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The Journal of Sociology & Social Welfare

Volume 7
Issue 5 *September*

Article 10

September 1980

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Edward A. Brawley
Pennsylvania State University

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Recommended Citation

Brawley, Edward A. (1980) "Social Work's Diminished Commitment to the Paraprofessional," *The Journal of Sociology & Social Welfare*: Vol. 7: Iss. 5, Article 10.

DOI: <https://doi.org/10.15453/0191-5096.1477>

Available at: <https://scholarworks.wmich.edu/jssw/vol7/iss5/10>

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SOCIAL WORK'S DIMINISHED COMMITMENT
TO THE PARAPROFESSIONAL

by

Edward A. Brawley
Associate Professor of Social Welfare
The Pennsylvania State University

ABSTRACT

This paper reviews the rise during the 1960's and the apparent decline during the 1970's of social work's support of the paraprofessional and concludes that failure to follow through unequivocally on its early commitment to the paraprofessional is likely to create future difficulties for the profession.

A critical shortage of graduate social workers, a restructuring of the social services, and a national policy of employing the poor and disadvantaged in social service occupations all led to the introduction of large numbers of paraprofessionals into both urban and rural social service employment during the 1960's. Sheldon Siegel cites Census Bureau data that indicate that approximately 32 percent of all social service workers in the United States in 1970 had less than a baccalaureate degree.¹ The social work profession affirmed the necessity and the desirability of this trend, not only as a method of solving the shortage of trained personnel that existed at that time² but also because many of these new entrants to the field were indigenous to the client groups that social work sought to serve and had characteristics and skills congenial to those groups.³

It was during the 1960's that the long-standing shortage of trained personnel in social work ceased to be viewed solely as a need for more holders of the master's degree in social work. The social work profession resolved a long-standing debate and decided that it

An earlier version of this paper was presented at the Fourth National Institute on Social Work in Rural Areas, University of Wyoming, Laramie, Wyoming, August 1, 1979.

was possible to prepare workers for the social services with less than graduate education and that this need not necessarily lead to a lowering of the standards of service offered. In fact, it was even suggested, though not necessarily widely believed, that, given the proper preparation of the new workers and the development of appropriate ways of deploying them, a qualitative as well as quantitative improvement in service might result.⁴

In the second half of the 1960's, a great many articles appeared in the social work and related professional literature on the subject of paraprofessionals in the human services. These articles either reported the results of using such personnel or advocated their increased use on various grounds, usually the continuing shortage of professional workers or the unique contribution that the paraprofessional purportedly could make. For example, in 1966, Robert Barker and Thomas Briggs, reviewed almost 200 publications reporting the use of nonprofessionals in social welfare settings.⁵

Few of these articles reported the results of formal research studies or provided a conceptual framework for social service staff differentiation that could be widely applied. In fact, few attempted to do so, being content to suggest that certain tasks, traditionally carried out by professionals, could be delegated to others without professional training or that professional services could be supplemented by the additional work that paraprofessionals could do. However, some empirical data on the use of paraprofessionals in the human services did appear, including Alan Gartner's Paraprofessionals and Their Performance: A Survey of Education, Health, and Social Service Programs.⁶ Gartner cites the results of studies of work performance in a variety of human service fields to support his thesis that the introduction and innovative use of these new kinds of person led to qualitative as well as quantitative benefits for the clients of human services.

Similarly, in a 1968 survey of the roles of over 100,000 nonprofessionals working in 185 mental health settings (predominantly community mental health centers) Francine Sobey found that the nonprofessional mental health workers were contributing to mental health service provision in two ways: "(1) filling new roles based on patient need which were previously unfulfilled by any staff; and (2) performing parts of tasks previously performed by professionals, but tailoring the task to the non-professional's abilities." The combination of the two roles was seen as resulting in a "task gestalt" unique to the nonprofessional.⁷

While these and other reports on the use of paraprofessionals were appearing with some frequency in the professional literature, there was some effort within social work to grapple with the theoretical issues involved and to develop conceptual models that might provide guidelines for the profession. For example, NASW and other organizations supported considerable research during the 1960's into the use of different kinds and levels of social service personnel.⁸ Based on their extensive studies on behalf of NASW into differential use of social work manpower, Barker and Briggs reported, in 1969, good results from the use of social work teams in mental hospital settings.⁹ They developed a fairly sophisticated conception of how the team would work, and their model and subsequent elaborations of it gained fairly wide acceptance within the profession, at least on a theoretical if not a practical level.¹⁰ In these various versions of the social work team, significant roles for paraprofessional workers were assumed and, with some degree of specification, were described.

The place of paraprofessionals was given formal recognition by NASW in its Standards For Social Service Manpower, published in 1974.¹¹ A six-level classification plan was set forth that included four professional and two paraprofessional or preprofessional levels. "The purpose of the Standards was "to help bring order and uniformity to the personnel classification systems of social agencies, enable more appropriate utilization of personnel, and provide more effective service." It was assumed that "the optimum effectiveness in the provision of most social services requires the use of various levels of competence."¹²

While the practice arm of the profession was taking these steps to incorporate paraprofessionals into its thinking about the range of available social service personnel and the way they should be deployed, those members of the profession concerned with preparation for practice were, through the Council on Social Work Education (CSWE), assuming leadership in the development of educational programs for multiple levels of social service personnel, including the paraprofessional.

In 1968, CSWE, following a Board decision to expand its activities from graduate education for social work to all levels of post-secondary education for social welfare, carried out a study of community college programs in areas related to social welfare.

The report of this study identified the thrusts which had led to rapid growth of technical education during the 1960's and, specifically, the development of community college programs for social welfare areas. The implications of the emergence of these programs for social work and

especially for social work education were noted, and it was suggested that CSWE might appropriately assume an active role in community college education for social welfare and related areas.¹³

CSWE began to offer consultative services to community colleges and proceeded to develop, in cooperation with the American Association of Junior Colleges (AAJC), a Guide for associate degree programs in the social services. The guidelines were approved by the Board of Directors of CSWE in November 1969 and were published in early 1970.¹⁴

The Guide reaffirmed the need for the development of a corps of associate degree workers for the social services, citing the following factors which were giving rise to this need: (1) the predicted continued expansion of the human services; (2) recognition by the social work profession that the manpower needs for present and future services could not and should not be met by personnel with only the highest levels of education; (3) changes in social service delivery systems which called for the utilization of manpower with different levels of educational preparation; (4) recognition that qualitative as well as quantitative gains could be achieved in the social services when different kinds of personnel were involved in problem solution, particularly within a team approach; (5) the benefits to be derived by involving persons indigenous to the communities being served; and (6) the trend toward community control of local health and welfare services. It was the hope of CSWE that the Guide would help community colleges to decide if they wanted to introduce programs in the social services and, if so, how they might implement them.¹⁵

Early in 1970, CSWE, in cooperation with AAJC, sponsored workshops in Chicago, Philadelphia, and Los Angeles with the purpose of publicizing the Guide and assisting community colleges to establish quality educational programs for the community and social services. These workshops were followed, in June 1970, by a CSWE-sponsored institute for community college faculty who were interested primarily in curriculum development for associate degree programs in social welfare areas and, in May 1971, by a workshop for community college educators who examined trends and issues emerging from the development of these new programs. The latter workshop, together with the results of a national survey of community college programs sponsored by CSWE in 1971, resulted in CSWE's third publication on community colleges.¹⁶

Noting that it was the organization that provides "leadership and service in the field of social welfare education on all levels," in 1970 CSWE invited "community colleges and other associate degree-granting institutions interested in developing education for the social

services at the technician level" to become members of the organization.¹⁷

All of these activities seem to reflect a growing desire on the part of CSWE to play an active and constructive role in the development of appropriate training for paraprofessionals and, in particular, the development of community college programs for social service personnel. This assumption of leadership for all levels of social work education including the associate degree level, is further reflected in other pronouncement of the Council in the early 1970's.¹⁸

Although, as recently as 1976, the CSWE House of Delegates affirmed "the importance of the responsibility already accepted by CSWE to provide service and assistance to community college programs preparing for the social services,"¹⁹ none of the tangible services or assistance (such as the workshops or publications noted earlier) has been provided to community college programs since 1972.

As we come to the end of the 1970's there is considerable evidence that the commitment of the social work profession as a whole to the paraprofessional has diminished significantly. Articles dealing with this level of social service worker have all but disappeared from the professional literature. The licensing and other regulatory efforts of NASW and its state chapters disregard the person who does not have at least a bachelor's degree; and a number of other factors seem to have caused social workers to be less supportive of paraprofessionals.

One of the major forces working against the acceptance of the paraprofessional may well have been the "de-professionalization" or "declassification" movement in the social services which began during the Nixon administration and is still a major concern within the profession. Early in 1971, NASW was warning its members that "this administration is endeavoring to make a major ideological shift in the concept of services, in the administration of services, and training required to provide (social) services." NASW noted that administration spokesmen had repeatedly expressed "their belief that there is little, if any, correlation between a master's degree in social work and the kind of services that this country needs" and that "people with less education and a different kind of education are required in the new delivery system."²⁰ This kind of thinking was viewed by NASW as disastrous for the social services and for the social work profession and was to be strenuously resisted.

The issue has remained a critical one throughout the 1970's and NASW has attempted to combat the threat of declassification by devoting

substantial effort to the achievement of legal regulation of social work. Noting that 15 states now license social workers and 23 have some form of regulation of social work practice, either in the form of licensure or title registration, NASW recently stressed eight principles that it considers essential for adequate regulation of social work practice, one of which is that:

"Regulation must recognize those levels of practice that are based on discipline and knowledge of the profession, i.e., the social worker or BSW; the graduate social worker or MSW; and the certified social worker, which requires an MSW and two years of specialized experience as the minimum for independent practice."²¹

While this statement does not, on its face, imply that paraprofessionals are to be prevented from participating in the provision of social services, the intent clearly is to curtail the activities of those who do not fit into the categories mentioned and it is hard to see how this could avoid having a negative impact on paraprofessionals, in the absence of clear guidelines specifying what roles they are to play. Minimally, the psychological climate created is an adversary rather than supportive one.

Another aspect of the fight against declassification is what NASW calls "validation" of social work. Observing that "efforts to declassify social work positions in public agencies (open them to untrained personnel) threaten to affect the private sector in the future," NASW held its second national conference on the validation of social work in May 1978. The purpose of the conference was to train state chapter leaders who were "actively engaged in development of state merit system validation techniques," that is, to demonstrate to state Civil Service or Merit System Boards why social service jobs require professional social workers.²²

While these efforts to counter declassification have been going on at the national level, state chapters of NASW have been carrying on their own fights with recalcitrant state administrations.²³ As well as mounting a vigorous, but unsuccessful, licensing effort, the Pennsylvania Chapter of NASW recently asked the state legislature to ensure that the new secretary of public welfare brought to the position "the commitment to the utilization of professional personnel in provision of quality services"²⁴ and the chapter initiated its own validation study.²⁵

What is important to note is that these activities, at various levels and in various areas, (regardless of their motives, their

necessity, or their degree of effectiveness) have created a climate that is not supportive of the paraprofessional.

While the declassification issue, together with a less expansive job market for social service personnel, may explain the present unsympathetic attitude toward the paraprofessional, there are other, less obvious factors that also should be considered. For example, there is some evidence that, even when the social work profession was most committed to the use of paraprofessionals there were systemic barriers to the optimum use of this type of worker.

As early as 1969, in a study of the impact of the paraprofessional on the professional's role in a variety of anti-poverty programs, William Denham and Eunice Shatz found that the professionals involved experienced a high level of anxiety and reacted negatively towards their paraprofessional colleagues for reasons that were unrelated to the job performance of the latter.²⁶ For example, the frequent argument that the use of the paraprofessional for performance of simple routine tasks would free the professional "for performance of previously undone tasks requiring a high degree of skill or the assumption of new tasks was not realized in any patterned or sustained fashion" in the programs studied. In many agencies, the professionals had historically performed a multiplicity of tasks, many of which were of a simple routine nature, so that they "had little opportunity to use, let alone develop, the more highly technical skills" and furthermore "had become accustomed to performing routine functions."²⁷

In addition to the expectation that they would function as "expert practitioners" the professionals were often expected to take on the role of "training supervisors" of the paraprofessionals. This was also a role for which most were unprepared and to which they reacted "with considerable anxiety, much of which was displaced on the aides, who were accused of being trouble-makers and interfering with the old order."²⁸

Noting that all of the programs studied "suffered from minimal operational clarity"²⁹ and that "whether intentionally or not, the nonprofessional in most of these programs functioned as the exclusive giver of service," Denham and Shatz found that "the professional reacted to these unanticipated developments with considerable tension and anxiety, which was often dysfunctional as far as the viability of the nonprofessional role was concerned." For example, the professionals often adopted a punitive attitude toward the nonprofessionals by "threatening them with overly subjective and negative evaluations,

limiting (their) role to the more menial tasks, or 'caseworking' (them)" as a way of placing them in a client role.³⁰

A major systemic problem which the Denham and Shatz study reveals and which has particular relevance for this discussion is that in the programs they studied, which are probably not atypical, lack of clarity about roles and functions led to a "de-professionalization" of services (i.e., direct service activity was carried out almost exclusively by nonprofessionals) rather than the more appropriate and supportable "differentiation" of services among various types of personnel. It is not difficult to see why the professionals involved would find reasons to turn against the paraprofessional. When services are performed exclusively by paraprofessionals, questions of quality inevitably arise and, in the absence of objective data to the contrary, such service will be, by professional definition, inferior service.

It is hard to determine how widespread and persistent the problems identified by Denham and Shatz are but some recent studies suggest that they are not at all uncommon. In 1975 Hisashe Hirayama reported the results of a study of indigenous nonprofessionals and associate-degree technicians in five community mental health centers and five neighborhood health centers in Philadelphia, Trenton, New York and Baltimore.³¹ He found that, among other things, the definition of paraprofessional roles and functions was not the result of careful assessment of the paraprofessionals' capabilities but was based on expediency. Specifically, "the fewer the professional workers available, the more the indigenous paraprofessionals and associate degree technicians are expected to carry out responsibilities ordinarily carried out by professionals."³²

Despite this rather haphazard approach to role assignment, Hirayama found that 87% of the professional staff judged that the indigenous paraprofessionals were making a valuable contribution to service delivery and 100% were of the opinion that the associate degree technicians were making a valuable contribution.³³ However, "the predominant attitudes of professionals (were) superiority and indifference toward the nonprofessional"³⁴ and Hirayama raised questions about 'the centers' commitment to the continuing and best use of these workers." Citing such factors as federal funding cutbacks, a more conservative mood in American Society, and a diminished commitment to racial equality (88% of the paraprofessionals in this study were Black or Puerto Rican) he concluded that the paraprofessional's "job security has become seriously threatened and their future at the moment is not at all promising."³⁵

The lack of long-range commitment to the paraprofessional that Hirayama found in community mental health centers and neighborhood health centers appears to apply in other settings also. In their study of the impact of federal anti-poverty funds on voluntary social agencies, Camille and Leah Lambert found that traditional social work agencies had tended not to incorporate paraprofessionals into their regular service and budget operations, even though they had had extensive positive experience in the use of paraprofessionals.³⁶

If, as has been suggested here, social workers, social service agencies and social work education have decreased their commitment to the education and use of the paraprofessional, it is important to examine the possible consequences of this development.

It is fairly clear that social agencies have not organized their services around differential job and role assignments³⁷ (and this creates problems for the baccalaureate social worker as well as the paraprofessional). This is usually attributed to a shortage of jobs. However, there is substantial evidence that social service employment, which expanded at nearly seven times the growth rate of the civilian labor force as a whole during the 1960's, continued to expand (at nearly four times the rate of growth of the civilian labor force) during the recessive first half of the 1970's.³⁸ Consequently, the paraprofessional does not seem likely to disappear. The President's Commission on Mental Health recently observed that while "there has been a marked increase in the number of professional and paraprofessional mental health practitioners." . . . "rural areas, small towns, and poor urban areas still have only a fraction of the personnel they need."³⁹

In relation to what it calls the "new kind of paraprofessional" who emerged with the development of associate degree human service programs in community colleges, the Commission estimates that there are now more than 200 such programs graduating 10,000 students a year.⁴⁰ Noting the wide range of vital functions performed by the paraprofessional, the Commission states that "no one can ignore the contribution they have made or the need to increase the effectiveness of that contribution. And, in order to better integrate the paraprofessional into the mental health personnel system, the Commission recommended to the National Institute of Mental Health that it "accelerate its efforts to develop guidelines defining the various levels of paraprofessionals, specifying the activities they should perform, and the supervision they need." ⁴¹

Clearly the Commission does not expect paraprofessionals to disappear; it sees them as having performed a very valuable function

in the delivery of mental health services; and it expects them to continue to do so if steps are taken to integrate them properly into service systems. This is one of the major themes emerging from Michael Austin's recent study of professionals and paraprofessionals employed in Family, Neighborhood, and Community Health Services in six eastern cities.⁴² Austin found that the paraprofessional worker in the social service agencies studied was predominately female and most likely to be a member of a racial or ethnic minority group, although he notes that entry into employment as a paraprofessional social service worker appears "to be more a matter of economics than of race."⁴³ Consequently, while the impact of the paraprofessional can be evaluated in many ways, on the most basic level, "they have integrated - racially and in terms of social class - the staff of many social service agencies" and on a more complex level "they have influenced the practice of social work by providing a new source of knowledge about the realities of the client's world."⁴⁴

Professional social workers in the agencies Austin studied "accepted both the presence of the paraprofessionals and their performance of many duties that professionals in the past had thought of as part of their monopoly," but he was at a loss to understand "why it is taking agencies so long to adapt administrative practices to this new personnel thrust."⁴⁵ In the absence of the necessary systemic changes, the status and survival of the paraprofessionals will either continue to be threatened, as Hirayama suggests, or they will turn to other sources of recognition and support. Either outcome would be regrettable since Austin found that "given a hypothetical choice of careers and asked to assume that they had all the necessary qualifications, paraprofessionals overwhelmingly (70 percent) selected the social work profession."⁴⁶

However, despite their strong identification with social work, there are already some tangible signs of the paraprofessional's alienation. For example, in the absence of the kind of leadership that CSWE initiated in the 1960's but has failed to provide in recent years, the Southern Regional Education Board (SREB), with the support of N.I.M.H., has initiated "two related credentializing projects to develop the models and mechanisms for certification of mental health/human services workers and for approval of human services/mental health worker training programs."⁴⁷

One of the results of this three-year effort was the creation in February 1979 of the Council on Standards for Human Services Education (CSHSE), a national organization whose purpose will be to improve the quality, consistency and continuity of training of human service workers

at both the associate and baccalaureate degree levels through the development of national standards for training and the mechanisms for reviewing and assessing programs against these standards.⁴⁸

← The need for such a standard-setting body has arisen, according to SREB, as a result of the existence of some 400 Human Service Training Programs which graduate perhaps 50 percent of direct service workers in the human services nationwide, with wide variations in goals and content, uneven standards of competence, competitive relationships with existing groups of professional workers,⁴⁹ and uncertain and often limited opportunities for career advancement.

Austin observes "that the professional social worker serves as one of the major gatekeepers for paraprofessional advancement."⁵⁰ Apparently, the social work gate is viewed by a significant proportion of paraprofessionals as being closed. As a consequence, a group of workers who constitute a substantial proportion of social service practitioners seem likely to have their preparation for practice guided by a body upon which the social work profession may have little influence.

Another sign of the paraprofessionals' alienation from the social work profession and their search for other sources of support is their rapidly increasing enrollment in the Public Employee Unions. While it is true that both professional and paraprofessional social workers are joining unions,⁵¹ the latter constitute the overwhelming majority in Social Service Union memberships.⁵² For example, in Pennsylvania the powerful public employee unions have successfully recruited a very large proportion of the workers who presently deliver the public social services, the great bulk of whom are nonprofessionals or paraprofessionals. In its licensing efforts the state chapter of NASW has found itself in conflict with the unions which are naturally concerned, among other things, about the job security of their members. The unions have been a powerful and, so far, effective opponent of social work licensing legislation in Pennsylvania.

In summary, there is considerable evidence then that social work's commitment to the education and use of paraprofessionals has diminished markedly. This has occurred despite the fact that the arguments that were advanced in the 1960's in support of the paraprofessional are no less compelling today. That the paraprofessional can make a valuable contribution to the social services has been fairly well documented. The very high proportion of minority and low-income persons among the paraprofessional ranks is quite clear, providing social work with a prime opportunity to involve these groups in social service roles and, subsequently, to welcome many into full professional membership. The

job creation potential of the social services for these needy groups is equally clear. While it is often argued that the job market in the human service area has changed dramatically for the worse during the 1970's, this is misleading and has generated a "them or us" mentality among social workers. The human services have continued to expand much faster than most other employment fields during the 1970's and can be expected to continue to grow, with shortages of trained workers still occurring in at least some areas of the country.⁵³

The proportion of paraprofessionals involved in the delivery of social services is quite high and is likely to continue to be too significant to ignore. The assumption that the paraprofessional will eventually disappear from the social service scene is unrealistic and fosters an irresponsible attitude toward appropriate social service staff differentiation. Failure to address the issue of the place of the paraprofessional in the social services or, worse yet, antagonism toward this group of co-workers, simply forces them into other alliances that may reduce the possibility of optimum professional-paraprofessional collaboration in the future and could make it more difficult for social work to play what it sees as its rightful leadership role in the social services.

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