move closer to establishing a causal relationship between work and behavior. However, the relationships between ethnic variation, occupation and utilization rates are not clear. For example, can it be assumed that a large majority of workers identify themselves as ethnic? If so, which variable (ethnicity or occupation) has the more powerful impact on the prevention and treatment. Giordano's review of the literature responds to the latter question and suggests that ethnicity has at least as powerful impact on mental health and mental illness as social class. He points out that the influence of ethnicity becomes particularly significant in those studies where social class is held constant. However, he notes that while professionals have already accepted class differentials, ethnic variation is still often ignored or worse, denied outright.[22]

CULTURAL AND ORGANIZATIONAL-BASED NETWORKS

Another body of literature shows the importance of neighborhood-based networks. Our point here is that it is imperative to know how people solve their   problems, and cope with crises when they are outside the system of professional agencies. Myers and Bean, in their study of social class and mental illness, point out that for those in the professional system, the effectiveness of help received will depend on the social supports or lack of support in a person's neighborhood.[23] The importance   neighborhood-based cultural or organizational networks have on assisting professionals deal with the physically and mentally ill has been noted by several scholars. Slater,[24] Glazer,[25] Warren,[26] Litwork[27] and Breton[28] present the issue in a similar way. For example, Glazer notes that a significant contribution to the present crisis in public social policy and service delivery is due to the breakdown of "traditional" organizations and ways of dealing with problems. Breton analyzing the issue from the ethnic dimension points out that greater attention should be

given to the social organization (fraternal organizations, ethnic clubs, etc.) of ethnic communities particularly to the wide variation which exists among them. Our argument is that by avoiding existing neighborhood-based networks we are making it more difficult for people to utilize professional expertise in effective and differentiated ways. Therefore, the important questions relate to how people who are not a part of neighborhood service delivery systems cope with their problems. What neighborhood-based formal and informal networks of service delivery are being used? What rearrangements of the formal delivery systems are necessary so that the social organization within the neighborhood is strengthened? Will a delivery system which is culturally compatible with the neighborhood increase utilization and reach people earlier in their illness?

IMPLICATIONS FOR THE FUTURE

The ontological basis for the policies and programs of the sixties evolved from the convergence of macro social and economic forces. The result was the belief that poverty was the central issue and innovations were needed which would reform social insitutions and provide mobility opportunities for poor people and more particularly, poor blacks. Subsequently, the rationale for dismantling the Great Society programs are related to the issues of administration and organization. The assumptions and belief systems underlying the service initiatives of the sixties and early seventies, as well as the theoretical systems, have not been directed toward the micro aspects of problem solving in a neighborhood context. Nor were these past efforts explicitly directed to the universal problems of inequality, social injustice and exclusion. In the sixties these issues were given attention, but only within the context of poverty; in the seventies they are not even discussed.

Our contention is that deprivation and need must be defined in a multi-dimensional context. Thus, ethnicity and class must become critical factors in any discussion of how services must be reorganized or rearranged. This also means that equal attention needs to be given to the non-economic aspects of inequality, those aspects which all groups feel vulnerable to at one point or another. The importance of neighborhood, as a whole, must be emphasized as the base from which linkages can develop between the services and those people seeking services.

With the development of this new "neighborhood model," a commitment should be made to employ neighborhood residents as service workers. This could prove successful if the neighborhood people fulfill the role of the "generalist workers"[29] whereby they would be accountable to specific individuals and their families to meet as many of their needs

as possible. Employment of neighborhood residents more closely assures
an earlier recognition of problems, needs and available solutions from
any given number of resources, including those outside the professional
systems. The visibility of community people working in the service
centers provides an incentive for those who may need some type of ser-
vices, but haven't utilized what is already available. Workers from
the community may be able to determine more clearly than the "tradi-
tional professionals" what the relationship is between social class,
ethnicity and well-being with utilization patterns of human services.

      Finally, human service organizations linked with cultural and
organizational networks within a neighborhood, staffed and controlled
by its residents may provide the model needed to promote dual account-
ability--where consumers are accountable to providers and the providers
are accountable to consumers.

FOOTNOTES

1.) The dramatic rise of social service programs has been documented
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        U.S. Dept. of Health, Education and Welfare, Feb. 1968.

2.) Miller, S. M., op. cit., p. 1.

3.) Martin Rein, "Social Services and Economic Independence," in: Rein,
        ed., Social Policy: Issues of Choice and Change. (New York:
        Random House, 1970), p. 327.

4.) Ellen Winston, "Public Welfare," in: Encyclopedia of Social Work,
        ed., by Harry Lurie. (New York, NASW, 1965)

5.) Daniel Moynihan, Perspectives on Poverty: On Understanding Poverty
        (New York: Basic Books, 1968).

6.) Lee Rainwater. "Making the Good Life: Working Class Family and
        Life Style" (unpublished manuscript, Oct., 1970).

7.) Alfred Kahn. "Service Delivery at the Neighborhood Level --
        Experience, Theory and Fads" (unpublished paper, Oct. 1974).

8.) Marvin Opler, Culture and Social Psychiatry (New York: Atherton
        Press, 1967).

9.) Ralph Kolodny, "Ethnic Cleavages in the United States," Social
     Work, XIV, Jan. 1969.

10) John Spiegal, "Some Cultural Aspects of Transference and Counter-
     Transference," in M. W. Zold, ed. Social Welfare Institutions
     (New York: Wiley & Sons, 1965), p. 576.

11) Paul Barrabe and Otto Von Mering, "Ethnic Variation in Mental Stress
     in Families with Psychotic Children," Social Problems, I,
     Oct. 1953, pp. 4950.

12) Mark Zborowski, People in Pain. (San Francisco, Jossey-Bass, 1964)

13) See Annotated Bibliography on Ethnicity and Ethnic Groups, edited
     by Richard Kolm. (Rockville, MD, NIMH, 1973)

14) August Hollingshead and Fredrick Redlich, Social Class and Mental
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15) Leo Srole, Thomas Lagner, Stanley Michael, Marvin Opler, and Thomas
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     Study (New York: McGraw Hill, 1962).

16) Gerald Gurin, Joseph Veroff and Sheila Field, Americans View Their
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17) Alexander Leighton, My Name is Legion.(New York: Basic Books, 1959).

18) Derek Phillips, "The True Prevalence of Mental Illness in a New
     England State," Community Mental Health Journal 2:1, Spring 1966.

19) Arthur Kornhauser, "The Mental Health of Factory Workers: A Detroit
     Study," Human Organization, vol. 21, 1962.

20) Mills' viewpoint is established in White Collar, the American
     Middle Classes (New York: Oxford University Press, 1951);
     The Power Elite (New York: Oxford University Press, 1959),
     and The Causes of World War II (New York, 1960).

21) Erich Fromm, The Sane Society. (New York, 1955)

22) Joseph Giordano, Ethnicity and Mental Health.(New York: American
     Jewish Committee, 1973).

23) Jerome Myers and Lee Bean, A Decade Later: A Follow-Up of Social
     Class and Mental Illness (New York: Wiley & Sons, 1968).

24) Philip Slater, The Pursuit of Loneliness: American Culture at the
     Breaking Point (Boston: Beacon Press, 1970).

25) Nathan Glazer, "The Limits of Social Policy," Commentary, 52:3,
     Sept. 1971.

26) Donald Warren, "Neighborhoods in Urban Areas," The Encyclopedia of
     Social Work (New York: NASW, 1971).

27) Eugene Litwork, "Voluntary Associations and Neighborhood Cohesion,"
     American Sociological Review, 26:2, April 1961.

28) Raymond Breton, "Institutional Completeness of Ethnic Communities
     and the Personal Relations of Immigrants," American Journal
     of Sociology, vol. 70, 1964. pp. 193-205.

29) William Sahlein, A Neighborhood Solution to the Social Services
     Dilemma (Lexington, MA, Lexington Books, 1973), p. 21.