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Social Work Practice and Technological Disasters: The Navajo Uranium Experience

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Findings of a community case study of Navajo uranium workers and their families are presented in light of the effects of technological disasters. The workers and their families were exposed to occupational and environmental hazards associated with the mining and milling of uranium. Implications for social work practice and education are presented using the concepts of a therapeutic community and victim typology.

Introduction

There is a growing effort within the scientific community to identify both the short- and long-term consequences of natural and technological disasters. Two areas of concern in the literature are the development of therapeutic communities to help cope with disasters and the identification of different types of victimization. This paper will address these two areas within the context of technological disasters, and will present a case study of Navajo uranium workers. Finally, implications for social work practice are discussed.

Natural and Technological Disasters

Distinctions between the stressors of natural versus technological disasters have been well delineated in the literature (see Baum, Fleming, and Davidson, 1983; Baum, Fleming, and Singer, 1983; and Cuthbertson and Nigg, 1987). Technological disasters, e.g., nuclear plant accidents and toxic spills, indicate the collapse of humanmade systems, while natural disasters, e.g., floods and earthquakes, occur without human intervention.

Technological disasters such as radioactive contamination may leave no visible evidence in the environment, but can lead to chronic stress and sickness. These resulting health effects are

perceived to be unrelated to natural causes, indicating instead a failure of technologies that were once considered under control (Baum, Fleming, and Davidson, 1983). The individual is likely to believe that someone, or some group, is ultimately responsible for the disaster (Baum, Fleming, and Singer, 1983).

Kasperson and Pijawka (1985) have presented a framework for understanding the problems of communities coping with both types of disasters. They point out that technological disasters make the identification of health consequences and liability difficult because of latent effects, whereas natural disasters have immediately observable consequences. For example, when a tornado strikes, a community mobilizes quickly. The disaster agent is known and clearly defined. With a technological disaster, however, the community may not mobilize quickly because of chronicity and/or ambiguity regarding the disaster agent and its consequences. Love Canal, New York, for instance, demonstrated community division in response to the disaster agent. In technological disasters, the nonvictimized members of the community may begin to resent the victimized members because of scientific uncertainties about the hazard, the potential for adverse economic impacts, media attention, and prolonged debate. All of these may increase community division.

Kasperson and Pijawka (1985) also have identified the importance of a therapeutic post-disaster community as a powerful means of stress reduction. Cuthbertson and Nigg (1987) have noted that therapeutic communities tend to develop where there is little ambiguity concerning the disaster agent, creating emotional and physical support, solidarity, unity of purpose, and hopefulness for renewed normalcy. In addition, they state that an effective therapeutic community is identified by the following factors: general consensus on the nature and risk level of the disaster agent; beliefs that the disaster could not have been prevented; indiscriminate, highly visible, and communitywide damage; and obvious and urgent needs toward which feelings and remedial action can be directed.

Cuthbertson and Nigg (1987) have also developed a typology which discusses a therapeutic community that emerges as a response to technological disasters. They assume that a therapeutic community may not develop in technological disasters

because of community conflict, or conflictual adaptation, and divide community groups in two major categories—primary and secondary victim clusters. Primary victims include those individuals who either lived close to or were knowingly exposed to the technologically created hazard that produces negative health effects. Secondary victims include community residents who consider themselves to be adversely affected by the public acknowledgment of a technological event.

Within the category of primary victims there are two subgroups: the hazard-endangered victims and the hazard-disclaimer victims. The hazard-endangered victims perceive the disaster agent as a definite threat to health, while hazard-disclaimer victims do not. Cuthbertson and Nigg (1987) note that hazard-endangered victims generally lose confidence that a supportive social environment will emerge. They feel they are in a crisis situation which will not be resolved and are unable to reduce their anxiety through community support. Group members worry for the immediate and future health of their families and themselves, and may feel suspicious toward experts and government officials perceived as uncaring and unresponsive.

Hazard-disclaimer victims do not perceive a technological agent as hazardous or capable of producing negative health problems. They also do not consider hazard-endangered victims to be the true victims of the technological hazard; instead they see the endangered victims as either augmenting the controversy or as opportunists.

Secondary victims of technological disasters are also classified into two subgroups—the perpetrator victims and the bystander victims. The perpetrator victims are “individuals labeled as unethical, opportunistic, and uncaring by hazard endangered victims and their supporters” (Cuthbertson and Nigg, 1987:478). These may include individuals from businesses and/or government. Victims from this group may believe they have been singled out unfairly and may attempt to prove their innocence.

Bystander victims are community members not living within the exposed area of the technological agent. They perceive themselves as victims because of their association with the issue, expressing concern for their own economic interests

and the community's return to normalcy. Bystander victims were not identified in this study because all of the respondents either worked in uranium mining and milling or lived within an exposed area of the Navajo Reservation.

Cuthbertson and Nigg (1987) state that secondary victims tend to consider themselves casualties of the technological agent's negative effects. Similar to primary victims, secondary victims are likely to lose confidence when there is official unre-sponsiveness, incompetence, and unaccountability by scientific experts and government officials.

The chart below presents the Cuthbertson and Nigg (1987) typology indicating the relationship between the victim clusters.

Technological Disaster Victim Typology

- I. Primary victim cluster—victims who lived close to or were exposed to the disaster agent
 - A. Hazard-endangered victim cluster—victims who perceived the disaster agent as a threat
 - B. Hazard-disclaimer victim cluster—victims who did not perceive the disaster agent as a threat
 - II. Secondary victim cluster—victims who perceived themselves as adversely affected by public acknowledgement of the technological event
 - A. Perpetrator victim cluster—victims who may believe they have been unfairly identified as causing the technological event
 - B. Bystander victim cluster—victims who do not live within the exposed area of the technological agent but feel victimized by their association with the event
-

In sum, the therapeutic community and victim typology are important concepts for understanding the process of coping with technological disasters such as the Navajo experience with uranium mining and milling.

Methodology

The purpose of this study was to conduct a social field investigation of Navajo workers in the uranium industry from the late 1940s into the early 1980s. These individuals had uncompensated occupational illnesses related to working in the uranium mines and mills. The author conducted interviews from a purposive sample of 55 Navajo respondents and 33 key informants, combining participant observation and interviews. Because there is no exhaustive sampling frame of Navajo uranium workers, a random sample was not conducted. A purposive and snowball sample was created with assistance from a Navajo tribal key informant. Of the total of 55 respondents, 43 were miners, seven were millworkers (15 widows responded for their deceased husbands), and five were residents whose family members had perceived environmentally-related illnesses. All of these respondents fit in the Cuthbertson and Nigg hazard-endangered group. The study was conducted in 1989 on the Navajo Reservation in Tuba City and Blue Gap, Arizona, and the Shiprock, New Mexico, areas.

The author, who was the only researcher and who does not speak Navajo, worked with two interpreters throughout the project. The one- to two-hour interview schedule was structured with open- and closed-ended questions and included questions regarding occupational histories and environmental and occupational perceptions of hazards. All interviews were arranged and conducted in person by the author with the exception of Blue Gap, AZ. A chapter house official interviewed respondents in this area.

Discussion

The Navajo people are a rapidly growing group of Native Americans. In 1950, Navajo living on the reservation numbered 69, 167; this increased to 165, 005 by 1988 (Navajo Nation, 1988). The tribal land base of 17,202,118 acres is rich in nonrenewable energy sources including coal, gas, oil, and uranium. Because poverty is rampant, with an estimated 43 percent unemployment and approximately 44 percent of families and individuals

living below the poverty line (Navajo Nation, 1988), energy development and the creation of energy-related jobs are serious concerns for the Navajo people. The Navajo Reservation is also likely to be a prime target for nuclear waste storage/disposal and other potential technological hazards.

With the advent of the atomic age, a uranium boom occurred in the Four Corners area (the border junctures of Arizona, Colorado, New Mexico, and Utah) from the 1940s through the 1960s, resulting in the creation of approximately 2,500 mines both on and off the Navajo Reservation (National Institute for Occupational Safety and Health, 1971). In addition, four uranium mills were built on Navajo land during this period to process the uranium ore. While there is no overall statistic for the number of Navajo uranium miners and millers, estimates include up to 3,000.

The miners worked at the first stage of the process digging the raw uranium both out of mines, called dogholes, and above ground in strip mines. The millworkers worked in the second stage of the cycle, processing the ore into a finer substance called yellowcake, or uranium oxides. The negative health effects of this uranium process surfaced twenty to thirty years later, creating a chronic technological disaster threatening both uranium workers, tribal members, and the general environment.

Initially, the uranium industry was favored by some Navajo because it created jobs as well as much needed revenues for the Navajo Nation. Many Navajo took pride in assisting the United States government in developing the materials for atomic weapons and energy. However, in the 1970s uranium miners who developed lung cancer and/or respiratory problems were noticed by an Indian Health Service pulmonary specialist, Dr. Leon Gottlieb. Navajo workers were never informed of the hazards of radiation, despite the fact that previous studies demonstrated how working with uranium was hazardous (National Institute for Occupational Safety and Health, 1971). There is no word in Navajo for radiation. Prior to the creation, in 1969, of the Mine Safety and Health Administration, workers in the study said they were not provided with personal protective equipment, such as masks, earplugs, and dosimeters or radiation monitoring badges. In addition, they were allowed

to wear uranium covered clothing home for laundering. One miner noted:

There was no ventilation. The blast from the mine, the air was so dusty and smoky all over, that you couldn't see. Still, we had to go back into the mine after the blast. Our children used to play in the shower room after everybody left for home. There were no masks, no safety glasses and no earplugs.

Workers have since indicated that if they had been informed of the occupational hazards, they would have reconsidered uranium industry employment. Navajo workers felt that, in addition to being exposed to unsafe work practices, they were betrayed by the United States government, particularly the Atomic Energy Commission (AEC) and the United States Public Health Service (USPHS). A cover-up by the USPHS, in the name of national security, kept crucial health information from the workers (see John Begay v. U.S. of America, 1985). In the 1950s, the mining companies agreed to supply the USPHS with miners' names for an epidemiologic study on radiation effects with one provision. The USPHS agreed not to inform the workers of the potential health hazards associated with radiation while they were monitoring their health nor to inform them that their illnesses were radiation-related upon diagnosis. One Navajo supervisor interviewed by the author reported that he was told by his employer not to inform his workers about any of the dangers or health effects of radiation. He stated, "They told us to only tell [the workers] about safety—not about radiation dangers."

All miners in the study reported that the mines were largely unventilated. Drinking water was often collected from the walls of the mines, and workers often ate their lunches with unwashed hands. They wore their dirty workclothes home, exposing their family members to contaminated materials. Similarly, the millworkers wore their yellowcake-covered clothing home and exposed family members to uranium oxides. Some miners also reported they were forced to enter the unventilated mines directly after blasting, unlike Anglo workers who worked with them.

Because of the cover-up and lack of explanation by experts and government officials, the Navajo people were not able to make informed decisions about the hazards of nuclear development. It was not until recently that evidence of occupational illnesses and the identification of environmental hazards on the reservation led to the concept of a technological disaster. A miner's wife explains, "There used to be old people. But I don't think the new generation will live to 100 anymore. They might be 50 or 60 and then they are gone because of the [contaminated] areas they live in."

In addition to the long-term negative health results of mining and milling, the uranium industry was responsible for leaving minewastes and mill tailings on the Navajo Reservation. The abandoned mines, minewastes, and tailings provided play areas for Navajo children. One miner's daughter explained, "We used to herd the sheep to the [abandoned] mines and play there. In the winter, the sheep would sleep in the mines to get out of the cold." The Department of Energy (DOE) Abandoned Mine Lands (AML) Reclamation office, in an attempt to rectify the situation, is engaged in abating the hazards associated with the numerous mines. Uranium mills have or are in the process of being dismantled and buried along with the thousands of tons of mill tailings.

The Navajo, in experiencing a chronic technological disaster, are ambiguous about health problems and the environment. Radiation is insidious; it cannot be seen, felt, or smelled, and presents a difficult hazard for community members to identify. While a health emergency was recognized recently pertaining to the uranium workers overall, there has been considerable confusion by the rest of the Navajo population about the environment. Questions abound concerning latency and exposure to the technological hazard. A widow who lives next to a dismantled mill explained, "We are poor people. The people at the mill [after it was abandoned] didn't put up any fences and didn't tell anyone in the family that the mill area might be hazardous to our health. I want to talk to the owners to ask for compensation." She also indicated that "other people" had been to her house asking questions about health problems. This worried her.

Unique cultural factors greatly affect interpretation of events. The Navajo, for instance, are a people who live in clans and are tied to the land. Hence it is unusual for Navajo people, especially the traditional Navajo, to relocate to another locality, or tribal chapter. One worker stated, "I don't think there's anyplace that's safe. Uranium is everywhere. We were going to build at [another town] but decided not to as it is unsafe because of the kids." Some Navajo may be fatalistic about prophecies concerning energy development. Such prophecies state that the ground is not to be disturbed and, if this occurs, health problems will prevail. One Navajo community resident explained that a medicine man told her that the development of uranium would bring negative consequences to the Navajo.

It is first important to note that in the scientific community, there is now little ambiguity in identification of the disaster agent. Research, for the most part, supports the relationship between uranium mining and lung cancer (Butler et al., 1986; Gottlieb and Husen, 1982; National Institute for Occupational Safety and Health, 1971; Roscoe and Mason, 1984; Samet et al., 1984). In 1990, the Radiation Exposure Compensation Act was passed by Congress, providing compensation for the Navajo uranium miners and the atomic downwind residents. However, this took place only after decades of work-related exposure to the technological hazard.

As previously stated, ambiguity still prevails among the Navajo concerning the general environmental contamination associated with the uranium processes on the reservation. It is at this point in the cycle of the disaster where the Cuthbertson and Nigg typology becomes particularly relevant. Of the primary victims, there are two distinct groups: those considering themselves to be hazard-endangered victims, and those who are hazard-disclaimers. The hazard-endangered victims believe they were exposed to uranium through either the workplace or the environment. Members of the group include people with ill or deceased family members. The families may be concerned about the ongoing threat of illness, given the latency of radiation exposure. The therapeutic community did emerge for many uranium miners and their families once the correlation between their illnesses and exposures was made; however, a therapeutic

community has not fully developed for the millworkers or the general Navajo population exposed to tailings and minewastes.

Many examples of hazard-endangered victims were identified in the study. One traditional Navajo elder explained she has experienced social isolation because she lives on mining land. She said that relatives and friends would not attend a ceremony at her hogan, a traditional Navajo home, because they feared contamination from the mine waste. Her cattle drink from the nearby pond, which she believes is contaminated, and her sheep graze on the land. Adding to her fears, she explained how "someone from the government" came out to test her hogan and land for radioactivity and never informed her of the results. Because of these factors, she felt lonely and isolated and at a loss about what to do.

A sheepherder, who has experienced illness in her family, explained that the government told her not to graze her sheep on the contaminated land. She was worried because her sheep had been grazing all over the land for a number of years, and feared she or others would eventually become ill from eating the sheep.

Residents also felt contempt for the government and the companies who exploited the workers, their families, and tribal members. Many felt they were used as guinea pigs to further the government's atomic program. There was also ambivalence among the hazard-endangered cluster to discuss their concerns with the media and other experts. Respondents stated repeatedly that they did not feel it would "do any good to talk about it because nothing happens." Yet, because of pending legislation, lawsuits, and compensation claims, respondents were motivated to keep the issue alive.

Thirty of the fifty-five respondents, representing the hazard-endangered group, expressed concern that materials used in the construction of their homes and outbuildings were hazardous. For example, one worker pointed out that the stairsteps to his home were taken from the uranium mill outside Tuba City, Arizona. He did not know if they were radioactive, but wondered if they could be hazardous. Other concerned respondents had used scrap metal for various purposes which was taken from the mines or the dismantled mills. Some millworkers and their

families were provided with cinder block homes at the millsite. These cinder blocks had been made from radioactive materials and have since been demolished. All of the millworkers and their families indicated concern that they had been exposed to excessive levels of radiation as a result.

In what is known as Red Valley, Arizona, some area residents' homes had been built of radioactive materials. The government built second homes for these residents but neglected to dismantle some of the original contaminated homes. As a result, some families were living in both homes. In another example, a miner's widow had a contaminated bread oven and hogan on her property which were bulldozed by the government. She claimed the debris were still left on her land and feared continuing exposure which she thinks could result in health problems.

In Blue Gap, Arizona, the residents live near abandoned mines which are not on the DOE's abatement list. The author was informed that many of the residents believed cancers and other health problems are connected to the abandoned mines. One resident expressed concern that the drinking water was affected and wondered why Blue Gap was not on the abatement list. When the researcher contacted a DOE Abandoned Mine Land officer, she was informed that the situation did not present sufficient risk for abatement.

The hazard-endangered victims developed a sense of solidarity and sense of control over the years through chapter house associations and support groups, including the Uranium Radiation Victims' Committee of Navajo Uranium Miners. These groups helped to provide technical assistance, to educate about the disaster agent and its consequences, and to mobilize around legislative activities.

The hazard-disclaimer cluster included key informants and uranium workers. They were initially exposed to the disaster agent but later believed the hazard had been mitigated. This has led to a lack of consensus and solidarity among tribal members. Not all of the uranium workers who were contacted experienced health problems, and some of them did not feel that the disaster agent was a hazard. Some key informants and other workers believed that some of the workers were opportunists

and were trying to seek compensation without a documented occupational illness. Those individuals who could be identified as part of the victim-disclaimer group believed that the uranium had been cleaned up for the most part and posed no serious health threat.

One resident who lived across the road from a family who had received considerable publicity because of health problems and possible contamination, believed he, his family, and land were safe. He was not concerned for his livestock and believed the well water, which is tested by the Navajo Tribe, was also safe for consumption. Given the ambiguity, it is possible that tribal members in this cluster may be reducing cognitive dissonance to anesthetize themselves against the disaster agent and its consequences.

The other category of secondary victims are perpetrator victims. They include the United States government, particularly the Atomic Energy Commission (AEC). They repeatedly denied they were culpable for exposing uranium workers to hazards. They also claimed to be unaware of the dangers of radiation (see Begay et al.). Later, the government stated that because of national security, certain risks needed to be assumed. It is also clear uranium companies knew about the dangers of radiation and were reluctant to install safety measures because of associated costs (Ringholz, 1989).

These examples point out the usefulness of the victim typology and the therapeutic community in addressing the psychosocial aspects of technological disasters. The typology is helpful in delineating various groups within a community lacking solidarity, and it is a valuable tool for examining community conflict and cohesion. It must be kept in mind, however, that the clusters are ideal types and therefore groups may not be mutually exclusive and exhaustive with respect to the cluster categories.

The Navajo study also demonstrates how difficult it is for the therapeutic community to develop in a technological disaster. In this case, given the chronic nature of the disaster cycle, the therapeutic community only emerged upon recognition that the uranium miners' illnesses were work-related. For the other tribal members, the therapeutic community has not fully

emerged, primarily due to various groups' ambiguities about the disaster agent and its consequences.

Implications for Social Work

The implications for social work practice in technological disasters are not well defined. Coulter and Noss (1988:298) assert that, in response to technological disasters, "Social work intervention at the public health level to forestall the crises described should become routine." They suggest that informed social support networks are needed along with traditional avenues of social support, including advocacy, crisis intervention, community organizing, and individual work. It has been noted that disaster victims usually turn to family and friends, coworkers, local community groups and related others for help before they turn to government agencies and helping professionals (Garbarino, 1985; Stone and Levine, 1985).

Social workers need to be familiar with problems of occupational and environmental hazards and consequences in their communities. They may be some of the first people within the community to recognize a technological disaster through their clients and professional colleagues. As a result, social workers may be instrumental in providing crucial information regarding entitlement programs and health benefits as well as legal and health referrals. In addition, social workers need to take detailed client occupational histories concerning employment data and hazard and exposure information to help document the hazard.

Because of the chronic nature of many technological hazards, the therapeutic community may not emerge, leaving victims without social supports. It is then useful to utilize the typology presented by Cuthbertson and Nigg (1987), which offers a mechanism for differentiating victim clusters. It also provides the social worker with different frames of reference in viewing the problem and working with clients and the community. The typology becomes useful to the social worker in terms of providing a "map" of the technological disaster. It may then be used for community organizing and mobilizing to promote solidarity, lessen ambiguity, and create consensus toward building a therapeutic community. In individual

practice, the typology can assist the social worker in understanding the client's frame of reference toward the disaster. This knowledge will then assist the social worker with intervention strategies.

In working with Native Americans affected by technological disasters, it is important to recognize their specific cultural and economic situations. In the case of the Navajo, relocation because of technological damage is not likely to occur given their clan-based social structure. The lack of ability to relocate, due to the confines of the reservation boundaries, may contribute to a sense of futility and powerlessness among some of the victims. By contrast, non-Indians would be more likely to relocate under similar disaster conditions since they are not clan-based.

When working with Native American victims of technological disasters, it is important to understand the ramifications of their poverty, their lack of resources, and their remote rural nature. The social worker may need to make home visits to clients; it is likely they will not have telephones, transportation, or other means of accessing social services.

In general, the Navajo experience is unique in terms of a chronic technological disaster, blending cultural and socio-environmental issues. Uranium workers and community residents were not able to make informed choices early on regarding the disaster agent because of covert governmental activities. Because the Navajo did not have adequate information regarding the latent nature of the disaster agent, there was a lack of ability to bring the issue to the forefront. Only when health problems emerged among exposed workers and residents did legal and health experts become involved in the disaster.

In sum, social work practice that is informed and sensitive is crucial in responding to technological disasters. In addition, rapid mobilization becomes essential especially when social support structures normally associated with natural disasters do not emerge. By incorporating the victimization typology into their practices, social workers may assist communities in forming therapeutic communities thereby furthering community cohesion and a return to normalcy.

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VICTIMS OF TERRORISM:

Is it a 'Non-issue'?

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Despite the growing 'detente' or because of it, the world faces the danger of an increased number of ethnic, religious and separatist movements that actively seek visibility, fearing that otherwise their case might be overlooked. This may be one of the reasons terrorism is a growing phenomena, causing injuries and death to people and significant damage to property.

Most governments ignore victims of terrorism. Denying the problem or providing scant help to victims does not solve the problem fairly. The political nature of the problem and the multitude of damages caused by terrorism requires legal entitlements and State resources to support victims and compensate them.

The phenomenon of terrorism and its political, fiscal and value implications are acknowledged as a social problem.

Informed almost daily of terrorist activities,¹ the eyes of the public, paradoxically, seem to focus on the terrorists, while little attention is paid to the victims of such events.

Despite the immense security efforts made to combat terrorist acts, no specific programs have been designed to either cover civilian victims and their dependents, or to care and compensate for their injuries, income and property losses.

This paper discusses the obstacles that exist in the process of addressing victims of terrorism as a social problem.

Introduction

Despite the spirit of reconciliation and the growing social and economic ties between countries in the world, or perhaps because of these, the world faces an increasing number of ethnic, religious and separatist movements which fear that unless their visibility grows, their cause and claims might be forgotten.

The relative power of any group in a democratic society depends on its size. If opposed by the majority of the public, minorities feel helpless. Wishing to pursue their cause and remain on the public agenda, some of these groups engage in what the chronicles call 'terrorist' activities. Terrorism is defined (Oxford Dictionary) as a "Policy intended to strike with terror those against whom it is adopted; the employment of methods of intimidation."

Terrorist acts are targeted for visible, crowded public places: town centers, public meeting places, aircrafts and ships, and even buses and trains. By so doing, they injure and kill people, and cause severe damage to property, (Bell, 1975).

Despite the physical and mental injuries inflicted upon victims, the short and the long-term implications of these injuries, and the heavy financial losses it incurred, most countries do not have a specific, comprehensive program designed for this group of victims. Existing programs which could look after the victims' health and welfare do not relate to damages and loss of earnings inflicted upon these victims.

Since terrorism is a political crime, the political system should be highly sensitive to its victims, yet ostensibly and paradoxically, it is not. If governments assist victims of terrorism, this assistance is based upon an implicit policy of providing such help on an individual, discretionary basis.

The Arena

In most industrialized countries, the risks people face are covered by occupational (work related) welfare or by contributory (voluntary or compulsory) insurance schemes. Unless injured or killed in a terrorist activity while at work, victims are not covered by their occupational welfare programs. Sick funds and medical insurance schemes do not cater to such victims as they do not cover the treatment provided to casualties of car accidents, covered by private insurance.

Victims of terrorism or their survivors may soon realize that even if existing programs partially cover their medical and personal needs, (as under the National Health Service in the U.K.) no one would compensate them for damages caused

to property or loss of earnings. Neither would many private insurance firms.

Private insurance firms normally cover the risks resulting from crime. However, most of those private insurance schemes and even National Insurance Institutes do not cover people or property losses caused by terrorist activities, just as they do not cover losses or damages due to war or civil unrest. Such exclusions usually appear in the 'small print' of most insurance policies.

It is, therefore, the State that covers the entire population during war. Terrorism, however, is not considered an act of war, and does not qualify civilians to receive either war damages or pensions.

Programs aimed at helping victims of crime have been developed mainly by non-governmental, voluntary groups, (Maguire and Corbett, 1987; Mawby and Gill, 1987). Some governments have initiated such programs, covering little if any direct, personal losses. Only basic medical costs and hardly any rehabilitation would be offered. No funds would be paid to crime victims to cover damages caused to property or extended loss of earnings, (Elias, 1983, Abell 1989). It is true to say that victims suffer twice: once from the traumatic event itself, and the second time when they find out that there is little or no help available.

In Northern Ireland (Greer 1989a 1989b) and Israel (Yanay, 1992), specific programs were initiated to insure physical and mental treatment, rehabilitation, coverage of damages to property and, to some extent, even loss of earnings due to terrorist activities. These examples serve to highlight the lack of similar programs elsewhere, despite the existence of terrorism.

The Pan Am jetliner which exploded over Lockerbie, Scotland in December 1988 is a tragic illustration of the catastrophic outcomes of one terrorist act. In this case, all passengers and crew members of the plane were killed, while all additional eleven persons were killed as debris hit the ground setting houses and cars on fire. The victims of this event were of thirty different nationalities. Families in almost all parts of the world lost their dear ones and their breadwinners. Financial losses and damage to property were enormous, (Emerson and Duffy, 1990).

The destruction caused in this single case had and will have long-term, direct and indirect consequences for many individuals, families and communities throughout the world. No one government or international organization accepted the responsibility to fully compensate the victims of this tragedy and their survivors. Instead, a voluntary disaster fund was initiated.²

If and when the public is responsive and supportive, as in the Pan Am tragedy, a disaster fund is initiated to help victims in a philanthropical, informal manner. In some instances, the State would also make a contribution to this fund. By responding to an informal public appeal, the State avoids making any direct, official commitment towards the victims and avoids defining any legal 'right' of those victims. In fact, it releases itself from officially addressing the problems. It sets no precedent, and the sharp political 'sting'³ which terrorism might bear is thus partly neutralized. However, who will support a single victim of a terrorist act? Those who never made the headlines? Such cases might be overlooked, and the support from the public, if any, might be too limited or short-lived.

As long as a government's implicit policy is to ignore a social problem and not to acknowledge it, no program will be initiated and no claim will be made, (Burt, 1983). It is suggested that only with a growing public awareness of the problem and acknowledging terrorism and its victims as a social problem, more institutionalized solutions will emerge. However, there are different types of obstacles in addressing the issue, leading to the inability to develop specific statutory service programs designed for victims of terrorism.

From a Social Phenomenon to a Social Problem

As a rule, explicit public policy aims only at acknowledged and well defined social problems. Based on Merton (1971, p. 799; Spector and Kitsuse 1977, p. 32-3), one can argue that a social phenomenon becomes a social problem if three conditions have been met:

- A. A substantial discrepancy exists between widely shared social standards and the actual conditions of social life.
- B. The majority of people agree that this disparity between

'what is' and what 'ought to be' is disturbing and calls for change.

- C. There is a feasible, effective way to solve the 'actual condition of social life' or control it.

Not all three conditions are met when considering victims of terrorism in terms of a social problem. The first and second conditions will be discussed later. The third condition, related to a feasible, effective solution to the situation is probably the most difficult obstacle to overcome.

Adopting such a solution requires overcoming three hurdles which are the Political, Fiscal and the Value perspectives, (Tropman et al 1981, p. 3-5). According to Tropman, the value perspective questions the limits of responsibility of the public and the State towards individuals and families. The political perspective deals with the need to design solutions that accommodate the different value orientations. The fiscal perspective examines a policy in terms of its present and future costs, based on the amount of fiscal discretion available in any particular situation. Each of these three interrelated perspectives can present an obstacle to the formation of any explicit social policy.

Bulmer (1986, p. 5-6) claims that after the goals, values and objectives related to a problem are set out, all possible solutions should be listed, forming alternative strategies, courses of action or policies. These alternative strategies are predicted, and the probabilities of those consequences occurring are estimated and compared to the goals and objectives identified earlier. Finally, "a policy or strategy is selected in which consequences most closely match goals and objectives, or the problem is most nearly solved."

The central issue therefore focuses on the transformation of a disturbing situation, an undesirable reality or phenomenon into an acknowledged social problem. The process of acknowledging a phenomenon as a problem is possible only after overcoming the series of obstacles noted above. Failure to do so will prevent acknowledging the problem, thus obstructing the formation of an explicit policy and leaving the social phenomenon either unresolved, or solved on an individually selected basis. The discussion will focus on the following issues:

1. Is terrorism 'nothing but crime'?
2. How disturbing is the phenomenon?
3. The value perspective.
4. The political perspective.
5. The fiscal perspective.

1. *Is terrorism 'nothing but crime'?*

Crime and terrorism are two distinct actions against public order. However, in legal terms, terrorism is a purely a criminal offence. To quote Stohl (1990):

"Host contemporary systems of jurisprudence do not recognize 'political' crimes as distinct from 'purely' criminal acts and thus governments consistently portray acts which terrorists conceive of as acts against the state for political ends as criminal activities with purely individual motives" (p. 89)

Still, crime fears public reaction; terrorism seeks it. Whatever serves this end suits them. The more guarded a target, the more of a 'celebrity' a person is⁴, the greater the social and psychological impact that attacking that target or person would make, hence, the greater appeal to terrorists. Terrorism is aimed at a public audience. Mickolus (1989) claims that:

"Acts of purely criminal nature with no political motivation whatsoever are not considered terrorism, thus, kidnappings solely motivated for money are not considered to be terrorist events unless ransom monies are intended to finance the achievement of political goals. Extortion threats not motivated by a political objective are not classified by us as terrorism" (p. xiii).

The legal definition of terrorism helps politicians avoid acknowledging the problem. Politicians may prefer to say that terrorism does not exist by indicating that terrorists are simply common villains and should be dealt with in court. While this approach may help avoid admission of the existence of a social problem, the public may feel uneasy with such an approach. After all, the public can differentiate between criminals who want to benefit themselves, and those who aim at a social, political end. These questions are not easy to answer and thereby act as a disincentive, an obstacle for setting policy regarding victims of terrorism.

2. How disturbing is the phenomenon?

As noted earlier, for defining a situation as a 'social problem', Merton (1971) claims that a substantial discrepancy between widely shared social standards and the actual conditions of social life should exist. According to this definition, unless terrorism is universally seen by the public as an unbearable situation, no such discrepancy would exist. There would be no significant disparity between 'what is' and what people think 'ought to be'.

Terrorism and terrorist activities are viewed differently in various societies and at different times. Cline and Alexander (1986) claim that:

"Some states tolerate, appease, and frequently glorify terrorists as heroes. Conflict of moral standards in the world community tends even to reinforce the momentum of terrorism" (p. 9).

It could be hypothesized that acknowledging victims of terrorism as a target population is directly and positively related to the level of terrorism in a given country and its impact on social stability and public morale, and that it also depends on the way the public judges the phenomenon and reacts to it.

In those countries which face political terrorism, it would be defined as a social problem only if a workable solution to the situation existed. The lack of a practical, effective and handy solution may result in a fatalistic approach to terrorism. Cline and Alexander (1986) claim that:

"Liberal democracies frequently have lost their resolve to take the necessary steps to deal effectively with terrorism despite the fact that these governments are aware of the dangerous and seriously disruptive effects of terrorism on the quality of life in their nations" (p. 9).

Such an approach may be reinforced by the media. In its ambivalence toward terrorism, it plays a role in influencing public opinion. By showing that terrorism exists everywhere and can neither be tamed or controlled, the media may reduce the willingness to fight against terrorism or discourage attempts to eradicate it.

In a provocative statement, Stohl (1990) claims that:

"Political terrorism is theater. It is profound and often tragic drama for which the world is a stage. Violence, death, intimidation and fear are theatrical ingredients. The plot often involves hostages, deadlines, and high level bargaining. . . while the fear, frustration and often anger have remained just below the surface of public consciousness throughout the decade, an active continuous attention has been lacking. . . the (terrorists), however, achieved stardom as the villain Americans love to hate" (p. 81).

The media seems to be the 'terrorist's best friend':

"Terrorists rely on the media to further their terrorinspiring goal, and the media utilize the terrorist's acts as necessary for a rewarding news item" (Bassiouni, 1983 p. 177).

The public may therefore develop an 'Immunization Effect' (ibid. p. 187) as society becomes desensitized to violence and accepts it as a fact of life, dissociating it with pressing social problems.

Terrorism, therefore, would be acknowledged as a social problem provided the value, political and fiscal perspectives were addressed.

3. *The value perspective.*

Terrorism constitutes a value judgment. Terrorism is in the eyes of the beholder. It has a local, rather than an absolute definition, and a temporary rather than A long-term one. Old time 'terrorists' have become state leaders while those defined as 'terrorists' in one place may be acknowledged as heroic freedom fighters in a different location or by different people.

The value perspective emerges from the overall perception of citizenship, from State responsibilities to its citizens and residence. It can be argued that since the State holds the monopoly over power, and is the only legitimate body to use force, it is obliged to ensure the safety and security of its citizens. In failing to do so, the State ought to compensate the victims of its shortfalls.

If this is true regarding victims of crime, so be it regarding victims of terrorism. While a reasonable person ought to be able to steer clear of danger, one can hardly avoid becoming a victim of terrorism. Terror can randomly affect any person at any time

or place. Therefore, the term 'victim of terrorism' is not a neutral one. It reflects the innocence and 'sacrifice' of the few hurt by such acts, representing the collective.

Furthermore, one should consider victims of terrorism as being agents of society. Perhaps like soldiers, they draw 'enemy fire', thus exposing the existence and perhaps also the location of opposition and its objective. If society is obligated to its soldiers, it is consequently committed to the victims of terrorism. In the long run, they both serve the public at large.

If, indeed, the value system views victims of terrorism as innocent casualties, it could make a case for a clear, explicit approach regarding those victims. After all, they were randomly selected and victimized as representing a collective, a given political framework. They ought to be addressed by that collective in a way that reflects and pays tribute to their personal sacrifice. And if they were outsiders, non-members of the collective (as in the case of innocent travellers and tourists) should not this call be even stronger?

4. The political perspective

Politically, introducing explicit services designed for victims of terrorism may indirectly, or even directly, imply the recognition of terrorism, thus acknowledging an illegal, combative opposition. Politicians and governments who are reluctant to make such an acknowledgment would oppose any initiative to establish a unique statutory rights or services designed for victims of terrorism.

Politicians may therefore claim that the problem does not exist, that it is rare and bears only temporary implications, or that it is a very small and restricted problem that deserves little or no attention, all to avoid terrorism as a public issue.

Acknowledging terrorism as 'harmful' may imply that it is also 'successful'. This, no doubt, bears social and political implications. Accepting State responsibility for the outcome of terrorist acts and its victims, may indicate that terrorism not only exists, but has also reached disturbing magnitude, thus deserving institutional, statutory reaction. Such recognition might lead to undesirable political implications.

This is the main reason why policymakers are reluctant to acknowledge terrorism as a social problem. Moreover, covering one type of unlawful or illegal activity could yield social pressures to broaden definition and entitlements to other areas of risk as well. A citizen hurt through an unlawful activity does not really care which group stands behind that specific event, hence a growing pressure for additional, and perhaps even unconditional coverage. Why then establish a precedent, an initial program? And who will cover its unpredictable, but likely high costs?

5. The fiscal perspective.

Crime has its direct and indirect social and economic costs (Phillips, 1974:309, Le Grand and Robinson, 1984:127). The costs of damages inflicted by terrorist activities are higher and less predictable, (Mullen 1980; Beres, 1990). Costs are high because terrorism aims at painful, costly targets; unpredictable because surprise is the weapon of terrorism, and a handicap for the State which must keep an ubiquitous, costly and constant alert.

Both combating terrorism and covering its damages may be a heavy burden on any State budget, as it implies an 'open-ended' commitment, the costs of which can be unlimited.

Fiscal considerations are also linked to the nature of the coverage offered. If victims were to be offered only a nominal coverage, program costs could be kept to a minimum. However, under the circumstances, public opinion might expect a level of benefits higher than, say, in disability or survivors' pensions as it ought to reflect a significant compensatory element. This would require a generous level of benefits and support. Furthermore, covering direct and indirect, short and long-term damages and losses might only increase the financial burden if such a program would become statutory.

Furthermore, unlike other injuries, the State has to accept the total, overall funding responsibilities for such a program, without the ability to share it with others. In criminal or civil cases, settlements can be reached, or the offender can be forced to compensate the victim, (Chelimsky, 1981; Mawby and Gill, 1987, 301). This is not the case in terrorist cases.⁵

Political, financial and value considerations act, therefore, as disincentives to recognize victims of terrorism as posing a 'social problem'.

Summary

This paper focuses on people having suffered losses, injuries and damages as a result of terrorist activities. Whereas the problems of victims of crime were acknowledged in recent years, and one can witness the slow, yet expanding network of services designed to help them, victims of terrorism have not been acknowledged in this framework as they pose significant value, political and fiscal obstacles.

Terrorism, unlike crime, has a profound political element as it is aimed at the social system and the public order. Terrorism wishes to undermine the State, its legitimacy and authority.

Policymakers might fear that institutionalizing services for victims of terrorism will imply an acknowledgment of the phenomenon. This would reflect a concern over the size of the problem and its severity, thus forcing the State to acknowledge terrorism and address its painful outcomes.

Reluctant to institutionalize programs for such purposes, some governments encourage voluntary organizations to help the victims of terrorism as they do for the victims of crime. Such help, however, is limited by the scarce resources of voluntary organizations. By no means would voluntary aid be sufficient to pay the direct and indirect costs of covering short and long-term damages to body and property.

A second way for a government to avoid the problem is by helping each victim on an individual, discretionary basis. Such a policy permits generous provisions to be made in one case, and none to be provided on another. By maintaining such a selective policy, social and distributive justice cannot be made nor seen to be made. Victims who feel unfairly or insufficiently treated by the authorities cannot pursue their case, make an appeal or claim that the law was broken, as no such law nor explicit entitlements exist.

A third way of politically reacting to the problem could be preventing private insurance firms, by law, from waiving

their responsibility in cases of terrorism. Such a step would encourage individuals and families to make their own, costly yet necessary arrangements to cover the risks of terrorism. This would also imply that the problem is private rather than public.

However, as with similar cases in the social domain, the process could ultimately yield a change. When terrorism reaches a given magnitude and severely affects public life and morale, policymakers cannot ignore the situation, and would acknowledge the problem with the administration of a special assistance program. This is probably why Israel and Northern Ireland have established programs to cater to victims of terrorism. Policymakers probably felt that the public demands it.

Perhaps the fact that Israel and Northern Ireland have instituted their respective 'Prevention of Terrorism Act' symbolizing the acknowledgment of terrorism, has also contributed to the State's accepting responsibilities for its victims. The study of these two laws and the public discussions that followed would contribute to understanding the processes involved.

A possible implication of the analysis is that if a distinction could be made between terrorism and its victims, this would be helpful in addressing the latter. Whereas 'terrorism' itself may not be recognized as a 'social problem', its victims might be considered as such. However, it is difficult to make such a distinction.

The question of what is being done in this area of policy and services is left for further studies and empirical evidence. It may be argued that, as in other areas of social policy, evil may yield progress. Thus, paradoxically, the more terrorist activities occur and the more dramatic they become, the higher the public awareness of the problem will be, and the more institutionalized the services for its victims will become.

The more sensitive the political system is to this problem, the more generous the provisions made to those victims of terrorism will be. Acknowledgment of the problem, public awareness, and demand for action will influence the way the problem will be defined and the manner in which policy related to it will be formed. As things stand now in most countries of the world, there is 'no real problem' of terrorism, hence no policy for its victims.

Notes

1. The author selected the term 'terrorist activities' (rather than Guerrilla, Freedom Fighters etc). as a common name, without passing judgment or identifying with any of the parties involved in a dispute.
2. In the Lockerbie case, an emergency appeal for funds raised the sum of nearly four million pounds. As the tragedy occurred only two days before Christmas, public response was warm and supportive. The British government added its contribution to the fund, and so did Pan-Am. A public board of trustees has suggested a formula to provide help. Part of the appeal money has already been allocated to the Lockerbie community, to victims in Lockerbie itself and in the USA.
3. This was done by the families of the Pan-Am victims. They put pressure on the authorities to tighten security in international airports, while also seeking someone to respond to their needs. Acting as an independent group, not receiving or depending on government handouts, the families of the victims felt themselves in a better and stronger position to act publicly and politically.
4. This is the reason why targeting top officials or public figures results in a strong public reaction, e.g. the assassination of the President of the West German Employers' Association, the industrialist Hans-Martin Schleyer and four of his trained body-guards, on September 5, 1977, by the Red Army Faction (RAF). The kidnapping of the former Italian Prime Minister Aldo Moro (on March 16, 1978) and his execution by the Red Brigades. The murder of the First Earl Mountbatten of Burma on August 27, 1979 by the Irish Republican Army. All these had strong and impressive impact on the public and its confidence. So did the IRA bombing of 'The Ship', a hotel in Brighton where the Conservative Party convention took place. A bomb exploded, almost killed the Prime Minister, wounding many of her Ministers and other participants.
5. Such an approach has never been tested. It could be tried in the case of Leon Klinghoffer who, tied to his wheel chair, was thrown into the sea by a member of the PLO who hijacked the 'Achille Lauro' in October 1986. The terrorist has been captured and charged. Attempts are made to make the offender, personally, compensate the victim's survivors for his act, (see: Cassese, 1989).

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The Impact of Work History on Economic Security at Old Age Among Africans in South Africa

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Work histories of most Africans in South Africa determine whether or not they will be poor at old age. To illustrate this point, the author uses the literature and data collected from elderly Africans. Findings show racial discrimination in education and in the labor market as resulting in the concentration of the majority of Africans in low paying jobs. Low wages and the absence of a national pension scheme prevent most Africans from saving for their retirement. African workers constitute the largest percentage of the working poor in South Africa. Their circumstances are unlikely to change even after retirement. At old age, they look to the government's non-contributory old age pension for support. The paper recommends issues for incorporation into a post-apartheid social welfare policy.

Studies conducted on pensions among Africans (1) in South Africa indicate that the percentage of elderly Africans who will depend on the state old age pensions after retirement will continue to increase (Fereira, 1986; Moller, 1986; Moeno, 1987). The state old age pension is different from the National Pension Scheme which has been proposed over the years in South Africa. The former is a non-contributory means-tested pension, while the latter would be based on member and employer contributions.

In order to be eligible for the government's old age pension, an applicant has to satisfy the following requirements:

- a) be a South African citizen or must have resided in South Africa for at least five years;
- b) be at least 60 and 65 years of age in the case of women and men respectively; and

- c) satisfy the requirements of the means test if one's age is below 70 years in the case of men and 65 in the case of women (Mbatha, 1990).

In terms of the Old Age Pensions Act no. 43 of 1977, the following items are considered as means:

- a) any house rents received by the applicant;
- b) allowances from welfare bodies (excluding payments for services rendered);
- c) pensions or allowances from a former employer;
- d) free will gifts, with the exception of gifts from spouse of a former employer;
- e) earnings or any income. (Mbatha, 1990)

In 1980 the maximum free monthly income allowed for applicants was R42.00 for Whites, R21 for Coloreds and Indians, and R10.50* for Africans (Race Relations Survey, 1981). The means test also takes into account the income contributed by children to the support of their elderly parents. This provides the young generation with no incentives for caring for their elderly relatives.

Flat rates based on racial classification are paid to all those who qualify. The levels of payment for the four racial groups were as follows in 1990:

Table 1

Monthly Amounts (in rands) of Old Age Pension Paid to Seniors in 1990

Race	Amounts
Africans	R149.90
Colored/Indian	R199.70
White	R250.70

(Race Relations Survey, 1989).

In 1985, only one out of four elderly persons in South Africa was financially independent (did not need financial assistance

*R1.00 = \$.39 U.S.

from family members or government) (McKendrick, 1988). The same author notes that a total of 80.9 percent of elderly Africans lived in poverty with earnings less than R500 per year. Also the percentage of the elderly in total population is increasing. While senior citizens (women and males above age 60 and 65 respectively) constituted only 4.4 percent of the total population in 1984, it is projected that by 2020, such a percentage will have increased to 5.77, and 65.9 percent of them will be Africans (McKendrick, 1988).

These findings generate some concerns on the part of the government that has already voiced its discontent about its increasing expenditure on the old age pensions program. For example from 1973 to 1985 the state old age pensions expenditure increased by 56 percent (Moller, 1986). While all senior citizens are generally vulnerable to poverty in South Africa, the situation of black elderly and more particularly Africans seems to be worsened by the government's measures of racial discrimination as manifested in the labor market, education and social welfare. Poverty among Africans has seemed to be a consequence of forces over which its victims have limited control.

There is some research evidence that points to the relationship between work history and economic security at old age. Studies on work and retirement of black Americans concluded that the disadvantaged work experiences of this group (e.g. restriction to jobs characterized by instability, low earnings and a few benefits) were directly related to low levels of retirement pension and social security benefits (Gibson, 1988).

This paper discusses how the work history of Africans in South Africa impacts on their economic security at old age. It argues that poverty will continue to plague elderly Africans at old age as long as the government refrains from making educational opportunities accessible to all, making it feasible for all citizens to save for retirement through payment of decent wages, creating a national pension scheme, providing supplementary assistance to families in need and providing victims of poverty with adequate old age pensions.

Data referred to was collected in 1989, from a sample of 125 African elderly residing in a peri-urban area called Mondlo in the Natal province, South Africa. The sample was drawn non-randomly through the use of a snowball technique. The minimum ages of the respondents were 60 and 65 for women and men respectively. These are the official minimum retirement ages set by the government. The data was collected during the interviews which were recorded on tape. The majority of the respondents (80.8 percent) were female. This is partly due to the fact that females generally outnumber males in society at old age.

The data reported on in this article consist of the respondents' level of education, occupations held during their years of employment, and their children's level of education. While this sample cannot claim to be representative of all Africans in South Africa, it nevertheless sheds some light on the issue of work history and economic dependency at old age.

Education

Education plays an important role in determining a person's position in the job market. In South Africa the lack of equal educational opportunities for the different racial groups prevents other races from entering into certain professional positions. The level of education of members of the sample used in this paper was as follows:

Table 2

Level of Education

level	males		females		total	
	#	%*	#	%*	#	%*
no education	9	37.5	45	44.5	54	43.2
informal education	7	29.1	9	8.9	16	12.8
grade 1-3	3	12.5	24	23.8	27	21.6
grade 4-6	2	8.3	15	14.8	17	13.6
grade 7-9 (high school)	3	12.5	8	7.9	11	8.8
TOTAL	24	100	101	100	125	100

* percentages rounded to 100%

As evident from the above figures, the respondents' level of education was generally low. Only 8.8 percent had managed to go as far as high school. The main reasons given for no education and the low level of education was the need to render farm labor to farm owners, followed by lack of money for financing education. The above figures show no remarkable differences between educational levels of males and females, except that more males had informal education (29.1%) than females (8.9%). Males usually get more opportunities of attending informal literacy classes in the cities where they often work as migrant laborers.

The geographical location of the area of the sample (Mondlo) has some influence on the educational level of the respondents. Mondlo is surrounded by white-owned farms and most of its inhabitants were previously labor-tenants. Until 1984, there was no compulsory education for Africans in South Africa. There were many children who were of school age but were not in school. Quite a number had dropped out of school at an early age. Parents had to pay for school fees and books for their children. Even when compulsory education was introduced in 1984, it covered only 8.8 percent of the total African school population in white-designated areas ranging from the first grade to the fourth grade (Race Relations Survey, 1985). By contrast, school attendance is compulsory for white and colored children until they pass grade ten and for Indian children until they pass grade nine (Race Relations Survey, 1984).

Africans in South Africa have always had the least access to educational opportunities. Findings from research indicate that in 1983, the literacy rate among Africans ranged between 50 and 60 percent while that for whites was 98 percent (Omond, 1986). In 1984 the percentage of candidates, from each racial group, who passed the university entrance examinations were 12.25 for Africans, 14.9 for Coloreds, 40 for Indians and in 1983 it was 40.4 for Whites (Omond, 1986, p.92). These discrepancies are caused by the government's unequal expenditure on education for the four racial groups. For example the per capita expenditures (in British pounds) were as follows between 1930 and 1940.

Table 3

Government's Annual Per Capita Expenditure on Education (in British Pounds)

	whites	Africans
1930	22. 12. 10	2. 2. 8
1935	23. 17. 2	1. 18. 6
1940	25. 14. 2	2. 4. 4

(Kallaway, 1986)

Such discrepancies in educational funding continued over the years. The following table shows the government's expenditure on education for the four racial groups between 1984 and 1988:

Table 4

Government's Annual Per Capita Expenditure on Education between 1984 and 1988

race	1984/85	1987/88
African	R234.45	R503.78
Colored	R569.11	R1,286.15
Indian	R1,088.11	R1,857.24
White	R1,654.00	R2,538.00

(Race relations Survey, 1984; and 1988/89).

Per capita expenditures on Africans residing in homelands are even lower than the figures displayed in the above table. Discrimination in educational funding resulted in a very low quality of education for blacks; The teacherpupil ratios were very high and in some cases parents had to spend monies building schools and even financing teachers' salaries. Although education is now compulsory for all racial groups, it is still unequal and segregated. In some rural areas Africans still struggle to build schools and pay teachers' salaries. Also, a large number of teachers do not have any professional training.

The government's unequal expenditure on education for the four racial groups puts blacks at a disadvantage economically. They become victims of unemployment and low paying jobs since they cannot compete with white South Africans in the labor market. Furthermore, the impact of education on people's occupations in South Africa is further limited by racial discrimination in the labor market. Some positions in the labor market are ascribed on racial bases rather than achieved. Some jobs had to be classified in such a way that they could be occupied by Colored, Asian, and in some cases African workers, but should a recession take place, such jobs must again be filled by whites (Truu, 1976, p. 101).

Occupation

There is a relationship between a person's level of education and occupation. The following table displays the occupational characteristics of the sample:

Table 5

Occupational Characteristics

Occupation	male		female		total	
	#	%*	#	%*	#	%*
professional	1	4.2	7	6.9	8	6.4
skilled	2	8.4	1	0.9	3	2.4
domestic	0	0	24	3.8	24	19.2
farm only	1	4.2	48	47.5	49	39.2
farm & other	14	58.3	5	4.9	19	15.2
other only	6	25	5	4.9	11	8.8
never employed	0	0	11	10.9	11	8.8
TOTAL	24	100	101	100	125	100

* percentages rounded to 100%

The majority of respondents (58.4 percent) worked as farm laborers on white-owned commercial farms. According to such respondents, they were earning no wages since they were only working in exchange for the right to stay on farm owners' land. They were essentially labor-tenants.

The majority of those who were farm residents are descendants of Africans who occupied such areas before they lost their land to Afrikaners after a series of wars. Africans residing on farms have limited rights to land-use. For example, they can only farm for subsistence on limited patches of land allocated to them by farm owners. The rest of the land is reserved for farming by farm owners. Oftentimes, farming by Africans is insufficient for subsistence due to the limited quantity of land allocated to them as a result of the Land Act of 1913 which prohibited sharecropping. The contracts by different farmers might have a slight variation. The most common type of arrangement was one where the head of the family, usually the male, had to render free labor for a period ranging between six to twelve months per year. According to the Native Service Contract Act of 1932, labor tenants were supposed to work for six months per year at the farm owners' will. When the worker's period of service came to an end, she/he had to be relieved by another family member. All family members ranging from age 8 upwards, would take turns when rendering such labor. There were no pension benefits. They could not leave the farm to settle elsewhere without the farm owners' written permission (Iliffe, 1987).

A farmer had discretionary power to call any family member he/she chose to come and work. Failure to comply could result in the tenant's or the whole family's loss of a right to live on the farmer's land. During the busy seasons, all family members could be called upon to come and work. This included even those who might be working in paid employment elsewhere and even those family members who might be going to school. All these factors limited the workers' chances for engagement in paid employment and making savings for the future. As Iliffe (1987) puts it; "... Africans on white farms were reduced to an exceptionally miserable proletariat" (p. 127). The duties performed by farm employees were mostly farming for males and housekeeping and farming for females. Young girls were usually required to do child care.

It is notable that the majority of males who worked as farm laborers also engaged in other types of employment. Males would engage in these types of employment during the brief

breaks they took from their farm employment so as to fulfil their roles as breadwinners. The 19.2 percent that were in domestic employment were all women. As the above table indicates' only 6.4 percent were professionals. All those who held professional jobs were teachers and nurses. These were some of the few professional occupations open to Africans in South Africa at that time.

The category on skilled employment (2.4 percent) consists of two clerks and one carpenter. Those who are listed as "other" had held unskilled jobs in factories, firms and other employment agencies. All those who stated that they were never employed were women. All, except one, stated that they had at a certain stage depended on their husbands for support. Some of them were involved in informal sector activities such as making handicrafts for sale and buying and selling some goods. In this sense, the table is partly reflective of African traditions governing economic obligations and gender roles, especially during the 1920's. Women were generally expected to nurture families by raising children and doing housekeeping duties. Men were responsible for providing for the economic needs of their families. On the whole, the table highlights the impoverishment of African families through the system of labor tenancy.

Wages

According to Iliffe (1987) wages in cash and in kind on maize farms ranged from 15.10.0 to 26.2.0 British pounds per year in 1928-9*. There are cases of farmers who were paying workers monthly wages of R2 (Omond, 1986).

The maximum wage earned, as reported by respondents in this study, was R300 for males and that for females was R150 per month. (These figures exclude those respondents who held professional jobs). One respondent who worked as a domestic worker for 21 years stated that her maximum wage at the time of her retirement in 1984 was R84 per month. This respondent was a female head of a family of four (the respondent plus her three children). Her employer gave her a total amount of R300 as her retirement pension at the end of her service.

*In 1929, the British pound was equal to \$4.6 U.S. (J. D. I. & T., 1935).

When respondents were asked about savings for the future, 80 percent reported that they never opened savings accounts. Of the respondents who reportedly never opened savings accounts (eighty percent), 1.6 percent owned seven heads of cattle. The remaining 20 percent stated that they once saved money in banks and building societies but stated that they had exhausted all such savings at the time of the interviews.

McKendrick (1988) refers to the expectation among many African workers that the state will support them at old age, as one of the factors contributing to unsatisfactory financial situation of aged people. The main reasons given by the respondents for no savings were lack of income, low wages, and spells of unemployment.

In this sense the findings from this study were similar to those obtained from research undertaken in Britain, where the history of unemployment and the concentration in unskilled occupations emerged as characteristics of those who depended on the supplementary pensions. (Walker & Huby, 1989).

The operation of the market forces in South Africa came to be replaced by the convention that a white man's wage was usually five to ten times the wage of a black man (Houghton, 1973: 144). Such a situation, the same author argues, is reinforced by white political power and white trade union pressure which is being used to support economic privileges of the white population. Table 6 displays the income distribution among different racial groups from 1917 to 1985.

It is important to note that the percentages of population distribution in 1980 were as follows: whites = 15, Coloreds = 9, Asians = 3 and Africans 73.

What is evident from the Table 6 is that the income distribution in South Africa has always been to the disadvantage of the three black racial groups with the majority (Africans) receiving the smallest share. For example in 1956 whites received 72.6 percent while Africans received only 20.1 percent, of the total income. The main factors behind these inequities were the policies that aimed at improving the economic status of whites at the expense of blacks (Lewis, 1990). However it is notable that the income distribution improved after 1970. Such improvements, according to Lewis (1990), were a consequence of black labor

Table 6

Income Distribution:

Year	White	Colored	Asian	African	Total
Percentages of Total Income Received					
1917	75.0	na	na	na	75.0
1924	75.2	5.3	1.6	17.9	100
1936	74.9	4.5	1.9	18.7	100
1946	73.6	4.3	1.9	20.2	100
1956	72.6	5.2	2.1	20.1	100
1960	72.3	5.0	1.9	20.8	100
1970	71.9	5.9	2.2	20.0	100
1980	60.8	7.4	2.9	28.9	100
1985	56.8	7.8	3.1	32.3	100

Source: Lewis (1990, P-39).

na = not available.

unrest and the intensified international pressure on South Africa which resulted in the increase in wages for blacks. However, the effect of such improvements was very limited since in 1980, 60.5 percent of Africans were still living below the subsistence level, which was R180 per month.

Lack of A National Pension Scheme

One of the reasons for people's dependency at old age in South Africa is lack of a national pension scheme (Moller, 1986; Ferreira, 1986; Human Awareness Program, 1984). Contributory pension schemes have not been easily accessible especially to African unskilled workers. The figures in Table 7 illustrate the problem of access to job-related pension funds (occupational pension funds) in 1986.

Studies on pensions further revealed that a larger percentage of those African workers who had contributed to some occupational pension schemes would withdraw their contributions when they were leaving their jobs. The main reason for such withdrawals was the need for cash during the times of emergency, and for opening small businesses (Human Awareness,

Table 7

Racial Access to Occupational Pension Funds in 1986

Race	% with Access to occupational pension funds
African - urban	44
African - rural	12
Colored - urban	38
Colored - rural	12
Indian	32
White	53

(Moller, 1986)

1984). Poverty is thus the main driving force behind the withdrawal of such contributions (Wilson & Ramphele, 1989).

In an effort to deal with the whole problem of pensions, the government introduced the Preservation of Pensions Interests Bill in 1981. The bill provided for mandatory contribution by all workers to a national pension scheme and the compulsory preservation and transferability of such contributions when workers changed jobs. The bill was unsuccessful as it met with a lot of disapproval from black workers. The main concerns seemed to be centered around the government's inaction regarding low wages, its disregard for workers' rights to self-determination, the government's intention of investing workers' contributions in the military defence fund and workers' lack of clarity concerning the whole notion of contributory pension schemes.

Children's Education

The high level of poverty among Africans militates against parents' investment in their children's education. Parents who are unable to finance their children's education oftentimes fail to make adequate provision for old age. Their offspring are more likely to have limited educational opportunities and thus be concentrated in low paying jobs. For example the data obtained from elderly respondents show the level of educational attainment by respondents' children to be as follows:

Table 8

Respondents' Children's Level of Education

level of education	percentage
no education	10.40
grade 1-3	22.40
grade 4-6	26.40
grade 7-10 (high school)	29.60
more than high school	11.21
TOTAL	100*

* percentage rounded to 100%

The most popular reasons given by the respondents for their children's low level of education were the same as those given by the respondents for their low educational attainment under Table 2. These were the need to render farm labor to farm owners in exchange for residential rights and lack of finance. Finance seemed to be the most popular of the two reasons. This is one clear case of the intergenerational transmission of poverty. Although there is some improvement in the educational attainment of the above children, compared to respondents' level of education, the percentage without high school education is still the largest (59.2 percent; the sum of the first three categories in the table). This implies that such children are more likely to live in poverty since they will be concentrated in low paying jobs. They are often the first victims of unemployment during economic recessions because of their low level of education.

Limited income received by offspring militates against fulfillment of their obligations for their families, including their elderly parents; investing in their children's education; and saving for their future. This perpetuates the cycle of poverty. For example in a study conducted by Moller in 1984, she discovered that the four percent of elderly Africans who were relying solely on remittances from children were unusual cases who had experienced misfortunes that upset their lives completely (Moller, 1986). According to this author, poverty, unemployment and influx control regulations (2) had prevented children

from financing their aged parents. Referring to the same problem, writers such as Wilson and Ramphele (1989) argue that "it is too much to expect families that have been systematically impoverished to bear the burden of caring for the indigent" (p. 243).

Under such circumstances, some pensioners end up sharing their pensions with their children and grandchildren (Ferreira, 1985; Moller, 1986; Mbatha, 1990). This fact was confirmed in the course of the interviews for this study and the main reason for such a practice was the high rate of unemployment among their children. In 1981 the level of unemployment in South Africa was 21 percent (Wilson & Ramphele, 1989). With the declining economy, due to the complex political situation, the current level of unemployment must be much higher than in 1981.

Research findings, from a study conducted in one of the rural reserves in South Africa, indicated that pensions were the second stable source of income (after migrant remittances) without which rural residents would starve (Ardington, 1984). While the old age pension is meant for the indigent elderly, it would be difficult for the government to prevent the sharing of pension money without addressing issues of poverty within the African family. Reciprocity, as in resource sharing, seems to be one of the aspects of African culture that are still practiced. As long as the elderly reside with their children and grandchildren, it is inevitable that they will share their pensions with their needy relatives.

Discussion

The question we may ask at this point is whether or not those people who depend on the government's old age pensions were poor prior to attaining retirement age. Research findings in Britain, indicated that a large percentage of elderly persons who were recipients of supplementary pensions were depending on supplementary benefits prior to retirement (Walker & Huby, 1989). This implies that most recipients of supplementary pensions were poor prior to retirement. The same situation prevails among Africans in South Africa. The scarcity of welfare resources for blacks and the availability of

the government's old age pensions program in South Africa may create the impression that poverty is concentrated only among the aged. The work history of the respondents interviewed indicated that the majority were struggling throughout their lives to make ends meet. In particular, those respondents who lived on farms, and therefore rendered unpaid labor, provide a clear example of poverty that is a consequence of structural factors.

There appears to be a direct relationship between people's work history and economic security at old age. The increasing percentage of senior citizens who have to depend on the government's old age pensions program is a consequence of economic deprivations suffered during the working years. Such deprivations are evident from the income distribution over the years among the four racial groups.

One notable manifestation of poverty among the elderly is the fact that for some of them the old age pension is the largest income they have ever received in their lives. This is the case even with those who engaged in wage-employment. Research findings indicate that some males make the highest contributions to household income after retirement, that is, when they are receiving the government's old age pension (Ardington, 1984). The low income prior to retirement is attributable to unemployment which tends to rise with the increase in age (Wilson & Ramphela, 1989). Racial disparity in income distribution is a consequence of laws that controlled access to the country's resources such as education, occupations and wages.

For example, a larger section of the African population had minimal educational attainments due to the government's low expenditure on this group. All were victims of racial discrimination in the labor market and were thus concentrated in low paying jobs. There's also a larger section who were labor-tenants on white-owned farms. All these factors militated against saving for retirement years.

On these bases post-apartheid social policy will have to address the problem of poverty among all age groups so as to break the cycle of poverty. Some of the strategies to be adopted involve making equal educational opportunities accessible to all citizens so as to promote economic development of the whole

country through investing in the country's human resources, and providing the needy elderly with adequate old age pensions. Also, the following aspects will have to be covered:

The setting of a minimum

Establishing the minimum wage can help provide employees with decent wages as opposed to the current system which predisposes employees to exploitation by their employers. The setting, of minimum wage may make it feasible for employees to save for retirement.

However there are many problems that are often associated with the minimum wage. It may be argued that since the level of unemployment is very high in South Africa, the minimum wage will benefit only the most efficient workers. Young and inexperienced workers who may be desperate to secure employment may be at a disadvantage. Some critics will further argue that employers may substitute employees with mechanization, where possible, so as to cut down their costs. In some cases they can even opt for illegal migrants willing to accept wages below the minimum wage. South Africa is particularly predisposed to illegal international labor migration due to the country's relatively better economy as compared to the rest of the continent.

On the whole, the advantages of this approach outweigh its disadvantages. Setting the minimum wage can reduce the costs incurred by the government in the old age pension program since it will help resolve the problem of the working poor.

The creation of a national pension scheme.

This will involve reconsidering the national pension scheme which was proposed by the government during the early 80's. According to such proposals, the government would establish a national pension scheme whose contributions would be derived from employers, and workers. The government would only come in to subsidize those who are physically and mentally incapable of providing for themselves. Availability of the government's old age pension would thus be limited to those seniors who do not qualify for the benefits of the national pension scheme.

In order to create the national pension scheme, the government will have to address workers' concerns as mentioned earlier in this paper. First, it will have to ensure that workers are provided with decent wages. Second, the government will have to involve workers in the decision-making process regarding the scheme as opposed to dictating its intentions. Third, contributions to the national pension scheme will have to be invested in funds that serve the interests of all contributors, rather than in schemes which reinforce racial discrimination.

Providing supplementary allowances to families in need

The purpose of a supplementary allowance strategy is to provide citizens in need with economic security. Providing supplementary allowances to families in need will further reduce the costs that are currently borne by pensioners. It will ensure that the pension money provided for the elderly is utilized for its intended purpose.

While this proposition may appear plausible, some critics will argue that it will be difficult to implement. According to such critics, since poverty is an outcome of many factors, supplementary allowances should be provided only for the "deserving" rather than the "undeserving" poor. Also, there should be a way of giving assistance to those in need without fostering dependency. The two above-mentioned reasons are excuses that are often used to justify inequities in several countries.

Therefore the parameters of social welfare policy will have to be specified in order to ensure the formulation of policies that will support citizens in need without fostering dependency or undermining the values of hard work. In particular, social welfare policy should have as its ultimate goal, the eradication rather than amelioration of poverty. Experience in South Africa shows that poverty can be an intended outcome. It should thus be possible to devise measures towards its extirpation. This will also necessitate promoting research into poverty and public policies so as to further identify and address key issues underlying the problem of poverty in South Africa as South Africa moves slowly, but inexorably in the direction of multiracial democracy.

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Notes

1. The term "Africans" is used to denote blacks who originated in Africa, while "blacks" is used when referring to Africans, Indians and Coloreds, that is, all three South African racial groups that are victims of apartheid policies.
2. Influx control regulations were regulations that controlled the migration of Africans from rural to urban areas.

Reformulation of the Context of Community Based Care

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Community based care has traditionally been defined as residential location. An alternative is presented of including the patient's membership in multiple communities, both geographical and identificational. The literature on social supports is cited as a basis for social integration as a goal.

From the beginning of the deinstitutionalization movement to the present, the planning of community care for seriously mentally ill persons has focused on the local community as a residential and treatment setting. One of the major goals of deinstitutionalization has been the social integration of these individuals into neighborhood communities (Test, 1981; Kruzich, 1986). Mental health professionals have assumed that reintegration would enhance the treatment and retention of patients in the community. Living arrangements that support social integration were expected to provide social interactions, social supports, and treatment resources that would contribute to the person's quality of life, minimize social isolation, and prevent rehospitalization.

Efforts to achieve the goals of social integration, especially for "people with severe, persistent, disabling mental disorders", have been constrained by various obstacles (N.I.M.H., 1991, iii). These obstacles include protective zoning ordinances, neighborhood opposition to group homes and treatment centers, social rejection by neighbors, the stigma of mental illness, lack of informal support systems of family, friends, and neighbors, and inadequate aftercare services by the formal health and welfare system. Mental health professionals who play major roles in the planning and provision of community care for the mentally ill have been involved in attempts to overcome these obstacles

(Segal and Baumohl, 1980; Dudley, 1989; Thompson et al., 1989; Test, 1981). This involvement has been based on the belief that residential services and social supports are an important component of community treatment of the mentally ill, especially the seriously mentally ill (Aviram, 1990; Bachrach, 1988).

While deinstitutionalization has brought about a dramatic decline in the number of "long stay" hospital patients, there remains a continuing need to plan for the discharge of "short stay" patients as they move from hospitals back into the community. As Segal and Kotler (1989) have noted, "There is a greater need for supervised residential care for the mentally ill now than at any time since the early 1950's" (p. 237). This kind of residential care includes "therapeutic residences, halfway houses, group homes, foster family homes, supervised apartments, and independent apartments" (Levine et al., 1986, p. 34). The lack of adequate planning for care in these facilities results in an increase in the numbers of seriously mentally ill persons underserved in the community, especially in the number of the homeless mentally ill and the mentally ill in jails. Public Law 99-660 recognized the need for community care by requiring the States to "provide for the establishment and of implementation of an organized community-based system of care for the chronically mentally ill individuals" (Title V, Sec 1920c). In planning for this kind of service system, mental health professionals must take into account two important dimensions of community care, that is, the nature of the patient's community environment, and the goals of social integration. The purpose of this paper is to draw upon research studies on residential care for the mentally ill and from the literature on urban communities to redefine the community as a social context for care, and to reexamine the goals of community integration and reintegration.

Redefining Community

Traditional approaches to the planning of mental health services have defined community in terms of residential location, that is, as a catchment/service area and as a local neighborhood. When viewed as a catchment/service area, the community was defined as a geographical area with a target population eligible

for service from the community mental health system. Catchment areas were established as the major locus of community services when Public Law 88-164 (1963) was enacted. For example, large urban communities were divided into smaller community areas composed of several residential neighborhoods. The catchment area concept was developed as a way to insure that services were available within a reasonable distance from the person's residence. This approach had its merits, especially from a public health perspective, as it made services more accessible and facilitated interventions directed toward changing the environment to promote community mental health. However, when the main function of defining the catchment area as community is to establish boundaries for eligibility for services, this approach tends to neglect the person's immediate neighborhood as the location of meaningful membership groups. This may lead to a lack of attention to the social supports which may be available from family, kin, friends, and neighbors, especially in ethnic and racial neighborhoods (Kirk and Therrien (1975); Saltman, 1991).

For some purposes, especially in establishing new group homes or residential treatment centers, community mental health planners have defined community in terms of the patient's immediate neighbors. These planners believed that it was especially important for the patient to integrate into the local residential neighborhood, thereby becoming accepted as a "normal" member of a neighborhood primary group. This definition of community as neighborhood assumes that immediate neighbors are a necessary and primary source of social interaction, social support and social resources. Critics of this perspective caution against solely defining community in terms of the immediate geographical surroundings, as this approach tends to neglect the broader communities which may provide treatment resources for patients.

Rather than limiting the patient's community to either a catchment area or a neighborhood group, it is more useful to focus on the patient's membership in multiple communities, both geographical and identificational. Geographical communities include metropolitan areas, municipalities, catchment areas, and neighborhoods of various sizes of space and population.

Viewing all of these areas as communities assures consideration of a person's social integration into a more complete range of geographically based groups. Some or all of these communities may offer the benefits of group membership, such as social interaction, collective identity, shared interests and social resources.

The concept of multiple communities is not restricted to a geographic definition of communities. Patients may also have membership in non-place, identificational communities. Members of such communities need not reside in the same neighborhood, catchment area, or municipality. These communities of interest include groups such as ethnic/cultural/religious groups, patient groups, friendship groups, and workplace groups. While membership in these communities often overlaps with geographic communities, membership is not determined by place, but by interest or identification with the group (Longres, 1991; Germain, 1991).

How does the concept of multiple communities, including communities of place and identification, contribute to the planning of residential care for mentally ill persons? This conception of communities broadens the scope of potential social interactions and social resources. Even more importantly, it establishes a foundation for a corollary conceptualization of community, that is, the individual's personal community. This definition of community is developed in Davidson's (1986) work on the urban sociology of community-based treatment. A personal community includes all of the interactions and identifications an individual has with individuals, informal groups, and formal organizations in multiple communities. The concept of personal community focuses on each individual and his or her "relevant" community. In Davidson's (1986) terms, these communities may be viewed as "emergent, unbounded, dynamic networks that must be created by each resident of the neighborhood" (p. 123). With this formulation, the personal community serves as a context for the development of treatment and social service goals. There is less reliance on the immediate neighborhood as a necessary source of social interaction and social support, and a recognition of a much broader community context for achieving goals of community care. Thus the personal community may include people in informal and formal helping

networks, such as families, kinship and friend groups, self-help groups, daytime drop in centers, club house programs, church groups, recreational groups, and mental health and social welfare organizations.

Redefining Social Integration

What does it mean for an individual to be socially integrated into one or more communities? Kirk and Therrien (1975) note that "An integral component of the ex-hospital patient's rehabilitation was to be his reintegration into the community" (p. 212), that is, a return to "previous sources of support and previous social responsibilities." (p. 213). These authors assert that such reintegration has been a myth, in part due to "a rather vague notion of what constitutes a 'community' and a naive view of the patient's life 'in the community,'" (p. 213). Kirk and Therrien's findings suggest the need to reexamine the meaning of community and social integration for individuals with serious mental illness.

Segal and Aviram's (1978) classic work on the return of mentally ill persons to their communities provides a good starting point for this examination. Segal and Aviram (1978) define social integration as the inclusion of the mentally ill "into the mainstream of social life" (p. 54), into a "level of involvement in local life" (p. 55). Community integration is then defined in terms of five areas of involvement, such as: presence . . . "the amount of time spent at a given place"; access . . . "the availability . . . of places, services, and social contacts open to other community members"; participation . . . the "degree of behavioral involvement in social activity"; production . . . "income-producing work"; and consumption . . . "control of finances and purchase of goods and services" (p. 55-57).

Additional ways of defining and measuring social integration have been employed in other studies of community care (Bootzin et al. 1989; Kennedy, 1989; Kruzich, 1986). For example in Kruzich's study (1986) of chronically mentally ill individuals in nursing homes, a distinction was made between internal and external integration. Internal integration was defined in terms of the frequency of involvement in activities such as reading,

watching television, playing games, crafts, and visiting and talking with others. External integration was defined in terms of activities outside the individual's residence, such as "going to a shopping area; attending movies and concerts; attending sports events; participating in sports; visiting parks and museums; going to restaurants or taverns; going to community centers; visiting a church or other place of worship; taking a walk, and engaging in a form of employment, including participation in sheltered workshops" (p. 7).

The measures used by Kruzich do not actually require a high level of communication between individuals and neighbors. In contrast, measures on interaction with neighbors were used by Sherman et al. (1984) in a study of former psychiatric patients. Examples of these items include asking residents if they have met any of their neighbors, how frequently they spend time with them, if there have been any positive incidents with neighbors, and if the individual has friends in the neighborhood (p. 184). Sherman et al. (1984) focused on community acceptance through the construction of an index of satisfaction with neighbors. This study used positive items such as satisfaction with how polite and courteous neighbors were to the respondent, and how much the person felt at home in the neighborhood. Negative attitudes were measured by items such as, "You are out of luck in this neighborhood or area if you happen to be from a psychiatric center", "Real friends are hard to find in this neighborhood or area" (p. 195).

Neighborhood Types and Social Integration

While neighborhoods form only one of the multiple communities individuals relate to, the neighborhood environment appears to have an important effect on social integration. Research studies on residential treatment centers (Davidson, 1982; Dudley, 1989) and sheltered care facilities (Segal and Aviram, 1978; Segal et al., 1980; Segal and Silverman, 1989) provide illustrations of efforts to understand the relationships between different types of neighborhoods and levels of social integration. For example, Davidson (1982) identified two major elements of neighborhood environments which were thought

to have an impact on reintegration of individuals placed in community based treatment centers. The first element in the environment was neighborhood treatment resources, such as access to transportation, education, employment, recreation, and shopping (p. 58). These factors were thought to increase an individual's development of social interactions, social skills, and participation in social networks. The second neighborhood element in Davidson's formulation concerned the extent of opposition of residents to residential treatment centers, including but not limited to centers for the mentally ill. Neighborhoods with high resources and low opposition were generally thought to facilitate social integration. However, some neighborhoods with these characteristics, especially in inner cities, suffer from high rates of crime and other social problems which make the residential area undesirable as a treatment environment.

A second example of the construction of neighborhood types comes from the work of Segal et al. (1989), Segal and Aviram (1978) and Segal et al. (1980). Segal and his colleagues have examined the characteristics of community care facilities, individual patient characteristics, and community types in regard to sheltered care for mentally ill persons. These authors used five dimensions to create neighborhood types: degree of political conservatism; family orientation; socioeconomic status; amount of criminal activity; degree of nontraditional orientation (Segal et al, 1980, p. 348). Neighborhood types were then examined in terms of social integration. For example, these authors found the liberal, non-traditional neighborhood fostered social integration, in contrast to the low level of integration found in conservative middle class neighborhoods.

Studies of the effects of deinstitutionalization on the mentally ill have also recognized the importance of public attitudes relative to social integration. Segal et al. (1980) have noted that "extreme negative reaction . . . does appear to have a profoundly negative influence on the social integration of community care residents" (p. 355). In their report on young adult former mental patients, "street people", in urban areas of California, Segal and Baumohl (1980) note the adverse effects of negative public attitudes on social integration, effects which include "direct exclusionary activities by the general community", the blocking

of "access to community resources", and the biases of mental health professionals (p. 361).

These studies illustrate how the classification of neighborhood types helps in the understanding of the person-environment fit of mentally ill persons in the community (Segal and Silverman, 1989). The negative characteristics of a neighborhood are of special concern when deinstitutionalized persons are "dumped" into these neighborhoods. Segal and his colleagues (1980) note the social costs involved, concluding that "No community, no matter how good-hearted, can long suffer the accumulation of society's wounded and outcast without exhausting its resources and patience." (p. 355).

Desirable Levels of Integration

These studies of community care point to some of the factors which enhance or inhibit social integration. The findings have been of special interest for mental health planning, as the assumption is usually made that a high degree of participation and social interaction is desirable. However, this assumption needs to be reexamined. Studies of mentally ill persons in relation to social networks and social supports suggest differential goals of social integration should be established by mental health professionals. Thus, for some individuals who are seriously mentally ill, the goal might be for the development of internal social integration mainly within a treatment center or a nursing home facility (Bootzin et al, 1989), with limited interaction with the surrounding community. In some respects, the residential facility may be the most relevant community for these persons. For individuals who live in apartments in residential areas, the goal might be to have such persons recognized by neighbors and not treated as strangers (Hunter and Baumer, 1982). In this instance, social interaction limited to friendly greetings might be viewed as a sufficient level of integration. For other persons, social integration might mean social contacts and participation beyond the neighborhood community, such as participation in workplace activities, recreational activities, drop in centers, self help groups, and agency treatment groups. For still others, integration might be mostly related to contact

with formal organizations which provide professional services, such as community mental health centers.

Cautions in regard to establishing social integration goals for the mentally ill in general have been noted in the literature. For example, Kirk and Therrien (1975) have raised question about the "limits and dangers of the forced attempts at reintegration" in community placement (p. 214). Kennedy (1989) suggests that "community integration is not always associated with well-being . . ." (p. 74). His findings "suggest that community integration, in an absolute sense, may not be a desirable goal for all chronically mentally ill adults. Rather, community integration is more appropriately viewed as a continuum, and for some individuals less participation is desirable." (p. 74). In his review of research on community based care of the mentally ill, Rubin (1984) noted that "Tentative findings suggest that overstimulating environments, including family environments that are overstimulating, may have a harmful effect on the chronically impaired." (p. 174). Studies of social networks also suggest that high levels of social network interaction may be detrimental to some mentally ill persons (Granovetter, 1973; Powell, 1987). Thus, differential levels of social integration need to be specified in the planning of community based programs, as well as in the development of individual treatment goals. This is particularly important in view of the fact that many seriously mentally ill people may never have been very well integrated into their communities. In addition, patient's return to neighborhoods where there are fewer primary group relationships and more secondary group interactions than found in the *gemeinschaft* community of earlier times.

Conclusion

Planning for community based care for mentally ill persons can be facilitated by a reformulation of the concepts of community and social integration. Mental health professionals can fruitfully plan programs and individual treatment goals by recognizing the "multiple communities" to which patients belong, and by formulating social integration goals in terms of each individual's "personal community". By viewing social

integration in differential terms, various levels of participation and involvement in geographical and identificational communities can be person specific. Using these formulations of community and social integration, individual treatment goals can be established within a context of a person-environment fit. At the same time macro level interventions of service development and the changing of public attitudes toward the mentally ill can be directed toward multiple communities.

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Child Care Needs of Welfare Recipients In Maryland's Welfare Reform Program

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Legislation mandating participation of welfare recipient parents in education and employment and training programs has created increased demand for provision of child care. Providing the most appropriate care for this unique population depends, ideally, on its needs and preferences. This study examines child care needs and preferences of a sample of participants in Maryland's welfare reform employment and training programs. Although care by a relative is most widely used by these respondents, it is not clear that this is the type of care preferred by the majority of respondents. This has important implications for policy decisions regarding child care funding.

Introduction

The Family Support Act of 1988, the nation's recent welfare reform law, establishes new obligations for Aid to Families with Dependent Children (AFDC) recipients and State governments. As a result, most AFDC families are now required to participate in education and job training activities as a condition of receiving welfare. Prior to the Family Support Act, only AFDC parents with school-age children were obligated to participate, although some states operated voluntary programs. Under the Family Support Act, this participation mandate extends to parents whose youngest child is age three or over. Although states have the option of reducing the age threshold to age one or over, few states planned to do so prior to implementation of the act (American Public Welfare Association, 1989), primarily due to the increased demand for child care that this policy would

create. Additionally, teenage mothers who have not completed high school are required to participate in educational activities that lead to a high school degree or equivalent, regardless of the age of their children.

While parents are enrolled in education and job training activities, states are required to guarantee child care assistance. If child care is unavailable, the participant cannot be mandated to participate in these activities. On April 1, 1990, the Family Support Act also required all states to provide child care assistance, as an entitlement, for up to 12 months for all recipients who leave welfare due to increased income from employment.

A major problem for policymakers, besides the inability to predict the supply and demand of child care for this population, is the general lack of information about the types of child care, especially arrangements most likely to be utilized by participants in these types of programs. For example, the minimal research in this area indicates that when licensed Purchase of Care (POC) child care is available, the uptake rate, or usage rate, is somewhere between thirty and forty percent (Hofferth and Sonenstein, 1983). Although there is no clear explanation for this low uptake rate, one hypothesis is that individuals prefer to have friends or relatives care for their children rather than leave them in a licensed center. Another hypothesis is that even when funds are available, there is a lack of available slots.

This study examines the child care arrangements used by participants in Maryland's initial welfare reform program that served as a prototype for the Family Support Act legislation. An important part of this research is the inclusion of the participants' assessment of their child care needs and preferences.

Child Care Needs of Welfare Recipients: Previous Research

Research on the child care needs of AFDC recipients—the population targeted by welfare reform legislation—is somewhat limited. The research that does exist, focuses on the child care arrangements of this population, including client assessment of these arrangements.

Child Care Arrangements

Sonenstein and Wolf's (1988) Child Care and Self Sufficiency Study describes the child care arrangements made by AFDC mothers who work, and examines whether certain types of arrangements and subsidies enhance the ability of welfare mothers to get off welfare and stay off. This study found that 63% of their sample of AFDC mothers with children under 10 used a child care arrangement for their youngest child at least once during the fourteen month period of the study. The predominant form of child care used for preschool-age children was care by a relative, especially grandparents, regardless of whether the mother was employed or in school or training. Over half of infants and toddlers, and more than 40% of 4-5 year-olds received this type of care. The use of formal care (e.g., day care centers) increased with age of child; twenty-five percent of 4-5 year-olds were in centers. Only slightly more than one-third of these mothers paid out of pocket for their arrangements, and the proportion paying varied by type of care. Non-relative, out of home care (e.g., family day care home) was most likely to be paid for by the mother (60%); whereas care by a relative in child's home was least likely to be paid for by the mother (18%).

Child Care Preferences of AFDC Mothers

According to Sonenstein and Wolf (1990), the mother's decision to continue with a particular type of care is related to several factors including:

- the mother's reported satisfaction with the arrangement;
- the convenience of location and hours of operation; and,
- lower out-of-pocket costs, either as a result of public subsidies or inexpensive care provided by relatives or friends.

These findings have several implications for state welfare reform programming: "(1) Policies that lower the out-of-pocket cost of care probably will help increase the stability of child care arrangements that AFDC mothers choose; (2) Certain attributes of care (e.g., cost and location) may be more important to AFDC mothers than the type of care available, at least in terms of predicting the durability of a child care arrangement" (p.17).

Strand (1970), for example, found that working mothers choose child care arrangements that are most convenient.

A study by Hofferth and Wissoker (1990) supports the importance of cost, but also found that "quality" has the greatest effect on the selection of a child care center as opposed to other types of arrangements. Rothschild (1978) found that single parents chose their child care because the facility offered a structured program with a well-trained, competent staff focusing on the needs of the child, easy access in terms of nearness to home and flexibility of hours, and an environment which provided an extension of the home.

Welfare mothers are also interested in quality care. Maynard, Kisker, and Kerachsky (1990) found that the majority of mothers using child care were satisfied with their care, yet 34 percent of the low income mothers expressed a desire to change their child care arrangements, primarily so that their child could learn more.

The largest study of child care needs of this client population is the Manpower Demonstration Research Corporation's (MDRC) study of California's Greater Avenues for Independence Program (GAIN) (Martinson & Riccio, 1989). This investigation found that while 66% of mandatory participants used child care, over 97% of voluntary participants did so. Almost all of the voluntary registrants had a child under twelve, compared to just over half of mandatory registrants. Voluntary participants were much more likely (68%) to use GAIN funds to pay for child care than mandatory participants (29%). The vast majority of the volunteers in GAIN had a preschool age child and thus had different child care needs. Almost half of these volunteers used center-based care while only 10% of the mandatory participants used this type of care. The mandatory group favored using family and friends.

Yet the demand for formal child care programs such as center-based care is predicted to grow over the next ten years (Hofferth and Phillips, 1987). This is because full-time employed mothers with infants and toddlers (who represent two-thirds of mothers in the labor force with children under age 3) are relying more on center-based care. In contrast, part-time employed mothers of infants and toddlers continue to rely on

family day care or relatives. Although center-based care is the most expensive form of care, state subsidization of families in need of this care cuts the cost to more affordable levels.

Clients' Perceptions

A study of AFDC mothers by Sonenstein and Wolf (1988) examined their assessment of their child care situation, including assessments of provider's experience/training, safety, child's opportunity to learn new things, child's feelings, convenience of hours and location, and satisfaction with this arrangement. Care outside of the home provided by relatives produced the lowest level of satisfaction, while in-home care by non-relative provided the highest level. This study also found that very few respondents were using their preferred choice of care. Less than half (45%) of mothers using group care said that this was their first choice; one-third of mothers using in-home care by a relative described this as being their first choice.

The MDRC study, however, found that overall, a majority (up to 76%) of those who stated a preference used their preferred type of care. Among mandatory participants using child care, 54% of those who preferred family or friends as caregivers were using this type of care. These respondents were also asked whether they perceived county staff as having attempted to influence their choice of provider. Two-thirds reported either that they were not encouraged to use formal arrangements (e.g., centers) rather than family or friends, or vice versa, or that both were encouraged equally.

The MDRC study also examined client perception of child care problems, finding that only 18% of all respondents reported problems.

Spakes (1982) examined the perceptions of clients participating in the Work Incentive Program (WIN), focusing on their perception of the program's mandatory training requirement and its impact on the family. She found that 24% of these clients described negative family effects, including "difficulties in obtaining adequate child care for children age 6 and older." She also found that 28% described negative personal or individual consequences, including "tension arising from family problems such as inadequate child care and abnormal behavior on the

part of unsupervised older children." A recent article by Popkin (1990) examines what welfare recipients think about their experiences with welfare programs and how these beliefs are affected, for example, by a sense of efficacy, and length of time on welfare. This study found that respondents' beliefs about obstacles preventing them from finding work are related to their sense of efficacy. In particular, 70% identified personal problems as a main obstacle to finding work (e.g., lack of education/skills, lack of child care, lack of transportation, and health problems). Equal numbers of both high- and low-efficacy respondents said they thought personal problems such as child care might keep them from finding work.

Research Methodology

The purpose of this research was to document the child care needs of welfare reform participants, in order to provide a data base for more effective policy implementation in child care. Specific questions included:

1. What type of child care are participants currently using?
2. Are the child care needs of participants being met?
3. What type of child care do these participants prefer?

Three employment and training programs currently operating in Maryland under Project Independence (a Maryland welfare reform vehicle) were selected to represent a range of employment and training programs in Maryland: the Baltimore city OPTIONS program (located in a large urban setting), the Wicomico County BET program (located in a small town/rural setting), and the Frederick County Project Independence program (located in a small town/rural/exurban setting). These programs were selected to include representation of both urban and less-urban areas. An early study by Olsen (1977), for example, found rural-urban differences in child care use: child care was used more by urban than by rural residents, children of rural residents were more likely to be in school all day rather than part of the day compared to children of urban residents, and relatives were more likely to take care of children in urban than in rural families.

Another difference in the programs in Maryland was the policy on program participation, specifically, whether participation was mandatory or voluntary. Both the OPTIONS and BET programs required welfare recipients who were healthy and had no children under age 6 to participate, whereas the Frederick program was voluntary.

A random sample of welfare recipients registered in the OPTIONS program was generated from the total OPTIONS population (N=3470), resulting in a sample N of 600. Lists of all current participants in the BET (N=146) and Frederick County (N=296) programs were supplied by the directors of these programs.

Telephone interviews were conducted during March and April, 1989, by interviewers at the Loyola College Center for Social and Community Research, Baltimore, Maryland. Contacting respondents proved to be a major problem, in that large numbers of the original sample either had no telephone, or had a disconnected number. As a result, a full 65% of the BET sample was never reached, and more than half of the Frederick and OPTIONS sample were never reached. The response rate is somewhat low (37%) because of this, especially for the BET sample (27%).

Three hundred and seventy one (371) program registrants were interviewed: 56.6% from the OPTIONS program (N=210), 10.5% from BET (N=39), and 32.9% from Frederick County (N=122).

Demographic characteristics

At the time of the interview, about a third of the respondents were participating in a program activity, and 43% had participated in the past. The remaining respondents had not yet participated, although they were registered in the program. Slightly more than half (54%) of the respondents were working (34%) or in school (20%).

The average age of respondents was 29.6 years. Seventy two percent of the respondents were African Americans, with respondents in Baltimore representing the highest concentration of African Americans at 93%. Fifty-nine percent have never been married; another 35% are separated or divorced, meaning that

child care is extremely important because 94% of the respondents were single parents. About half (46%) were high school graduates. Forty percent had not finished high school and only 13% had some college experience.

A factor that will have an impact on the demand for child care is the number of children per family. Almost 80% of the respondents had two or fewer children, with forty-two percent having only one child. Less than one quarter of respondents had three or more children. The average age of children of all respondents was eight. As was the case with the California GAIN program, OPTIONS and BET respondents had been required to participate and were therefore more likely to have school-age children, thus reducing the need for full-time child care.

Results

Current Child Care Use¹

Type of care. The majority of respondents (62.5%) used some form of child care, with the largest proportion using care by a relative (41%). The second most common type of care varied by sample: OPTIONS participants were most likely to use a friend or neighbor, BET participants used family day care, and Frederick participants used child care centers (Table 1). Surprisingly, only 46.3% used some form of regulated care.

Only 8% of the respondents were currently using a family day care home. Most (78%) of this type of care was registered and the majority of respondents thought it very important that this type of care be registered (73%). Most also thought that family day care should be subsidized by Social Services (61.2%).

Hours and cost. The mean number of hours in care per week was 21.7; mean cost per week was \$32.83 (Table 2). More than half (56%) of those who used care did not pay for it. Care by a friend or neighbor was generally paid care; only 29% was unpaid compared to 59% of care by a relative (Table 3). Although most child care users (60%) did not receive subsidized funds for child care, care in a center was most likely to be paid in full by Social Services, followed by family day care. In fact, more than two thirds of those using regulated care (i.e., center, family day care home, or after school care) paid nothing for this care.

Social Services paid all or part for only 17.5% of respondents who used a relative (Table 4).

Table 1

Table 1: Current Child Care Arrangements of Child Care Users, by Sample (N=245)

	Percent using each type of care				
	OPT	BET	FRED	TOTAL %	N
Daycare center/Preschool	10.5	17.2	21.7	15.1	(37)
Fam daycare home	6.0	17.2	13.3	9.8	(24)
Relative	42.8	41.4	38.5	41.2	(101)
Friend/neighbor	22.5	10.3	10.8	17.1	(42)
After-school	6.8	—	2.4	4.5	(11)
Stays alone	7.5	—	3.6	5.3	(13)
Licensed sitter	3.8	13.7	9.6	6.9	(17)

Table 2

Average Hours and Cost per Week, by Sample

	OPT	BET	FRED	TOTAL
HRS/WK	17.1	24.0	28.3	21.7
COST/WK	\$29.13	\$46.10	\$36.69	\$32.83
USERS WHO PAY (%)	50.4	37.0	33.0	41.0

Table 3

Cost Per Week, by Type of Care (Whole Sample)

Type	% who pay				
	zero	\$20-30	\$30-49	>\$50	
Daycare center/Preschool	67.5	5.4	5.4	8.1	13.5
Family daycare	66.6	4.2	12.5	—	16.7
Relative	59.0	18.0	11.0	4.0	8.0
Friend/neighbor	29.3	24.4	29.3	4.9	12.2
After school	72.7	27.3	—	—	—
Other	64.7	—	5.9	17.6	11.8

Table 4

Percent Paid By Social Services By Type of Care

Type	% Paid by Social Services		
	All	Part	None
Daycare center/Preschool	67.6	10.8	16.2
Family daycare	81.8	13.6	4.5
Relative	12.4	5.1	81.4
Friend/neighbor	12.8	10.3	76.9
After school	54.5	—	45.5
Other	42.9	14.3	42.9

Length of time in care. The majority of BET (57%) and Frederick (62.8%) users have been in their current child care situation less than six months. Among OPTIONS users, 39% have used this care for less than six months; 35% have used this care between six months and one year, or 61% have used the same provider for over six months, compared to 37.2% for users in a more rural setting (i.e., the BET and Frederick programs).

Location and Transportation. Most respondents used child care located near their homes. This category does, however, include those whose caregiver lives in the same home as the child. Type of transportation to child care sites varies by sample. The most common means of transportation used by OPTIONS respondents was walking; BET respondents were more likely to use their own car. Frederick respondents were spread out across categories (Table 5).

Table 5

Percent Using Each Type of Transportation, by Sample

	OPT	BET	FRED	TOTAL
None	27.1	17.2	21.3	23.9
Own car	6.8	48.3	26.7	18.9
Bus	9.3	10.3	8.0	9.0
Walk	51.7	17.2	29.3	39.6
Someone else drives	3.4	6.9	9.3	5.9
Other	1.6	—	5.4	2.7

What People Like Most. The most frequent response to the question asking what respondents like most about their current child care situation is that they trusted their caregiver because they are related (28.7%). Most respondents who are using a related caregiver indicated that this is what they like most about this type of care (64.2%). The second and third responses are convenience (18.4%) and reliability (10.8%). Again, this is especially true for those using a relative or a friend or neighbor. Users of center-based care are most likely to say that they like this type of care because it is educational (20.7%) or because of "good caregiver qualities" (20.7%) (Table 6).

Table 6

What Respondents Like About Their Current Child Care

Reason	Situation, by Type of Care				
	Center	FDC	Rel	Frnd	Total
Trusts Relative	—	4.2	64.2	2.5	28.7
Convenient	10.3	25.0	15.8	30.0	18.4
Reliable	3.4	12.5	10.5	15.0	10.8
Good Caregiver	20.7	29.2	1.1	7.5	10.3
Educational	20.7	8.3	—	—	7.6

Biggest Problem. Fifty-two respondents (22% of child care users) indicated that there were problems associated with their current child care situation. Cost appears to be the biggest problem for these respondents, with 17% of child care users listing this as the biggest problem (Table 7). Transportation is a close second, at 15%; however, this varies by sample. For BET users, transportation is the biggest problem.

Problems were not restricted to a particular type of care; 31% of the problems mentioned were cited by those using care by a relative, 25% by those using a friend or neighbor, and 19% by those using a daycare center. Cost and transportation were cited as problems by users of all three types of care; however, center users did not cite unreliability as a problem, whereas users of relatives and friends or neighbors did.

In summary, most respondents use child care, with care by a relative the most commonly used type of care at 27%. Most

Table 7

Percent Who Cite Child Care Problems, by Sample (N=52)

	OPT	BET	FRED	TOTAL
Cost	18.5	—	17.4	16.7
Transportation	11.1	25.0	17.4	14.8
Unreliable	11.1	—	8.7	9.3
Inflexible hours	11.1	—	4.3	7.4
Fear for safety	11.1	—	4.3	7.4
Child learns bad habits	—	50.0	8.7	7.4
Bad caregiver	3.7	—	8.7	5.6
No back-up care	11.1	—	—	5.6

care, or 62% of all care, is part-time (1-20 hrs/week); and more than one-half of users do not pay for their care. The average cost for those who do pay is \$32.83 per week.

Most respondents (76%) said that they had enough child care at the present time. However, 58% anticipated needing more care in the future.

The majority of respondents (68%) were very satisfied with their current child care arrangement (Table 8). Of those who were dissatisfied (9%), the reasons for dissatisfaction include need for immediate care, cost, and long waiting lists. There is no relationship between satisfaction and type of care.

Child Care Preferences

Most respondents placed relative importance on certain characteristics of providers (e.g., location, cost, caregiver, etc.). Although all characteristics were considered "very important" by a majority of respondents (63% to 95%), safety and security had the highest mean rating, with 95% indicating that this is very important (Table 9). Surprisingly, flexible hours and cost had the lowest rankings on level of importance, at 62 and 67%.

The majority of respondents (72%) preferred a neighborhood location for child care, as opposed to care that is located near their work or training site.

Table 8

Type of Care by Satisfaction with Present Arrangement

	% who are			
	Very dissatis.	Somewhat dissat.	Somewhat satisfied	Very satisfied
Daycare center	6.7	3.3	16.7	73.3
Family daycare	4.3	8.7	21.7	65.2
Relative	2.0	4.0	23.0	71.0
Friend/neighbor	2.4	2.4	26.2	69.0
Sitter	11.8	—	17.6	70.6
After school	—	9.1	18.2	72.7
Stays alone	—	16.7	8.3	75.0
None	<u>7.6</u>	<u>3.8</u>	<u>26.7</u>	<u>61.9</u>
Column Total	4.6	4.6	22.8	68.0

Table 9

*Importance of Child Care Characteristics**

Characteristic	% saying "very important"	mean rating (max.=4.0)
Safety	95.4	3.97
Caregiver	86.5	3.87
Nutritious meals	81.9	3.81
Location	77.4	3.78
Learning opportunities	77.9	3.76
Cost	67.1	3.66
Flexible hours	62.0	3.58

*Respondents were asked to indicate the importance of each characteristic by describing it as not important (1), not very important (2), somewhat important (3), or very important (4).

Several questions were asked to assess respondents' perception of the role Social Services plays in child care selection and payment. When asked whether they most preferred direct assignment of a provider by Social Services or self-selection, the vast majority (85%) preferred to select a provider themselves. A number of respondents mentioned that they would prefer to

self-select from a list compiled by Social Services. More than half (57%) of respondents stated a preference for direct Social Services payment to the provider. Thirty-four percent indicated that they would prefer to pay the provider themselves, after receipt of Social Services funds.

Respondents were asked what type of child care they would prefer if this care was subsidized by Social Services. An unlicensed friend or relative was the preferred type of care for 40% of respondents (Table 10). About equal numbers preferred a licensed family day care home (28%) or a center (27%).

Table 10

Percent of All Respondents Who Would Prefer to Use Social Services Money to Pay For Types of Care, by Sample (N=366)

	OPT	BET	FRED	TOTAL
Daycare center	25.4	23.7	31.9	27.3
Licensed FDC home	27.8	28.9	28.6	28.1
Unlicensed friend/rel	43.5	42.1	34.5	40.4
Licensed sitter	1.0	5.3	5.0	2.7
No Preference	2.4	—	—	1.4

Respondents were asked a set of questions about their perception of family day care. Forty-three percent reported that there were advantages to this type of care, such as more attention, a home environment, and trust. Thirty-one percent thought there were disadvantages; specifically, the lack of an educational setting and the large number of children under care. The majority (59%) indicated that it did not matter if the caregiver was of a different race or culture from their own; however, 23% stated that they would feel uncomfortable with this situation.

The Ideal Child Care Situation. In order to determine respondents' perception of the ideal child care situation, two slightly different questions were asked of all respondents. When asked how their child care needs could be best met, the most frequent response was that the respondent's present situation best met their needs (13.5%). Thirty percent of these respondents are not currently using any child care; thirty percent are using care by

a relative; twelve percent are using a center; twelve percent are using a friend or neighbor.

The second and third most frequently cited responses were "convenient care" (12.9%) and "flexible hours" (10.8%) (Table 11).

Table 11

*Respondent's Perception of How Child Care Needs Can Be Best Met**

Characteristic	% citing this	N
Present situation	13.5	50
Convenient care	12.9	48
Flexible hours	10.8	40
Trustworthy caregiver	9.7	36
Dependable	7.0	26
After school care	5.4	20
Relative	4.9	18
Don't Know	4.6	17
Affordable	3.8	14
Available	3.2	12
Licensed	3.0	11

*(asked of all respondents)

The second question sought to determine which type of care respondents would prefer if they could have any type of child care. Slightly less than one-third (32%) of all respondents indicated a preference for center-based care. Thirty-three percent of child care users who prefer centers currently use this type of care (Table 12). Care by a relative is a close second in terms of preference (27.8%). Child care users who prefer this type of care are very likely to be using a relative for care (75.4%).

Family day care is the third most-preferred type, but only 12% of respondents cite this type of care as most preferred. Thirty-eight percent of users with this preference use this type of care. Respondents who are not currently using any child care are about equally divided between preference for center-based care (33%) and care by a relative (28%).

Table 12

Percent Using Preferred Type of Child Care

Preference	type currently used				% who prefer this type
	Center	Rel	Fend	FDC	
Daycare center	32.9	28.8	9.6	8.2	30.9
Relative	—	75.4	12.3	1.5	27.5
Friend/Neighbor	—	15.8	63.2	—	8.1
Family daycare	6.9	24.1	13.8	37.9	12.3

Child Care Problems

Forty-one percent of the respondents have missed work due to child care problems; 32% have had employment problems resulting from a lack of child care when their child was sick; 32% have been late due to child care problems. The fact that fewer respondents cite problems such as having lost a job (16%) or having to bring child to work (14%) may be misleading, given the nature of this population.

Child care problems identified by these respondents included inability to afford child care (51%), inability to find child care (44%), and having had to use unreliable care (23%). Respondents are especially loathe to leave children alone, however (Table 13).

Only 22% of the respondents indicated that they had been offered care and had refused it. Of those who have refused care, the reasons included location of care, the amount of time it took to obtain care, and that the program was not appealing.

Summary and Conclusions

Findings of this study appear to support anecdotal evidence that welfare reform participants rely on care provided by those related to them. In this study, the largest proportion of child care users used relative care. However, it is not clear that this is the type preferred by most respondents. Although 27.8% preferred care by a relative, almost one-third of respondents (32%) preferred center-based care, and a smaller group (12%)

Table 13

Child Care Problems Experienced by Respondents

Problem	% who have experienced problem		
	never*	sometimes	a lot
Unable to afford care	48.7	32.1	19.1
Unable to find care	56.2	28.8	15.0
No care for sick child	67.9	21.3	10.8
Missed work due to childcare	58.7	34.1	7.2
Been late due to childcare	67.6	27.7	4.7
Had to use unreliable care	77.3	19.1	3.6
Had to leave child alone	87.8	9.7	2.5
Had to bring child to work	85.6	12.7	1.7
Lost job due to childcare	83.3	15.8	.8

*includes those who have never used childcare - this question was asked of all respondents

preferred a family day care home. Clearly, there was diversity in preferences for child care.

In order to best provide services that meet needs and preferences, these different types of care must be viable alternatives. Clearly, the subsidized program in Maryland, Purchase of Care, alone is not sufficient, given the number of respondents who wish to use unlicensed care provided by a relative or friend. And, payment by Social Services is a significant factor. The number of respondents who indicated they would prefer an unlicensed friend or relative increases to 40% when the stipulation "if Social Services paid for it" is added. However, most states, due to regulatory constraints, can not directly pay unlicensed providers.

The mandatory participation requirements of the Family Support Act require states to schedule participants for an average of 20 hours a week in education or training activities. Therefore, it is realistic to assume that participants may need both more reliable child care and additional hours of care. Relatives who have been providing part-time care may not be able to provide full-time child care, especially without reimbursement.

This is especially salient for OPTIONS participants. They have been using their child care arrangement for a longer period of time than those in the other two programs, and are most likely to be using care by a relative that is not reimbursed.

Issues other than payment of relatives have emerged from these findings. Location of care is another salient issue, perhaps especially for participants in less urban areas. Since the neighborhood is clearly preferred as the location of care, more efforts must be made to locate child care near the participant's home. Efforts to register more family daycare providers are justified, especially because creating an increased supply of family day care providers can be accomplished more rapidly than center-based care. In Baltimore, perhaps if more neighborhood family day care were available, this type of care would "catch on." An avenue worth exploring is the concept of double social utility: training and registering OPTIONS participants as family day care providers for other welfare participants. Although respondents in this study did not prefer family day care, would they use this type of care if they thought it was safe and if they knew the caregiver?

Child care centers appear to meet the needs and preferences of a sizeable group of this population, so funding slots to meet this need would be a viable policy option. Given the desire for neighborhood care, some attention should be paid to locating child care centers in areas where the participants reside. For example, centers located in or near housing projects could enable residents to work or become trained.

Funding a diversity of options and allowing participants in welfare reform programs to choose the provider appears to be the best policy recommendation. There is clearly a group—about one-third of these respondents—who will only be comfortable using a relative to care for their children. This group increases to 40% when the possibility of Social Service payment is incorporated. Given the comments of a number of respondents—especially those who currently are *not* using child care—indicating that they would never leave their children with any caregiver other than a relative, this must be an option in order to ensure participation of these individuals. Again, this is crucial given that teenage parents are particularly targeted by

the Family Support Act, and they may be the group most likely to need care by a relative, since infant care is generally the most difficult to obtain.

Finally, the need for reliable child care is crucial for this population which is required to participate in education and job training programs. If reliable child care is not available, the welfare client will not only lose access to valuable education and job training services and undoubtedly remain on welfare, but the state will be unable to meet federal JOBS program participation performance requirements.

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Note

1. Findings are based on child care arrangement of respondent's first child. The child care use findings are no different for Child 2-5.

Purchase of Service Contracting In the 1990s: Have Expectations Been Met?

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Privatization and purchase of service contracting (POSC) are generally considered to be two of the most important factors that have helped shape the human service system during the 1970s and 1980s (Gilbert, 1983, 1986; Kammerman, 1983; Demone and Gibelman, 1984, 1989; Weddell, 1986; Kettner and Martin, 1985; Termell, 1987; Rein, 1989). Therefore, as we enter the decade of the 1990s, it would seem both appropriate and worthwhile to reflect on the original expectations for privatization and POSC and to assess the extent to which these expectations have been realized.

Early Expectations For Privatization

Long before the concept of privatization became popular, Peter Drucker was extolling its advantages. "The purpose of government," he stated, "is to make fundamental decisions, and to make them effectively. The purpose of government is to focus the political energies of a society. It is to dramatize issues. It is to present choices. The purpose of government, in other words, is to govern" (Drucker, 1969, p. 233). Drucker argued that government should have only a limited role in actual program and service delivery because, he believed, these functions could be better performed by the private sector.

Drucker believed that private enterprise could demand results, while government could not. Private sector employees, he argued, could be held to standards, while public employees enjoyed civil service protection. Publicly delivered programs and services once begun, he maintained, were likely to be continued

regardless of need, efficiency, or effectiveness, while privately delivered programs and services could be terminated if they proved inefficient or ineffective or when needs changed. Finally, he maintained that the private sector rewarded performance, while the public sector rewarded loyalty.

Writing somewhat later, Fitch advanced several additional arguments for believing that the private sector was inherently more efficient than the public sector (Fitch, 1974). First, he maintained that public sector organizations are not subject to the same pressures and demands to produce products and services as are private sector organizations. Consequently, he argued, public sector organizations are more prone to the instinct to survive and grow regardless of need. Second, according to Fitch, the outputs of private sector organizations tend to be clearly defined products and services, while the outputs of public organizations tend to be more nebulous. Third, he argued, the objectives of public sector organizations tend to be defined by government administrators rather than by consumers as in a competitive marketplace.

To summarize, the expectations of these two early privatization advocates were that greater private sector involvement in the delivery of public programs and services would lead to: (1) more emphasis on performance and less emphasis on conducting business-as-usual; (2) more emphasis on rational decision making and less emphasis on political decision making; and (3) more emphasis on accountability and consumer preferences and less emphasis on the preferences of public administrators.

The early privatization advocates represented a clear ideological perspective; the problem is the failure of government organizations to achieve excellence; the solution is the self-correcting mechanisms found in the private sector. The early privatization advocates appeared to believe that all things are possible if only the creative and innovative talents of the private sector are unleashed.

Early Expectations For POSC

The early purchase of service contracting (POSC) advocates were less ideological and more cautious about private sector

involvement in the delivery of publicly financed human services. The early POSC advocates also tended to see contracting as primarily an administrative tool. Two writers, Wedemeyer and Lourie, are representative of the different approach taken by the early POSC advocates.

Wedemeyer (1970), speaking at the first conference on POSC in the human services, suggested that the attractiveness of POSC rested on a number of untested assumptions:

1. that specifically definable end products could be produced, requisitioned and delivered in quantifiable units,
2. that readily available and qualified sources of supply existed to produce the number of units required,
3. that some identifiable and describable policy objectives, outcomes, or purposes existed to which the purchase could be specifically related,
4. that purchasing organizations have the responsibility for providing the means for obtaining the purchased products on behalf of their users (clients), and
5. that measures of performance and quality should be identified, defined, and enforced for the protection of both the purchaser and the client (Wedemeyer, 1970, p. 7).

Speaking at the first national conference on POSC in the human services, Lourie suggested that the widespread use of POSC might well redefine the basic relationships between the public and private human service sectors. Lourie expressed a vision of a more integrated public/private human service sector, but with clearly delineated roles for each sector. "The government has a central role in assuring adequate standards for citizens who need and use social services and in providing reasonable regulations for providers. The voluntary sector has a corresponding obligation to support high standards for public personnel and adequate administrative resources so that the public agency can afford to be less rigid and do its job well" (Lourie, 1979, p. 21).

Lourie went on to outline some basic principles that he believed should govern the use of POSC:

1. public funds should be available on equal terms to all persons in the same circumstances,

2. the services provided by contractors should be clearly defined,
3. government should set service standards and through monitoring hold contractors to the standards, and
4. payments to contractors should be restricted to prior uniformly determined direct costs and whatever indirect costs are appropriate. Equitable and uniform rates should be paid to all contractors rendering essentially the same services (Lourie, 1979, p. 22-23).

To summarize, the expectations of the early POSC advocates were quite different than those of the early privatization advocates. In particular, the private sector was not seen as inherently superior to the public sector and POSC was seen as essentially an administrative tool, not an ideological one. Additionally, some sentiment existed that POSC might lead to greater cooperation between the public and private human service systems.

POSC In the 1990s

In examining POSC practices in the 1990s, we are interested in determining if the perspectives of either the early privatization advocates or the early POSC advocates have come to pass. To examine POSC practices in the 1990s, we conceptualize six major approaches to contracting: (1) the funding and fiscal considerations approach, (2) the political approach, (3) the continuation of business-as-usual approach, (4) the planning and control approach, (5) the service volume approach, and (6) the client outcomes approach. This categorical schema is based on a review of the major national studies of POSC conducted over the last two decades including the authors' own work (Booz-Allen and Hamilton, 1971; Wedel, 1974; Benton, Field and Millar, 1978; Pacific Consultants, 1979; APWA, 1981; Kettner and Martin, 1986).

The Funding & Fiscal Considerations Approach

Early POSC activity was frequently motivated by the desire to maximize the public and private resources available for human services. By combining state funding with "matching

funds" provided by non-profit agencies under POSC contracts, federal Title XX funds could be leveraged. With the advent of the Social Services Block Grant, the matching funds requirement was eliminated along with the fiscal incentive to use POSC. Nevertheless, the widespread use of POSC over the years appears to have resulted in the public and private human services systems becoming more integrated and more financially interdependent. Research suggests that many non-profit human service agencies today are heavily reliant on POSC for their continued existence (e.g., Terrell, 1987). This situation may continue well into the future.

The major objective of the funding and fiscal considerations approach is to use POSC as a mechanism to coordinate and maximize public and private resources for human services.

The Political Approach

A second approach to POSC focuses on being responsive to the political variable. A variety of interest groups tend to emerge around POSC systems (DeHoog, 1986; Kramer and Grossman, 1987; Kettner and Martin, 1989). Advocacy groups, state and local government officials, contractors, unions, and others all have vested interests in who gets what, when, and how as the result of POSC decisions. Kramer and Grossman (1987) suggest that political factors are constantly in a state of tension with technical factors during the POSC decision process. The salience of the political variable in POSC decision making has also been documented in a small number of other studies (e.g., Terrell and Examer, 1984; DeHoog, 1986; Kettner and Martin, 1989).

The major objective of the political approach to POSC is to be responsive to such considerations as power, authority, influence, and the pervasiveness and persuasiveness of various interest groups.

The Business-As-Usual Approach

Most POSC systems have now been in existence for almost two decades. It is possible that many of these POSC systems today have well developed government/contractor relationships that have been strengthened over time. If this is true, then a

shared public/private service delivery system may well be the new human services status quo.

The business-as-usual approach to POSC focuses primarily on the technical aspects of contracting. Infusion of competition or the involvement of new contractors is not an issue. Considerable time and energy is spent on issuing requests for proposals (RFPs), negotiating and awarding contracts, monitoring contractors, and record keeping, but with essentially the same cadre of contractors year-in and year-out.

The major objective of the business-as-usual approach to POSC is to maintain the current pattern of POSC relationships and the stability of the contracting system that has developed over time.

The Planning & Control Approach

Rational planning includes such activities as needs assessments; the allocation of resources based on the identified needs, the establishment of goals and objectives, program design, intervention, monitoring, evaluation, and others (Kettner, Moroney, and Martin, 1990; Kettner and Martin, 1987). The planning and control approach enables government contracting agencies to better respond to changing needs. This approach assumes that contractors will be replaced from time-to-time as needs change and suggests that POSC dollars should not be viewed by contractors as a predictable revenue source.

The major objective of the planning and control approach to POSC is to use contracting to target specifically identified needs as part of an overall human services plan.

The Service Volume Approach

The service volume approach to POSC, as well as the client outcomes approach, to be discussed next, are both forms of performance contracting. The service volume approach can also be thought of as unit cost contracting, efficiency contracting, or output contracting. The service volume approach is also considered a more market oriented process in that a rate of exchange is established for the services provided (Hatry and Durman, 1985; Kettner and Martin, 1990).

The major objective of the service volume approach to POSC is to focus the contractor's attention on efficiency considerations

and on the delivery of units of service (e.g., one hour, one meal, one trip, one encounter, etc.) by tying all, or a portion of, the contractor's compensation to the amount of service actually provided.

The Client Outcomes Approach

Contracting for outcomes represents a further refinement of the performance concept. In the client outcomes approach to POSC, the emphasis on performance shifts from considerations of efficiency to considerations of effectiveness and the impact of services on clients. Contracting for a specified volume of service, such as a series of parent training classes for abusing parents, establishes a clearly defined buyer-seller relationship. Contracting for outcomes, such as improved parent-child relationship and no further reports of abuse, extends the buyer-seller relationship in that the buyer pays only for the results achieved by the seller. As the field of outcome measures has become more developed in recent years, some state human services agencies have begun experimenting with their use (Wedel and Colston, 1987; Kuechler, Velasquez, and White, 1988).

The major objective of the client outcomes approach to POSC is to focus the contractor's attention on the results of service provision through the use of measures of client impact and by tying all, or a portion of, the contractor's compensation to the achievement of client outcomes.

Based upon their major objectives, these six approaches to POSC can be classified as being more reflective of the expectations of either the early privatization advocates or the early POSC advocates:

POSC Approach	More Reflective of Early Expectations for
• Funding & Fiscal Considerations	POSC
• Planning & Controlling the System	POSC
• Business-As-Usual	POSC
• Service Volume	Privatization
• Client Outcomes	Privatization
• Politics & External Pressures	Neutral

To the extent that the POSC approaches being utilized today are more reflective of either the early privatization expectations or the early POSC expectations, we can determine which alternative expectation has come to pass.

The Study

To ascertain the extent to which the six different approaches to POSC are being pursued by the human services today an exploratory study was undertaken in late 1990.

Study Design

The study focused on five programs in ten states. The study was designed to explore POSC practices using the program as the unit of analysis. The five programs selected for study were: (1) alcohol, drug and mental health, (2) child day care, (3) employment and training, (4) residential treatment, and (5) specialized transportation for the physically disabled. These programs were selected because they represent both "soft" services (difficult to define) and "hard" services (clear operational referents).

A purposeful sample of 10 study states was selected from among the 34 states that constitute state administered welfare systems. State supervised/local government administered welfare systems were excluded from the study population due to the potential confounding nature of the level of government variable. Other considerations in state selection included geographical representation and significant involvement in POSC. The ten states ultimately selected were: Arizona, Florida, Kansas, Louisiana, Massachusetts, North Dakota, Washington, West Virginia, Utah, and Vermont.

Implementation of the Study

Mail surveys were sent to the chief program administrators of each of the five programs in the ten study states. The surveys asked program administrators to rate the relative importance of six factors on their POSC decisions. These six POSC decision factors represent operationalizations of the six approaches to POSC identified earlier: (1) funding and fiscal considerations,

(2) politics and external influences, (3) continuation of business-as-usual, (4) planning and controlling the system, (5) contractor performance in achievement of a specified volume of services, and (6) contractor performance in achieving client outcomes.

Survey respondents were asked to rank order the six decision factors according to their relative influence on their programs' overall POSC decisions. Twenty-one useful surveys were received constituting a response rate of 42 percent. Table 1 itemizes the responses by program and by state. Some programs and states are over represented in the sample, others underrepresented. The largest number of program responses (7) are from alcohol, drug, and mental health programs. The largest number of responses from one state is three.

Table 1

Survey Responses by Program & State

Program	No. of Responses	State	No. of Responses
Alcohol, Drug Abuse & Mental Health	7	Arizona	1
		Florida	3
Child Day Care	4	Kansas	3
Employment & Training	4	Louisiana	1
Specialized Transportation	3	Massachusetts	2
Residential Treatment	3	North Dakota	3
		Washington	2
		West Virginia	3
		Utah	1
		Vermont	2
Total Responses	21		21

Data Analysis

Table 2 shows the relative importance of the six POSC decisions factors for all programs combined and for each program individually. The data analysis is first directed toward a discussion of the relative importance of the six POSC decision factors

for all programs combined. With a mean score of 5.01, funding and fiscal considerations is clearly the most important POSC decision factor overall. The other five POSC decision factors are considerably less important being tightly grouped in a range from 3.10 to 3.52. The two privatization oriented approaches (service volume considerations and client outcome considerations) appear to be relatively unimportant in the overall POSC decisions of the five combined programs. Service volume considerations (3.19) ranks fifth only slightly ahead of the least important POSC decision factor, politics and external pressures (3.10). Client outcomes which ranks third is still only marginal in overall importance (3.43).

The discussion of Table 2 now shifts to the relative importance of the six POSC decision factors for each of the five programs individually. Mean scores are again used as the basis for comparison. The discussion focuses first on identifying any patterns in the data. To aid in this analysis, the first and second most important POSC decision factors for each program are set off by brackets. With the brackets serving as visual aids, it is readily apparent that funding and fiscal considerations is also an important POSC decision factor for all five programs individually. Funding and fiscal considerations is either the first or second most important POSC decision factor for all five programs. No other POSC decision factor evidences such a consistently strong influence across all programs.

Other POSC decision factors, however, do evidence strong influence on a program-by-program basis. In particular, client outcomes is the most important POSC decision factors for the two "hard" service programs, employment and training and special transportation. The continuation of business-as-usual approach is also an important POSC decision factors for residential treatment and child day care programs where continuity of care is traditionally an important consideration.

Shifting the data analysis to statistical significance, a one-way analysis of variance (ANOVA) was conducted for each POSC decision factor across all five programs. The purpose of the analysis is to ascertain if differences in the relative importance of POSC decision factors across programs is sufficiently strong to warrant further exploration. The one-way

Table 2

The Relative Importance of DOSC Decision factors for All Programs and for Individual Programs

DOSC Decision Factors	All Programs		Individual Programs					F-test
	X	S.D.	Residential Treatment	Alcohol Drug Mental Health	Employment & Training	Child Day Care	Special Transportation	
Funding & Fiscal Considerations	5.01	1.07	[6.00]	[4.86]	[4.75]	[5.25]	[4.67]	.826
Planning & Controlling the System	3.52	.98	3.33	[4.00]	3.50	3.00	3.33	.711
Client Outcomes	3.43	2.11	1.00	3.00	[5.25]	3.00	[5.00]	3.314**
Business-As-Usual	3.38	1.72	[5.00]	3.14	2.50	[4.25]	2.33	1.713
Service Volume	3.19	1.60	2.00	2.71	[4.75]	2.75	4.00	2.224*
Politics & External Pressures	3.10	1.67	3.67	3.29	3.25	2.75	2.33	.272
(Number of cases)	(21)		(3)	(7)	(4)	(4)	(3)	

*p = .11

**p = .03

ANOVAs prove statistically significant, or approach statistical significance, only for the two privatization oriented POSC decision factors, service volume and client outcomes. For these two POSC decision factors, the variation between programs is greater than the variation within programs. This finding suggests that systematic differences exist in the relative importance that "hard" and "soft" service programs assign to these two privatization oriented POSC decision factors. Service volume and client outcomes appear to be considerably more important in the POSC decisions of the two "hard" service programs, employment and training and specialized transportation, than for the other three "soft" service programs. While the data themselves do not suggest any explanations for this finding, these two "hard" service programs may simply lend themselves more readily to quantification in terms of service volume (e.g., the number of training sessions, the number of trips) and client outcomes (e.g., job placements) than do the other "soft" service programs.

Summary & Conclusion

What then can be said about POSC in the 1990s? Have the expectations of either the early privatization advocates or the early POSC advocates come to pass? While any speculations must be qualified due to the exploratory nature of the research and the small size of the study sample, the data do suggest some conclusions.

The early privatization advocates held expectations for some fairly substantial changes in the way human services would be delivered. Their expectations included more emphasis on performance and less emphasis on politics and conducting business-as-usual. Early POSC advocates had a different set of expectations. Their expectations included more of a focus on the administrative aspects of POSC and a desire to see greater cooperation between the public and private human service sectors. If these descriptions constitute fair characterizations of the early expectations for privatization and POSC, then the former had hopes for a system that would operate much like a market economy while the later hoped for a more of a

partnership arrangement between the public and private human service sectors.

The clear theme that emerges from this study is that overall POSC decision making is dominated by funding and fiscal considerations. The funding and fiscal considerations approach is identified as being more closely associated with the expectations of the early POSC advocates than with the early privatization advocates. Thus, it would appear that at least some of the expectations of the early POSC advocates have been realized.

When the relative importance of POSC decision factors are looked at on a program-by-program basis, however, a different picture emerges. Funding and fiscal considerations is still the most important overall POSC decision factor for the "soft" service programs, but client outcomes becomes the most important POSC decision factor for the "hard" service programs. The client outcomes approach is identified as being more closely associated with the expectations of the early privatization advocates. Thus, it appears that at least some of the expectations of the early privatization advocates have also been realized. While more research is clearly needed to substantiate these findings, it appears that POSC involving "soft" services has developed in accordance with the expectations of the early POSC advocates, while POSC for "hard services" appears to have developed more in accordance with the expectations of the early privatization advocates.

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Characteristics of Social Welfare Stasis and Change: A Comparison of the Characteristics of Two Child Welfare Agencies in the 1920s

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This article describes and compares two child welfare agencies of the 1920's with regard to qualities that influenced or inhibited their ability to change. While one agency gave up its institution in favor of foster home care and mother's pensions; the other continued to provide only institutional care. Four characteristics may account for the difference. They are the organizations' networks; amount of "sunk costs" associated with change; ideologies and interests of organization leadership and the agencies' "boundary spanning" activities. If further studies confirm these, then we may encourage organizational changes so that contemporary agencies may meet emerging client needs.

It is important to identify characteristics that promote or hinder change because social welfare agencies need the capacity to implement new programs. In today's environment, agencies that can keep up with the emerging needs of client populations or new development of knowledge and skills will be better able to meet the needs of the populations they serve. A chance investigation of the archives of two New York Child Welfare Agencies, one that gave up a congregate institution in favor of the more progressive family and small group care in 1926, and another that continued to provide institutional care into the 1960's, revealed contrasting patterns of attributes. These two agencies began in the same city around the same period in the 19th Century, and served a similar population of children. They differed insofar as the character of their networks; the amount of resources they would lose if they changed; the ideologies and interests of their leadership and their organizational "boundary-spanning" activities. Both agencies existed in

a policy environment that provided mixed messages regarding the appropriateness of institutional care, but each responded differently to those messages.

This article consists of a brief description of the child welfare policy environment of the 1920's and a description of each agency. It then presents a conceptual explanation of why one agency gave up its institution in favor of family care while the other continued to maintain its "orphanage." Finally, there is a discussion of the implications of this theory for the current social welfare system.

Policy Messages: Foster Care Vs. Institutionalization

The controversy regarding whether dependent children should be placed in institutions or with families began in the last third of the nineteenth century, but was supposed to have been settled in favor of families at the first White House Conference on Dependent Children in 1909. Again in 1919, the issue was discussed and the Washington and Regional Conferences on Child Welfare "emphatic[ly]" endorsed the statement, "The carefully selected foster home is for the normal child the best substitute for the natural home." (Hart, 1919, pp. 239-241)

In reality, however, there was a "wide diversity of opinion." While many professionals and family advocates were endorsing foster family care and denouncing institutions, the number of institutions and institutional inmates was increasing. In 1910, a U.S. Census Bureau study reported that 110,000 children lived in 1,151 institutions (*Benevolent Institutions*, pp. 26-27).¹ By 1923, the number of institutions had increased to 1,558 and the number of child inmates to 142,971. (U.S. Census Bureau, 1927, p. 14) Even the policy makers and professionals were issuing mixed messages, however. While they repeatedly called for a halt to placing normal children in orphanages, their professional organizations supported their improvement and therefore, their continuation. Out of concern for institutionalized children, the Children's Bureau published standards for institutional operation. After 1923, the Child Welfare League of America, which had previously excluded institutions from membership, accepted those that met professional standards.

The New York Federation of Institutions Caring for Protestants urged the professionalization of institutional care and services. Government and philanthropists supported the status quo by paying for institutional care and by limiting funding for alternatives. Enough poor parents were willing to place their children in institutions and, in many cases, pay the board bills.

Concurrent with mixed policy and clear funding messages, advocates' opposition to the institutionalization of normal children was documented in professional journals and the popular press; and in the development of special organizations. Henry Dwight Chapin, M.D., for example, wrote in *Survey* magazine in 1918 ("Family vs. Institution," p. 488) that the United States was an "institution ridden" country, and cited experts who substantiated his position that families were superior: Professor Boas of the Jewish Bureau of Social Research, who found that "children in boarding homes showed a much better physical development than children in institutions. . . ." and prison warden Mott Osbornes who said that "an undue proportion of his prison wards had their early training in institutions." In *Review of Reviews*, (1929) a popular periodical, Chapin said that "The obsession of certain rich men to build and endow orphan asylums, to perpetuate their names, should not be encouraged. . . ." The *Literary Digest* (Dec. 17, 1921, 29-30) described a highly successful "experiment" by the board of trustees of Hancock County, Ohio, in which children were boarded out rather than institutionalized. Sophie Irene Loeb, a reporter, not only produced many anti-institutionalization articles but also organized the Child Welfare Committee of America, Inc., an organization of prominent Americans, and held two conferences (1925 and 1928) at which professionals and politicians voiced their opposition to institutionalization and preference for maintaining children in families, preferably their own.

The Case Studies

The Society for the Relief of Destitute Children of Seamen and the Orphan Asylum Society of Brooklyn (the two case study organizations used in this article) were founded in the same period and had many similarities. Despite their resemblance,

however, their courses diverged greatly in the 1920's. Following are descriptions of the history, organization and attributes of each agency.

Case 1: Society for the Relief of Destitute Children of Seamen

The Society for the Relief of Destitute Children of Seamen was initiated by a group of "ladies" in 1846 to relieve "the destitute condition of the families of our Seamen." In explaining why they chose to care for seamen's children, the ladies said:

No class is proverbially more improvident than sailors, often absent upon long voyages, careless in expenditures of their money, particularly exposed to hardships and danger, yet frequently manifesting a nobleness of disposition and self-sacrificing character; so that we are more ready to feel an interest and sympathy for their neglected and often deserted offspring. . . " (Manual, 1966)

They established the "home" in Staten Island because it was "removed from the temptation and expense incident to a city residence," was "convenient of access," and possessed "salubrity of air." During the first year, the Society cared for 24 children. In 1852, they built a congregate institution that would eventually house approximately 100 children, whom they kept until they were either returned to their parents, adopted, indentured or sent West at about age 12. From early in their history, the ladies expressed a preference for family care but believed it impossible to implement. Institutional care, they believed, was a "necessary evil."

In 1914, the orphanage housed 91 children who were kept until age 13, if they were boys, and 14 if they were girls. The "Board of Women" had grown to 29, including five officers, and there was also a Board of Counselors, consisting of "seven male members," whose duty it was to advise the managers "in reference to the business transactions of the Society." (*Sixty-eighth Annual report*, pp. 30-31) Funding came from charitable contributions, investments, collections from steamship passengers,² and payments by parents and guardians, but not from public funds. The board fee for each child was one dollar per week, to be paid monthly, in advance, and parents were "permitted

to see their children on the last Thursday of each month,"³ when they were "required to pay their dues." If they did not pay for three successive months, however, the institution would make

" . . . a strict inquiry . . . into the circumstances of the case. If found delinquent when able to pay, the child or children (would) be returned or kept in the Home at the discretion of the Board of Managers." (*Sixty-eighth Annual report*, p. 29)

The Annual Report of 1925, when the number of children in the Home had dropped from approximately 100 to about 50, is devoted to an explanation of the Board of Managers' action to close their congregate institution. In part, it reads:

First there was the inadequacy of our building as conditions changed the old building became a problem. Modern sanitation, fire regulations, the increasing need of constant and safe supervision of the children have involved us in an ever-growing anxiety and expense . . .

In the second place, there was the inadequacy of the average person who applied for the positions offered in our building, on the lines we were following, to meet the needs of the child, in the light of the rapidly developing science of child-welfare . . .

We seriously considered, in conference with an architect, the remodeling of our solidly constructed old building; with discouraging results. We tried varying types of workers who would consider the work in the old building, also with discouraging results . . .

A crisis came in the spring. Large and expensive repairs became essential if we were to continue in the old building, and a general upheaval in our staff of workers forced us to a decision.

Before making the decision to give up their institution, the Board consulted with recognized experts in the field, including Dr. Hastings Hart, of the Russell Sage Foundation, Mr. H. W. Hopkirk of the Child Welfare League of America, Mrs. Martha Falconer of the Federation of Institutions Caring for Protestants, and Mr. Henry Wright, a consultant in institutional planning. They first decided to forsake the old congregate institution for a decentralized cottage plan, then modified that plan, and built one cottage for 12. The remaining children were placed

in boarding homes or their own mothers were given private mother's pensions and other support.

Miss Mary Townsend Marsh shepherded this change. She had been a member of the Board since 1878 and had devoted much of her life to the Society. She was a progressive and committed leader. A memorial to her 51 years of Board membership recorded on October 1, 1930 notes that:

... When in 1922 our old methods were proved inadequate to meet the needs of the present time, she studied the system adopted by other homes and great as was her love for the past and its traditions, she carried out with courage and conviction a broad minded policy, which under her leadership and guidance, has brought our society (or work) to a position where it can meet the needs and problems of the present day.

The Board hired a "trained family case worker," Miss Annie E. McCord, a graduate of Wellsley College, class of 1901, and the New York School of Philanthropy in 1907. Her job was to place the children, some permanently and others temporarily, while the cottage was being built. She was also to "conduct all business connected with applications, interviews with parents and etc." (Board Minutes, Oct. 1930, 7). Her own view of her role, however, was more extensive. To her Wellsley College Class in 1926 she wrote:

While my work was ostensibly to place the children, fundamentally it has meant an organization piece of work, i.e., changing an old type institutional society into a modern case working group...

The Board opened itself to further changes. It decided that its one *fixed* plan for the future concerned itself with policy development rather than physical housing. At the Annual Meeting, December 4, 1925, Laura Effingham Pritchard, Recording Secretary said:

(Our policy)... is to give individual care to the individual child and to keep him or her under our protection, greater or less as the case may demand, throughout the years of growing up and of beginning life as a wage-earner. To do this properly we must be prepared to take charge of the child and place him in the most

suitable home, using our organization and funds to maintain him; perhaps keeping him under our own roof, perhaps putting him in another institution, or boarding him out with foster parents; or, again, by means of mothers' aid, making it possible for him to remain with his own family." (*Annual Report*, 1925, pp. 5-6)

The Board also expressed its intent to dispense with outmoded practices while retaining what was good and useful:

The masonry may go, without regret, as we might toss out our grandmother's crinolines, but the traditions of the love and service that have built it up must be always, please God, preserved. (*Annual Report*, 1925, pp. 7-8)

The agency made continuing progress during the 1920's. Under Annie McCord they conducted needs assessments in order to plan for the future, provided support services to parents, hired an agency psychiatrist to work with the 51 children in their care, and supported children and their mothers in their own homes.

Through Miss McCord the agency had a great deal of contact with professionals and professional social work organizations. Not only did she attend monthly meetings of the Federation of Agencies Caring for Protestants, she also annually attended the Eastern Regional conference of the Child Welfare League of America, and the conferences of Sophie Irene Loeb's Child Welfare Committee. She wrote reports that circulated beyond the Society, and became known for her exceptional work, attracting many visitors. Her reports were used as teaching material at the New York School for Social Work; and were distributed by the Child Welfare League at the Pennsylvania Institute on Child Welfare. (McCord, 1926)

During the period of change, the Board was secure enough in their funding to forgo restricted gifts that might require them to implement policies of which they disapproved. The philanthropist, Edwin Gould, withdrew a tentative offer to build the Society a cottage because the Board insisted that the cottage should accommodate only 12 rather than 25 children, as Gould advocated. Gould openly disagreed with the Society's new program of foster care and private mother's pensions. In a letter to the Board, he wrote, "A good many changes have

taken place and are taking place in the conduct of the Home which I disapprove." In another, letter he wrote, "I am curious to know the result of your placing children out in homes. My idea is that they are not under as good supervision as they would be in an institutional home for children . . ." (Letters to Mrs. Gostenhofer, 1925–1930). The Board responded that "The policy of the Home has always been directed by the Board of Managers . . ." Gould continued to provide some minor support, in the form of magazine subscriptions, furnishings for the Cottage and books for the Cottage library.

In summary, the Board of Managers of the Society for the Relief of Destitute Children of Seamen was dissatisfied with institutionalization of children and utilized plant and staff difficulties as an opportunity for change. They were able to implement new practices because they were exposed to new concepts through consultation with experts and attendance at professional conferences. They gave up a large physical plant because it was outmoded and would be difficult to renovate and to staff. The values of their progressive leadership were consistent with the new forms of care. They hired professionals. In short, they were ready and willing to change, and when they were presented with the opportunity, they acted.

Case 2: The Orphan Asylum Society of Brooklyn

The Orphan Asylum Society of Brooklyn (OAS) was founded in response to a cholera epidemic during which a large number of children were orphaned. According to its Annual Report of 1845,

These destitute and needy children in their forlorn state excited the sympathy of some good people, who, after consultation proceeded to act in the matter by organizing on the 17th of May, 1833, "The Orphan Asylum Society of the City of Brooklyn . . .

Forty prominent women, five of them officers, were elected to the Board of Managers, and seven men to the Board of Advisors,⁴ and, "in this new home the little children were given a haven." (OAS, 1933, 9) Support for the institution came in part from the Protestant churches of Brooklyn, each of which could

name a representative to serve on the large board of directors. In 1872, the OAS built and occupied a large orphanage, the Beecher Home, which, by 1900 housed 325 "orphans." According to the Annual Report of 1900, in the twelve previous months 103 children were admitted and 128 discharged, "... some taken by the parent because of age limit, or possible the better condition of the parent to make a home for its own. Others adopted, or indentured..."

Early reports showed interest in the children's futures: three boys, "showing themselves worthy", were being prepared for college. The Board maintained contact with children who were adopted or indentured when possible. In 1900, for example, 24 letters to families who had taken the children at about age 12 brought 21 satisfactory, and 3 unsatisfactory replies. From four families who had adopted the children the Board received

... letters so full of love and devotion... that our hearts swell with deepest gratitude to the good Father who has so richly supplied the mother love to these motherless ones."

By 1905, the Annual Report referred to the changes in the institution, and the Directors' philosophy of asylum care:

... the age demands that the child receive the best education possible, mentally, physically, spiritually. The student of philanthropic work today has only to glance at the nature and methods... To this child charity extends the gift of High School and College, if he had the quality of mind to receive such training...

The 1912 Annual Report described a former child in the home who had "entered a mercantile house and step by step with dauntless courage mounted the ladder which leads to success" and who, that year, went down with the Titanic. That the institution had and might again "entertain angels unawares" was recalled, as the managers saw their responsibility as part of their Christian mission.

By the 1920's, "Beecher Home" tried to provide a "home-like" life for their children. Board minutes for the period revealed that parental visiting days were increased from once per month to twice; (January 1925) but children could go out

with their parents only with the approval of the superintendent. (May 1926). The children also went to summer camp. One child who had been sent West wrote back that she was dissatisfied, and was recalled. (June 1921) Further, teachers from the Public Schools that the children attended were entertained at the "Home" and they agreed that the "environment of the children . . . is much better than in many homes." (March 1927) In 1921, 1923 and 1924, the question of corporal punishment was discussed at Board meetings. Two staff members who used this method of discipline were dismissed.

Approximately half of the children in the Home were New York City public charges. However, in 1926, because of the deteriorating condition of the physical plant, the number of publically supported children was considerably reduced. The board minutes of June 2, 1926 state that the OAS had not received any committed children for nine months and, in addition, that the city had threatened to close the Home because it was in such poor condition. The situation was rectified with extensive repairs to the physical plant. The minutes of October 6, 1926, reported that:

A great deal has been done during the summer to the building and over \$50,000 spent and the rest of the building is now being put into condition that will pass inspection and we hope children will be sent us again.

Politics entered into the situation. The January 5, 1927 Board minutes stated that:

An inspector from the Department of Public Welfare was here just before Christmas and found that we had accomplished wonders. Mrs. Page asked her why we had received so few committed children and she said we should be more friendly with the Courts and the Department of Public Welfare. To have a good rating we will have to do more for the Federation, and interest Mr. Coler⁵ in this Home. A motion was made . . . that Mrs. Houghton be appointed to do this work . . . At present we only have 44 committed children.

On February 16th the Managers have asked the Federation to be their guests at luncheon at the Home . . . and we are to ask Mrs. Page to tell about our work. Mrs. Houghton made a motion seconded by Mrs. Church that we invite Mr. Coler here

for luncheon also and ask him to make an address. If he could not be present ask if he would send someone from his organization.

At the beginning of March, the Federation of Agencies Caring for Protestants asked if the OAS Board would consider taking some publically supported children from another institution that was closing. The children were welcomed. (March 1927)

The OAS's only relationship with an outside professional social work organization during this period was with the Federation, which negotiated with the City on behalf of institutions for increased board rates. As a result of Federation activity, the OAS received several increases. By 1925, the Board, seeing the benefits of membership, joined the Federation. The institution was also finally persuaded to use the Federation's professional social worker for family investigations, an arrangement which they had previously eschewed. (When the arrangement had been suggested earlier, "it was decided that no stranger could possibly take the personal interest taken by Mrs. Farnham."⁶ Fourteen months later, their opinion had changed.)

In summary, the OAS Board approved of institutional care and believed that their children had greater advantages than they would have had with their own parents. They needed public funds to operate their large, outmoded physical plant. Since they had invested a great deal in their building, and since it was still usable, they were not ready to demolish it. Their constituency consisted of churches, (naturally conservative) which contributed to the "Home's" maintenance, and whose members liked to see a concrete manifestation of their largess. They preferred familiar staff to professionals, and in the 1920's, continued to hire non-professionals. Their only contacts with social work and child welfare professionals were through the Federation of Institutions Caring for Protestants; and they were also influenced by Edwin Gould, the philanthropist. Both accepted institutions as appropriate placements for normal children.

Why the "Seamen's Children" Changed While the
"Orphan Asylum Society" Continued as Before

Both of these agencies operated in similar environments of laws, political sentiments, possibilities for funding and in

a policy environment that supported both institutionalization and family care. However, each agencies' responses to the environment were very different. Four attributes may account for those differences. These are: (1) the organizations' networks; (2) the amount of "sunk costs" associated with the possibility of change; (3) the ideologies and interests of organization leadership; and (4) their "boundary spanning" activities. These are discussed below.

First, according to Hasenfeld, (p. 221) In order to insure its legitimation and flow of enough resources to maintain itself and its work, a human service organization establishes a niche, or place for itself in its environment. To guarantee its continuation, it is important for organizations to have "stable, steady and predictable" relations with those who provide the bulk of its resources. If change is likely to upset these relationships and, therefore, agency legitimation and continued source of funding, then organizations are reluctant to change.

The situation of the Society for the Children of Destitute Seamen and the OAS differed significantly. While the OAS was reliant on other organizations for legitimation and money, the Society for the Children of Destitute Seamen was more independent, having numerous and varied sources of funds. The OAS was begun by, and had a continuing relationship with the Brooklyn Protestant Churches, which continued to provide legitimation, funding and board members. Also, approximately half of the "child inmates" of the asylum at any time were public charges, and the agency, therefore, received a sizable amount of government funding from the New York City Department of Public Charities. Both the churches and the City supported the continuation of the institution. For the churches and their members, the OAS "Home" provided tangible evidence of their "largess". If the society utilized mechanisms such as boarding homes or payments to parents, keeping families together, the children and the benefactors' largess would be invisible. Also, since government was not funding boarding home care or private mother's pensions, change to those modes of care would certainly have meant a reduction in available funds. In contrast, the Society for the Destitute Children of Seamen accepted no public charges and received no public funding, but instead relied on such sources as nominal parent fees, small contributions,

memberships, income from investment, and contributions from passengers of pleasure liners. Income from these latter contributors accounted for one-fourth of the Society's budget in some years, and came without "strings." Steamship passengers had no long-lasting interest in the organization. The network in which the Society for the Destitute Children of Seamen operated, therefore, consisted of fewer controlling elements that might inhibit change.

The second attribute is the difference in the amount of "sunk costs" that each agency would have to assume in order to effect a change. "Sunk costs" are investments of resources that cannot be recovered or converted to other purposes when an organization changes its program. (Hasenfeld, p. 223). These may include not only concrete capital investments, like buildings, but staff and other non-tangible investments. In his book, *Decarceration*, Scull reproduces an 1870 reference to the difficulty in closing institutions for the insane:

The amount of capital sunk in the costly palaces of the insane is becoming a growing impediment. So much money sunk creates a conservatism in their builders . . . which resists a change (Hasenfeld, p. 223, quoting Scull, p. 125)

It seems easier to consider change when facilities have so deteriorated that they are worth little, or cannot be used, or must be torn down. Hasenfeld, Scull, and Segal and Aviram, all note that the closing of mental hospitals began with those facilities that were outmoded and had deteriorated to a point that renovation was either impossible or would incur tremendous cost. Outmoded facilities that were difficult to repair represented lower sunk costs than those in good repair. Hasenfeld concludes that:

. . . the greater the amount of sunk costs associated with programs and services, the greater the incentive to maintain stability. In contrast, when resources can be readily shifted from one purpose to another, the greater an organization's openness to innovation and change (p. 223).

Similarly, when the Society for the Children of Destitute Seamen decided to change their modes of service, their institution, according to the experts consulted at the time, could

not be revitalized to meet the need. Similarly, the Society had been having staff problems, as they had had a quick turnover in the position of superintendent, and other staff members had to be discharged for inappropriate behavior. As a result, they despaired of finding adequate caretakers for the institution. Because the organization was not so financially dependent on other organizations, it could quickly divert its resources from an old method of care to a new, innovative format.

By contrast, although the OAS had to make significant renovations to their large institution to meet government standards, they were assured that if they renovated, they would receive enough public money to cover these expenses. Also, the Board of Managers believed that their Superintendent and other staff were more than adequate to their tasks. Thus, to tear down an institution that had once housed more than 300 children and was still renovatable, and to hire or retrain a staff to do a new type of work would mean that the Society would incur large sunk costs. The possibility of doing so was never considered.

The third explanation of effect has to do with the organizational leadership's ideologies and interests. Ideology has long been recognized as pivotal in shaping the types of services an agency provides and the way that they are delivered. (Hasenfeld, p. 224) Mohr stated that the capacity that an agency has to innovate depends in part on its leadership's motivation to do so. Whether or not there is motivation is dependent on the values of the officers and management. (pp. 111-126; as referenced by Hasenfeld, p. 231)

Their general satisfaction with the institutionalization of destitute children essentially created no motivation to change, or to overcome obstacles to change on the part of the Board of the OAS. By contrast, the importance of the family environment to a child's development was a long-standing interest of the Board of the Society for the Destitute Children of Seamen, which originally created an institution because they thought the provision of home care was impossible. In addition, their view that the children of Seamen were an especially worthy group encouraged the provision of the best possible care for the children. Their openness to the pronouncements of the experts

regarding the significance of home life only confirmed their prior belief that family care was to be preferred.

Finally, according to Daft and Becker, leaders who are concerned with quality services and maintaining high standards of performance are also concerned with "importing new ideas and more innovative programs. (Hasenfeld, p. 232). Corwin (1972) maintains that the ability of an organization to overcome obstacles to change depends on "the effectiveness of its inter-organizational relations, specifically its "boundary spanning" activities. These activities, which involve contact with other organizations mean that the agency is privy to, and can process information about prior innovation, methods for change, and how to negotiate and overcome potential problems and barriers. The language of systems theory also applies here. An agency with penetrable boundaries is known to be apt to change because it is exposed to, and is capable of, assimilating new knowledge, new ideas, and new methods of overcoming obstacles to its goals. An agency with less permeable boundaries is less likely to be exposed to new ideas and methods, and is therefore less likely to want or to attempt change.

When it became apparent to the Board of The Society for the Children of Destitute Seamen that they could not continue as they had in the past, Miss Marsh arranged for consultation with recognized experts in the field. In part, the Society's decisions were made on the basis of these collective consultations. Further, when it was time to hire a person who would operationalize their new policies, they hired a professional.

Annie McCord functioned as a continuing change agent for the organization, according to Hasenfeld, (p. 232) increasing its "motivation to innovate by bringing in information about new opportunities, and ideas," and helping to overcome obstacles by "facilitating relations with the environment."

The Implication of Findings for the Current Child Welfare System

Given the limitation that the above patterns were derived from only two case studies in a mixed policy environment, further tests utilizing a greater number of agencies in differing

policy circumstances would be in order. If these tests confirm the original theories, then policy makers should consider the following steps that would maximize social agency responsiveness to changing needs.:

(1) In accordance with stated goals, government bodies can discontinue or reduce funding for programs that prove to be of limited use, and offer financial incentives for programs that prove functional. In addition, funding should be tied to the ability to modify practices on a timely basis and should cover "sunk costs". These costs include but should not be limited to staff retraining, start-up costs for new programs, and compensation for nonrecoupable investments.

(2) An effort should be made to include in board, administrative and program leadership, persons who are associated with progressive policy development and practice, or who have been successfully associated with organizational innovation and change. The Sophie Irene Loebs, Mary Townsend Marshs and the Annie E. McCords of today should be encouraged, because it appears that their perspective and commitment will make a difference.

(3) Persons involved at all levels; government policy-makers, agency board members, administrators and staff persons should be encouraged or required to take part in such boundary-spanning activities as attendance at conferences and informational meetings, visits to exemplary agencies and the reading of relevant professional journals.

(4) Constituencies should be kept informed about changing demographics and current needs. If, then, change is required, they will understand and be more likely to support than impede it.

Current child welfare problems are now enormous, and societal disorganization and economic downturns are leading to changing needs. A greater number of new and specialized services will have to be created to respond to the requirements of new client constituencies. If Social welfare agencies can adapt quickly, current needs will be more likely to be met.

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Notes

1. This number represented growth: there were 76 more institutions in 1910 than there had been in 1904.
2. The steamship collections provided about one-quarter of the budget, but were severely reduced during World War 1. (Sixty-eighth Annual report, 9).
3. According to the Sixty-eighth Annual Report, persons who were not parents were invited to visit every day except Saturday and Sunday. [frontispiece].
4. The women ran the institution, and the men took care of such business chores as investment of money.
5. Commissioner of Public Welfare.
6. The OAS's staff person assigned to investigations. Mrs. Farnham had no professional training.

The Commitment of Social Workers to Affirmative Action

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This study examines the relationship of commitment to affirmative action principles, knowledge about affirmative action, and positive or negative experiences with affirmative action in a sample of 193 members of the Texas Chapter of NASW. The results were that knowledge was not significantly associated with commitment to affirmative action, although both positive and negative experience with affirmative action was strongly associated with commitment. Ways to build support for affirmative action through positive experience are discussed. Differences among sub-groups of the sample are examined.

Introduction

One prominent male member of the National Association of Social Workers (NASW) wrote the following to the President of the Texas Chapter:

I would like to know what my sex has accomplished for me as a member of NASW. If I found out that my sex had in any way contributed to "whatever", I would not accept it. I would suggest that we need to make sure everyone has an equal opportunity to run for office but not rule out people because of sex, race, etc. That is reverse discrimination. What I want is a competent person to run and serve (Personal Correspondence, August 10, 1989).

As this comment shows, affirmative action principles are a source of disagreement within the social work profession. Many white males say that they are the victims of reverse discrimination and allege that all persons of color and white women are given unfair advantages because of affirmative action policies. Some persons of color and white women do not

support affirmative action policies because they are concerned that others might believe that they obtained their positions, not through their own efforts, but through preferential treatment. Proponents of affirmative action note that white males are often inherently given unfair advantages, therefore, policies which insure opportunities for white women and persons of color are imperative.

The purpose of this study was to survey NASW members in Texas to take the affirmative action debate out of the board room, agency hallways, and the living rooms of social workers to allow a more focused examination of issues related to affirmative action. The central question posed was: "To what degree and under what circumstances do social workers in Texas support the concept and implementation of affirmative action policies?" This research, therefore, assessed the attitudes, knowledge, and reservations of social workers regarding affirmative action policies and implementation procedures.

Affirmative Action, Equal Opportunity, and Reverse Discrimination

Affirmative action has been defined as "... any measure, beyond simple termination of a discriminatory practice, adopted to correct or compensate for past or present discrimination from recurring in the future" (U.S. Commission on Civil Rights, 1977, p.2). Withers (undated) suggested affirmative action "... means taking race, sex, or national origin into account in a positive way" (p. 1). Lovell (1978) noted that affirmative action "... requires more than passive non-discrimination by the organization—it demands active programs of broadly applied preferential hiring systems" (p. 446). Jones (1981) stated, "The social purpose of affirmative action programs is to achieve distribution throughout occupational and professional categories, or other life chances, that is appropriately representative of the diversity of our population generally" (p.467). Jackson (1987) described affirmative action as "creative justice and compassion" (p. 40) and suggests that if a societal goal is to achieve educational and economic parity for oppressed citizens, then affirmative action is necessary.

Lovell (1978) describes equal opportunity as "the absence of overt discrimination" (p. 447) noting that public agencies have been "equal opportunity employers" for thirty years. "The distinction between affirmative action and non-discrimination is the difference between the *active* and the *passive* mode. It is illustrated by the difference between management by objectives and incrementalism" (p. 447). In testimony for the U.S. Civil Rights Commission prepared by staff at the Women's Legal Defense Fund (1985), the point was made that promises to end the practice of discrimination have not proven to be adequate.

Jones (1981) traced the origin of the phrase, *reverse discrimination*, to a dissent opinion in a 1964 court case in New York. The phrase, *reverse discrimination*, is often used "...to describe denial of a right or benefit or an expectation to a White because Blacks or other minorities are being given preference" (p. 466). Kubasek and Giampetro (1987) suggest that many people who believe that reverse discrimination is occurring in this country believe that "reverse discrimination is a violation of the principle of distributive justice because it distributes benefits and burdens on the basis of an irrelevant characteristic: race" (p. 235). Further, these authors suggest that opponents of affirmative action often feel that reverse discrimination "...violates the principle of compensatory justice. Compensatory justice requires that when one is unjustly deprived of something that he [sic] rightfully possesses, he [sic] is entitled to compensation for his [sic] loss from one who harmed him [sic] (p. 235). This argument would not allow for historically oppressed groups to be given preferential treatment, although individuals who have been harmed by individuals could seek redress for their grievances.

Social Work and Affirmative Action Policies

The debate about compensating for the negative effects of discrimination through affirmative action policies and non-intervention with individual prerogatives has been fierce during the last decade (Fox-Genovese, 1986; Green, 1981). Nevertheless, the social work profession has a long and proud history of commitment to social justice, to ending discrimination, and to

empowering people to gain control over their lives. The *Code of Ethics* of the National Association of Social Workers requires that their members not be in any way associated with any form of discrimination, and that members promote the general welfare by working to prevent and eliminate discrimination (NASW, 1990a). The Council on Social Work Education mandates that all accredited social work education programs teach students about discrimination and infuse the curriculum with content which ensures that social workers will have the knowledge and skills to fight oppression and combat discrimination (CSWE, 1991). Supporting these expectations is the fundamental social work conceptualization of person-in-environment, a construct which requires social workers to give concerted attention to the impacts of environmental constraints, such as those which result from discrimination.

Traditional social work values are coming into heated conflict around the issue of affirmative action. The idea of affirmative action assumes that there is injustice which exists and which should be redressed, even at the possible expense of some individuals. Social workers battle for social justice for their clients, but the waters are muddied when social workers themselves are affected. The National Association of Social Workers has well-developed affirmative action goals, goals which all state chapters must achieve (NASW, 1990b). These include procedures for the hiring of chapter office staff, for the election of state board members, and the appointment of persons to all state committees. The policy requires that elections and appointments be conducted in a manner which will ensure that the volunteer leadership reflects the gender, racial and ethnic make-up of the association's chapter membership. Thus, a state chapter with 25% of the membership being racial and ethnic minority persons must have no less than 25% of its leadership also being persons from racial and ethnic groups. To assure this result, elections must be designed so that the outcome will be guaranteed to produce an elected leadership with 25% of the winners being persons from racial and ethnic groups. The way in which this is commonly done is to "double-slate" candidates for office. This means that persons from racial and ethnic groups are matched to run against other persons from racial and ethnic groups,

so that the result will not affect the board composition. This is also done for women to ensure that equity outcomes are achieved. Some social workers have felt that this procedure is unfair, especially to white males, who currently represent about 24% of the NASW membership, but many of whom have well-developed leadership track records. Across the country, many NASW members, social workers, have been expressing reservations about affirmative action principles, principles which some perceive as limiting their leadership choices and possibly even weakening the professional association itself.

Conceptual Overview

The present study was designed to assess the extent to which members of the Texas Chapter of the National Association of Social Workers support affirmative action principles. While virtually no research on affirmative action in the social work profession has been conducted according to the NASW National Center on Policy and Practice, two general theoretical assumptions which may affect one's degree of commitment to affirmative action principles were made by the investigators. These are (1) knowledge about affirmative action principles and (2) the extent to which one has been directly affected, either positively or negatively, by affirmative action policies.

Knowledge about affirmative action is a significant issue. Affirmative action policies generally posit that fully qualified persons from groups which have been the targets of past discrimination should be given preference in hiring and promotion. NASW extends this principle to elected and appointed volunteer members. There often is misunderstanding about concepts like *fully qualified*. Many people believe that under affirmative action *unqualified* persons must be hired, elected or appointed. This is not true. If people have misunderstandings about affirmative action, they well may blame the policies instead of blaming the poor decisions of managers.

There is also considerable confusion about equal opportunity policies as contrasted with affirmative action policies. As noted earlier, many people are unaware that equal opportunity is a passive concept which means that there will be no

discrimination in, employment and promotion, and that affirmative action is an active concept which means that there will be an active attempt to recruit and mentor persons who hail from population groups which have been subject to past discrimination. The lack of understanding about the meaning and intent of affirmative action policies well may affect one's degree of support for such policies. There should be an association between knowledge about affirmative action and commitment to the principles involved. Should this prove to be correct, then educational efforts can be designed as one strategy for building the commitment of social workers to affirmative action.

The idea that people have stronger feelings about policies which affect them personally is not profound. Basically, the theory suggests that if a person or their close associates perceive that they have benefitted from affirmative action policies, they will tend to support affirmative action principles. Conversely, if a social worker or their associates perceive that they have been harmed by affirmative action policies, they will tend not to support affirmative action. This perspective is a rather direct application of behavioral theory, that behavior is shaped by its consequences. Thus, if a person applies for a position and is not rewarded for their effort by being hired, they will tend to be dissatisfied. If a person is white and attributes this outcome to affirmative action policies or calls it reverse discrimination, he or she will feel treated inequitably and tend not to support affirmative action principles. This relationship between one's experience and commitment to affirmative action is important because it suggests that the value base of the social work profession is not, by itself, sufficient unless supported by positive experiences with affirmative action. One possible strategy for building commitment to affirmative action might be, therefore, to make more visible to NASW members the positive outcomes of affirmative action.

Methodology

Population and Sample

The members of the Texas Chapter of the National Association of Social Workers (NASW/Texas) comprised the population under study. The statewide membership directory for May,

1990 was obtained and used to establish the sampling frame. NASW/Texas had 4,724 members in May, 1990, making it the seventh largest state chapter in the United States.

Using a proportionate stratified sampling technique, 10% of the members from each of the 20 geographic units in NASW/Texas were randomly selected. In this manner, participation from all NASW/Texas units could be assured. A total of 474 questionnaires were mailed, of which 57 were returned unopened due to change of address, death, or other circumstance. Questionnaires were returned by 193 respondents. This gives a response rate of 46.3%. According to Rubin and Babble (1989), a response rate of 50% is considered "*adequate* [original authors' emphasis] for analysis and reporting" (p. 320). Thus, this return rate is very close to that goal.

Instrument

The authors developed a self-administering survey instrument to measure "Social Worker Impressions About Affirmative Action." This instrument contained sections designed to measure Commitment to Affirmative Action, Knowledge About Affirmative Action, Positive and Negative Experience of Affirmative Action, and a respondent demographic section.¹ The instrument scales were pretested using a class of 60 graduate social work students and modified to remove ambiguous language. Reliability estimates were examined using the study's respondents. Reliability was assessed using Chronbach's alpha for internal consistency assessment. The results demonstrate acceptable reliability for the scales (1) Commitment to Affirmative Action, alpha = .795, (2) Knowledge of Affirmative Action Principles, alpha = .560, (3) Negative Experience of Affirmative Action, alpha = .556, and (4) Positive Experience of Affirmative Action, alpha .574.

Results

Of the 193 respondents, 74.7% were MSW's and almost 10% were BSW'S, which is consistent with the known membership of NASW in Texas at the time of the study. Also consistent with membership data was that 74.5% of the respondents were women and 25.5% were men. The gender of the respondents

was 62.1% female and 37.9% male, reflecting a disproportionately high response rate from males. NASW membership in Texas is about 76% women. By ethnicity, 12.2% were persons from recognized minority groups, not far from the known rate of 13% for NASW membership in Texas. While 73.1% of the respondents identified with the Democratic Party, 10.5% identify themselves as Republicans and 11.1% as identifying with other political parties. No party identification is claimed by 5.3%. The respondents had a mean age of 43.6 years with a range of 59 years. The age distribution is close to being normal. The job level of the respondents was 42.5% managers and supervisors; 37.9% were direct practitioners. The employment setting of the respondents reflects a continuing commitment to the traditional social work settings: public sector, 27.2%, private not-for-profit agencies, 33.3%, public universities, 6.8%, and private for-profit settings, 32.1%. Finally, the respondents self-identified themselves as practicing in different size communities. Most said they work in major metropolitan areas (61.9%), one-quarter (24.4%) said they work in mid-size cities, and 13.5% indicate that they work in either a small city or rural area. There was a supposition that some of these demographic variables might affect Commitment to Affirmative Action, however, no specific *a priori* hypotheses were proposed.

Measures of Association

The correlation coefficients among these scales are found in Table 1. Curiously, Knowledge of Affirmative Action was NOT significantly associated with Commitment to Affirmative Action. Negative Experience of Affirmative Action was, as predicted, negatively associated with Commitment ($r = -.417$, $p. < .001$), and Positive Experience was positively associated with Commitment ($r = .287$, $p. < .001$). Finally, those with either Negative or Positive Experience of Affirmative Action are significantly more likely to score higher on Knowledge of Affirmative Action.

Response Differences Related to Demographic Variables

Next, respondent differences in scores on the Commitment to Affirmative Action scale were examined. Predictably, women

Table 1

Correlations Among Study Variables

Scale Description	(2)	(3)	(4)
Commitment to Affirmative Action (1)	-.086 ns	-.417***	.287***
Knowledge of Affirmative Action (2)	1.000	.261***	.203**
Negative Experience with A.A.(3)	—	1.000	.169*
Positive Experience with A.A.(4)	—	—	1.000

scored significantly higher than men ($t=1.97$, $df\ 169$, $p<.05$), and those who identified themselves as members of a sexual minority also scored significantly higher in Commitment to Affirmative Action ($t=4.01$, $df\ 163$, $p<.001$). Similarly, those respondents who are members of racial or ethnic minority groups scored significantly higher than did non-minority respondents ($t=4.06$, $df\ 166$, $p<.001$). Other demographic variables having a significant effect on Commitment to Affirmative Action include: Political Party Identification ($F=8.897$, $df\ 161$, $p<.001$), Job Position/Level ($F=2.509$, $df\ 151$, $p<.05$), and NASW Membership Classification ($F=2.918$, $df\ 164$, $p<.01$). Significant differences in scores on Commitment to Affirmative Action were not found for Practice Setting (public agency, private not-for-profit, private for-profit, university), Population/City Size (major metropolitan area, mid-size city, small city, rural community), or highest Social Work Degree (BSW, MSW/MSSW, Ph.D., DSW, Ph.D. in other field, other). These results are presented in Tables 2, 3, and 4.

Discussion

The most important finding of this study was that one's knowledge about affirmative action had no significant bearing on their commitment to affirmative action principles. This would suggest that, if one wished to achieve greater support for affirmative action, educational strategies, such as academic course content or continuing education classes, would not be effective. A more hopeful approach would be to design situations in which social workers would have positive experiences with

Table 2

Differences in Commitment to Affirmative Action by Gender, Sexual Identification, and Ethnicity (t-tests using pooled variance estimates)

Variable	Group	N	Mean	SD	t	df	Sig.
Gender	Women	127	23.49	5.197	—	—	—
	Men	44	21.61	6.127	1.97	169	.05
Sexual Identification	Minority	59	25.29	5.031	—	—	—
	Majority	106	21.88	5.339	4.01	163	.000
Racial/Ethnic Identification	Minority	21	27.57	4.833	—	—	—
	Majority	147	22.62	5.283	4.06	166	.000

Table 3

Differences in Commitment to Affirmative Action by Political Party, Position, Practice Setting, City Size, NASW Membership Classification, and Social Work Degree (Oneway Analysis of Variance)

Source	DF	SS	MS	F	Sig.
Political Party					
Between	3	706.69	235.56	8.897	.000
Within	158	4183.44	26.48	—	—
Total	161	4890.12	—	—	—
Job Position/Level					
Between	4	299.491	74.87	2.509	.044
Within	147	4387.22	29.85	—	—
Total	151	4686.71	—	—	—
NASW Membership Classification					
Between	6	478.49	79.75	2.918	.010
Within	158	4318.32	27.33	—	—
Total	164	4796.81	—	—	—

affirmative action, since persons with positive experiences are, indeed, more supportive of affirmative action. Possibilities for doing this might include experiential simulations and insuring that affirmative action "success stories" are made more visible. In all likelihood, persons who feel injured by affirmative action

Table 4

Mean Scores on Commitment to Affirmative Action for Oneway ANOVAs with Significant Outcomes

Political Party	Democrat 24.41	Republican 18.56	Other 20.42	None 23.56	—	—	—
Job Position/Level	Top Management 20.73	Middle Management 23.79	Direct Practice 22.66	Student 26.17	Faculty 25.14	—	—
NASW Membership Classification	Regular 23.23	Associate 18.88	Retired 19.50	Unemployed 22.33	BSW Student 25.67	MSW Student 24.40	Doc. Student 30.67

policies are more likely to be vocal than persons who feel they have benefitted. This may lead to the creation of a one-sided negative perception of affirmative action.

Although education alone may not affect attitudes toward affirmative action, students at all levels (BSW, MSW, and doctoral) are considerably more committed to affirmative action than other social workers. This is somewhat surprising since many students are a part of the baby boom generation in which competition has been so fierce. Perhaps they are influenced by the idealistic atmosphere of universities or maybe social work faculty, who scored only slightly less positively than did students on commitment to affirmative action. One can only wonder whether this commitment will remain when the students enter the world of social work practice.

Examining the differences between and among groups on their commitment to affirmative action principles, most of the differences are predictable, providing few surprises. This does, of course, attest to the validity of the measurement scale itself. More interesting than the differences which were significant are the differences which were not significant. For example, the authors did presuppose that persons working in public settings would be more committed to affirmative action than those in private for-profit settings. This was not confirmed. Similarly, the authors thought that there would be a more conservative stance toward affirmative action in small cities and rural areas. This also was not confirmed, although social workers from rural areas scored higher, albeit insignificantly, in commitment to affirmative action than did their large city counterparts. Finally, differences in commitment due to one's social work degree was not significant and this may speak well for the unity of the social work profession across all practice levels.

This was a preliminary study designed to identify key issues and to design instruments which would be applicable with a larger nationally representative sample. That goal was achieved and a start has been made toward the development of norms for the scales of the instrument. Knowing how social workers compare with other professionals or with the general population must await later applications of this instrument, modified to fit those other populations. Frequencies of responses for each of the instrument's items can be obtained from the authors.

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Note

In addition to the measures presented here, additional data were collected on impressions about affirmative action priorities for various groups, respondent priority ranking of groups for affirmative action attention, and a 10 item scale based on the work of Silverman (1987) which assesses respondents' affirmative action philosophies. These results are not included in this paper.

Book Reviews

Stuart Rees: *Achieving Power: Practice and Policy in Social Welfare*.

London: Allen and Unwin, 1991, \$19.95. (Distributed in the US by Paul & Co., P.O. Box 442, Concord, MA 01742).

The term empowerment is widely used today. Originating in progressive left circles, it has obvious associations with populist thought, particularly in the communitarian sense and it is not surprising that it is frequently mentioned by advocates of community action, local self-help and mutual aid. The term has also been abused. Its appropriation by the political right as an integral part of its project of promoting individualism, cleverly implies that those who cope effectively with the hard world of competition and greed have become 'empowered' to operate in the market. It also offers a convenient evasion of society's responsibility to respond to the poverty which continues to characterize our society. If the poor could only become 'empowered' to solve their own problems, the wealthy and the middle class would not have to pay the taxes required to support social programs that could eradicate deprivation. The perversion of the term was amply revealed during the 1992 presidential election when all three candidates made frequent references to the notion of empowerment. One can only wonder whether the term now has any meaning or usefulness at all.

Rees's thorough and sophisticated account of the idea of empowerment in social work and social policy should dispel doubts about the continued value of the term. Indeed, his book reveals the superficiality of much contemporary usage not only in politics but in social work circles as well. As Rees shows, empowerment is a complex idea which is subject to many qualifications. He also shows how the notion of empowerment can serve as a useful organizing theme for social work practice, which can unite the subjective, individualized elements of social work with communitarian interventions and the more impersonal world of planning, bureaucracy and administration. By attempting to link social work's conventional hierarchy of

practice modalities through one concept, Rees comes close to offering a unified conceptualization of social work.

Rees's articulation of the notion of empowerment in social work provides a basis for further speculative endeavor. In addition, the book offers an erudite overview of the field. Although this is not a textbook for the beginner, it should be read by social work theorists interested in transcending social work's conventional preoccupation with pathology and treatment.

James Midgley
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M. Fatout: *Models for Change in Social Group Work*. Aldine de Gruyter, 1992. \$39.95 hardcover; \$21.95 papercover.

Work with groups is enjoying a renaissance in social work. The recent "rediscovery" of group work by the profession is reflected in the steadily increasing number of articles and books on group work practice, the many training workshops and institutes on group methods being sponsored by the profession's national associations, as well as in the rapid growth and programmatic richness of the annual meetings of the Association for the Advancement of Social Work With Groups. Most impressive of all, however, are recent efforts within social work to integrate the empirically-derived findings of other social and behavioral small group researchers into contemporary social group work practice.

Fatout's book represents a significant contribution in the emergence of theory-based approaches to clinical group work practice. Firmly anchored in the practice assumptions of Pappel and Rothman's "Mainstream Model," Fatout's volume, given the method's current state of conceptual development in group work, emphasizes the importance of eclectic approaches to contemporary group work practice.

Fatout's volume is divided into three parts. Part I contains an important, and all too rare in the profession, summary of the history and *conceptual* development of group work. Part I also identifies the major ideological assumptions associated with *social* group work practice from its earliest beginnings at the turn

of the century through to the present time. Part I also contains a description of the basic tenets of the "Mainstream Model" of group work practice, Fatout's own base model of group work practice and the one to which she returns repeatedly throughout the volume.

Part II consists of seven chapters each of which details a different theoretical approach to group work: "person-centered" group work (Carl Rodgers); behavioral approaches to social group work (B. F. Skinner, Albert Ellis, Sheldon Rose, et al.); "gestalt therapy" (Fritz Perls); "transactional analysis" (Eric Berne); "reality therapy" (William Glasser); the "positive peer" model in group work (Harry Vorrath and Larry Brendtro); and, the "neurolinguistic" approach to social treatment in groups (Richard Bandler and John Grinder). The chapters are especially fascinating for their lucid discussions of each model's historical development, the personalities most associated with the model's origins, the model's basic practice tenets, its primary change strategies and underlying assumptions regarding the source(s) of motivation for change, as well as Fatout's too brief, but nonetheless useful, summaries of research approaches used to assess each model's relative efficacy. Fatout's discussions are insightful and offer the reader a unique understanding of the context that resulted in the development of each model's approach to group intervention.

In Part III Fatout provides the reader with general guidelines concerning combinations of different models that are best suited to the service needs of different client groups. In framing these guidelines, Fatout is careful to point out that, prior to selecting a particular approach to intervention, the worker must undertake a systematic analysis of each model so as to determine "the fit first with the client system and then with the practitioner." Though somewhat more mechanical in her application of these guidelines than this reviewer would have preferred, Fatout's overall discussion does convince the reader of the added change possibilities inherent in a mixed model approach to group intervention.

Fatout's well written volume should serve as a valuable supplementary text in group work courses with a clinical orientation. The volume should also be regarded as essential reading

by practitioners seeking a more conceptually integrated, albeit eclectic, approach to their group work practice.

Richard J. Estes

University of Pennsylvania

Cultural Diversity and Social Work Practice. Dianne F. Harrison, John S. Wodarski and Bruce A. Thyer (Eds.). Springfield, Illinois: Charles C. Thomas Publisher, 1992, \$44.75 hardcover.

Working with oppressed, disenfranchised, unserved and underserved groups in our society has been a hallmark of the social work profession. The National Association of Social Work and the Council on Social Work Education have both adopted policies which mandate that social workers be knowledgeable about cultural diversity to include ethnic minorities and other special populations (women, the elderly, the handicapped, gay men, lesbians and bisexuals). While enormous gains have been made, there continues to be evidence that persons from diverse backgrounds receive inadequate and inappropriate mental health services from insensitive and poorly-trained practitioners. The profession has been shocked at how deeply entrenched prejudice and discrimination are internalized in the psyche of this country and therefore by members of the social work profession. The profession has been jolted by the realization that our humanistic values have not made us immune to certain negative attitudes about people who are different. This realization has been sobering and has increased commitment by our professional organizations and schools of social work to more effective, ethical and culturally sensitive social work practice.

The editors of *Cultural Diversity and Social Work Practice* have engaged in an ambitious effort to provide a much needed contribution to the social work literature on social work practice with diverse groups. The text employs a group-oriented format. Chapter one provides an overview of the history of social work practice with diverse groups. This is followed by a discussion of four racial/ethnic groups: Afro-Americans (Chapter 2), Asian Americans (Chapter 3), Hispanic Americans (Chapter 4), and Native Americans (Chapter 4). Sexual orientation, gender and

aging are each discussed in separate chapters and the final chapter, chapter 9, focuses on future directions for social work practice, research and education as regards cultural diversity.

The authors do a very good job providing data on historical and demographic trends, group characteristics, and cultural patterns for the four ethnic groups and for the special populations. They carefully delineate the varying sub-groups within a given ethnic or special population group. They also examine varying viewpoints that may account for specific behaviors or patterns by a particular group. For example, in discussing how Black families have adapted to the dehumanizing effects of slavery, oppression, segregation and racism, the response one chooses clearly rests on the particular theoretical perspective one uses. Two theorists, analyzing the same U. S. census data, offer very different conclusions. One saw the black family as deteriorating and recommended social policies that encouraged changes in black family structure and values; the second theoretician observed the resilience of black families and recommended social policies that could build on the strengths of black family values and structure. The provision of different perspectives for explaining the same behavior or patterns reflects a real strength of this book as it allows the reader to examine each of the viewpoints and to draw his/her own conclusions. One's conclusion might support one perspective or integrate several.

In addition to detailing the issues related to each of the racial/ethnic and special population groups that one must take into account in working with a particular client, the authors also identify the deficits in research, policy, theory and practice that require further elaboration, refinement, and research. Each chapter concludes with a section: "Implications for Practice". This chapter section offers important information for agencies and workers to consider and examine as they plan programs and services for a diverse client population.

The authors acknowledge limitations of the group-oriented approach offered by the book. One difficulty is in aggregating the data from a number of sub-groups to represent a typical profile of the total group. A second is that certain groups were selected for discussion and other groups excluded. The selection of specific groups was based on space limitations with

full recognition that issues faced by other groups are indeed important. A third issue relates to the fact that the selected groups are not mutually exclusive and that an individual may hold membership in several groups. A limitation not listed by the authors is the absence of case material to demonstrate how the ideas provided are indeed applied in practice. I consider the absence of case materials to be an important omission since many students and professionals have an intellectual knowledge base, but lack the ability to translate this knowledge into its practice application.

Cultural Diversity and Social Work Practice: An Overview is a very good book for social workers and other mental health professionals who are seriously interested in expanding their skills in working with cultural and racial diversity. It is an excellent teaching text that can be used differentially by professors in human behavior, practice, research and policy.

Dorcas D. Bowles
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Eileen Gambrill and Robert Pruger (editors), *Controversial Issues in Social Work*, Needham Heights, MA: Allyn and Beacon, 1992, \$21.00 papercover.

Controversial Issues in Social Work, edited by Eileen Gambrill and Robert Pruger, is the first volume in a new series, edited by Robert Pruger, that argues the case for and against issues of interest in social work. The series uses an open-ended approach to the often thorny problem of distinguishing between what is fact and what is opinion: an approach that allows readers to assess arguments on both sides concerning specific issues in social work. This approach is also indicative of a trend in the literature in which social work issues are being presented within the context of "Yes-No" debate, as in the recent discussion of publication productivity as a primary criterion for tenure decisions (*Journal of Social Work education*, Vol. 28, No. 2).

The format that Gambrill and Pruger use in *Controversial Issues in Social Work* will, no doubt be repeated in forthcoming volumes in the series which will include such topics as direct

practice, macro practice, social administration, and social work research. The editors first select a list of topical issues which seem controversial and they then recruit colleagues to write a pro and con position statements to these issues. The specific format of the volume is as follows. The editors introduce each issue with a short introductory statement. They then present the issue in the form of a debate, in which contributors argue the pro's and con's of the issue and rebut the other's position. Following each position statement is a short, and in many cases annotated, bibliography.

The way in which the editors have structured these debates—presenting the Yes position and a rebuttal first, followed by No position and its rebuttal—can be confusing. In fact the two positions are written more or less simultaneously and the two rebuttals are added later. At times, readers will find that the rebuttal to the pro position will refer to issues mentioned in the con statement: a statement they have not yet read.

By presenting opposing viewpoints, with rebuttals, on specific issues, *Controversial Issues in Social Work* is able to demonstrate that pronouncements of right and wrong often turn out to be merely matters of opinion. Editors Gambrill and Pruger give readers the opportunity to assess for themselves for and against 24 specific issues. Obviously, intellectual discussion of controversial issues cannot be boiled down to a simple yes-or-no, yet discussions presented in this book do open the door to more clarity, critical thinking, and identification of political and ideological stances versus empirical findings. The presentation of opposing views to what many may take as "truth" is a timely challenge for a world that tends to be populist and simplistic. It presents reality in a somewhat more complex manner and thus acknowledges ambiguity and doubts.

Controversial Issues in Social Work presents 24 issues under the following categories: social work as a profession, social work knowledge, social work practice, and special client populations. Yet, interesting as many of the topics are, there is no clear common bond among them. Take for example the debates on maternal preference in child custody cases, training in behavioral principles for social workers, and union membership for professional social workers. These debates share little common

ground, yet each is an interesting and relevant debate in its own right.

The many contributors to this book made for great variability in style and tone. Some debates (such as the one on whistle-blowing) are even-tempered and amicable; others (such as those on training in behavioral principles and basing community organizing on grassroots strategy) are quite hostile, especially in their rebuttals. Those who read the text as a whole, however, may well find that this variability in style is, in fact, entertaining and adds to their interest.

The format per se requires limited space and concise ideas. One drawback is that the format sometimes causes key issues to be neglected. This can be seen, for example, in the debate on licensure in social work. The No position views this issue almost exclusively as an attack on Afro-American interests. The reader is thus deprived of other arguments against licensure such as the threat of establishing a unified and "correct" perspective of the profession (a notion which this volume is trying to tackle). Similarly the debate on use of volunteers as direct service providers omits many relevant issues such as malpractice insurance or the increased use of paraprofessionals (e.g., case managers in community mental health).

In general, the extent to which the editors matched the contributors had a bearing on the quality of the specific debates: the better the match, the better the debate. This is clearly evident in the discussion on the relationships of international social work to American social work: the same person wrote both the pro and con statements (and their rebuttals) under different names. . . and understandingly, most of relevant issues in this topic were covered.

In some instances, contributors agreed beforehand to use the same case examples. For the most part, this added to the clarity and good fit of their presentations. Selecting case studies, however, can be tricky business. For example, the debate on confidentiality and responsibility focused its attention on whether a social worker who knows an HIV-positive client is engaging in sex with an *unknown* partner should attempt to find out the identity of that unknown person and warn her. The

discussion is too much on the aspect of detecting the identity of that unknown person, rather than focusing on the key legal and moral issues of protecting a third party from a potentially fatal relationship. With this exception, I found the case studies useful in bringing focus and symmetry to the opposing viewpoints.

I do feel that either the editors or the publisher was a bit too eager to see this volume in print. The text has far too many copyediting mistakes which raises the issue of editorial control. There are references that do not coincide with the text, page references that relates to original manuscripts and not the final edition, as well as unevenness in terminologies and style. In some debates, contributors discussed different topics and their rebuttals were inappropriate. Had the editors called for a second round of rebuttals or asked some contributors to revise their statements, the debates, overall, would have been more focused and balanced. I also think that debates on similar or overlapping issues should have been placed closer to one other in the book. Some examples include the debates on behavioral training (debate 6) and practice decisions based on empirical research (debate 8); the debates on practice evaluation based on clearly defined objectives (debate 13) and linking social workers' salaries to outcomes (debate 18); and the debates relating to AIDS (debates 21 and 23).

In sum, *Controversial Issues in Social Work* serves social work by acknowledging and demonstrating that many issues are matters of opinion not fact. In addressing these issues, editors Gambrill and Pruger and their many contributors allow practitioners and students to become acquainted with opposing views in a non-threatening and constructive manner. This initial volume, in what promises to be an important series, despite the inconsistency in topics, the uneven quality of the presentations, and somewhat sloppy copyediting, is a very good text that should be used both in undergraduate introductory courses in social work and on reading lists for first-year students enrolled in master's programs in social work.

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Ruth Hutchinson Crocker. *Social Work and Social Order: The Settlement Movement in Two Industrial Cities, 1889-1930*. Urbana, IL: University of Illinois Press, 1992. \$39.95 hardcover.

In the past few decades a small but influential body of literature has emerged on the history of the settlement house movement. Much of this historiography can be classified into three categories. In the first category are authors such as Allen Davis (*Spearheads for Reform*) who view settlement houses as bastions of progressive social reform. For these authors, the settlement house movement represents the best of social reform tendencies found in the progressive movement of late 19th and early 20th century America. In the second category are authors such as Howard Karger (*The Sentinels of Order*) and others who stress the social control function of the settlement house movement. In the third category are authors such as Judith Trolander and others who view the settlement movement as reflecting both social control and humanitarian impulses.

In *Social Work and Social Order*, Crocker correctly observes that not all settlement houses replicated the social mission of the more prominent settlements such as Hull House and Henry Street Settlement. In fact, the hundreds of settlement houses that comprised the second tier of settlement activity differed dramatically from the more publicized and larger settlements in Chicago and New York. In that sense, Crocker has attempted to find the "real heart" of the settlement movement by researching a sample of second tier settlement houses in Gary and Indianapolis, Indiana.

To Crocker's credit, she does not simply enumerate the activities of each settlement house in these two cities; instead, she organizes their activities and mission in terms of thematic content. Thus, Crocker focuses on issues such as how feminist beliefs were reflected in the Christamore Settlement House; how Americanization was important to the Foreign Settlement House; how the race issue was handled by the Flanner House; how the religious impulse was expressed in the Campbell Friendship House; and how big business was strongly connected to the Neighborhood House. Given that goal, Crocker does a credible

job in illustrating how those important themes affected both the mission and activities of the second tier settlement houses. Crocker also does a good job of highlighting the diversity that made up the agenda in each of these settlements.

Given the continuum in the settlement house literature around the issue of altruism versus social control, Crocker's book falls somewhere between the "heroic account" (e.g., Allen Davis) of the settlement movement and the social control perspective. Despite Crocker's attempts to locate the book within this range of settlement house literature, her position on the issue of social control is unclear. For example, on the one hand she states that "I early abandoned my initial assumption that the settlement workers sought social control." (p. 9). On the other hand, she states in the conclusion that "The settlement workers of this study were not cultural pluralists, but missionaries for the American Way" (p. 213). Moreover, given the general thrust of the book and its conclusion (i.e., the emphasis of the settlement houses on Americanization, evangelical Christianity, bifurcated race relations, inherent antifeminism, and the pressure exerted by big business toward creating programs geared toward enforcing industrial discipline), it is surprising that Crocker repudiates the role of social control in settlement life. While there are obviously gray areas in the historiography of the settlement movement, one cannot have it both ways. Either they were agents of social control or they were not. The objective role played by settlement houses has little to do with the *intentions* of their leaders.

Any historiography must be ultimately judged by the contribution it makes to the existing literature. While Crocker's book is interesting and well-written, it does little to advance what we already know about the settlement house movement. For example, Crocker's ideas about Americanization and the settlement movement have already been discussed by Oscar Handlin, Raymond Mohl and Neil Betten, Rivka Lissak, and others. Her ideas about feminism and the settlements, the relationship of big business to the settlements, and the role of race in the settlement movement were also explored by other writers. Despite these weaknesses, the book does provide a glimpse into

one of the more interesting social movements that marked turn of the century life in America.

Howard Jacob Karger
Louisiana State University

P. Nelson Reid and Philip R. Popple, *The Moral Purposes of Social Work*. Chicago: Nelson Hall Publishers, 1992, \$18.95 papercover.

This volume is a compilation of ten essays that trace the professional social work history of conflicts, dichotomies, and dilemmas in formation of a moral vision. It encompasses themes of social control versus social justice; individual treatment versus collective action; individual rights versus social welfare; and proprietary interests versus commitment to serving the poor and oppressed. In general, the essays advocate for revitalizing traditional commitment to working with vulnerable populations. Many of the contributors are well known in the field of social work ethics and moral philosophy. The book helps to invigorate moral discourse by providing a foundation in professional moral history and a synopsis of salient moral issues.

Reid characterizes social work's social role as the normative control of dependence and deviance. He seems to advocate for benign forms of control, such as rehabilitation of individuals and preservation of stable social order. While acknowledging the question of whether the social order thus being maintained is just, he does not answer this extremely important question. Nor does he explore the inherent tendency toward political conservatism of deviance theory and functionalism. In contrast, Billups proposes that the solution to strengthening professional commitment to uphold *both* individual helping *and* social system changing is a radical connection of individual critical reflection, consciousness change, and collective action.

Popple suggests that it is natural for social workers to experience moral tension, because we are often caught between an "objective necessity" (social mandate) to control deviance and a "subjective necessity" (personal commitment) to change unjust aspects of society. Hutchinson addresses this ambiguity

by discussing conflict between moral principles in work with involuntary clients, viz, individual liberty, duty to aid the vulnerable, and protection of the common good.

Several contributions decry the defection of many social workers from social change efforts on behalf of the poor and oppressed. O'Neil McMahon proposes strategies to help social work schools strengthen commitment to public welfare and social change activity. Keith-Lucas goes so far as to wish that either social workers who confine themselves to the practice of psychotherapy cease calling themselves social workers, or, that those workers who continue to commitment to the poor find another name for themselves besides "social worker," if that term has been coopted.

Claims of moral imperative rest upon ontological and spiritual assumptions and experiences. However, despite frequent references to social work's religious roots, the ontological and spiritual foundations of morality are slightly addressed in this book. For example, Reamer traces the historical shift from early professional religious conceptions of divine calling for charity and justice work to current secular careerism. He advocates for a secular sense of calling toward altruistic service for the disadvantaged. Yet, the term "calling," connotes that a God or trans-human source issues the call. Reamer does not explain how a secular framework would provide a calling in order than loose metaphoric terms.

Siporin explores the religious and spiritual implications of moral philosophy for social work in the most detail. He believes that the individualistic, narcissistic trend of the 1960s and 1970s has reversed, due to the influence of New Age popular thought, existential philosophy, humanistic critique of scientific positivism, and diverse religious and nonreligious spiritual perspectives. Peebles-Wilkins and Koerin provide an all-too-rare account of the history of the black mutual aid tradition, linked to African communalism, resistance to slavery and oppression, and Christian morals.

These essays indicate that our moral vision must transcend the constraints of narcissism, proprietary motive, sectarianism and ethnocentrism—but none of them specify what can or should supply such a transcendent vision. This book provides

a valuable service in stimulating further discussion to deepen philosophical and spiritual reflection upon our profession's moral purposes.

Edward R. Canada
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J. W. Murphy, and J. T. Pardeck. *The Computerization of Human Service Agencies*. New York: Auburn House, 1991. \$39.95 hardback.

Science, as embodied by computers cannot substitute for human reasonableness. Murphy and Pardeck make this assertion in this thin book which reviews philosophical and logistical implications of computerizing social service agencies. From a discussion of the epistemology of computerized knowledge to analyzing the promises of management information systems, Murphy and Pardeck provide a literate essay on how people interact with computers in social service agencies.

Because the authors are knowledgeable about computer applications, social service agencies, and philosophies of science, readers will find themselves agreeing with the book's thesis: the human cost of computerizing social service agencies has seldom been recognized and frequently ignored in modern information processing. The authors believe, with good reason, that social service agency administrators implement computerized clinical data collection and storage with an eye towards short term gains. The authors argue that the promises of routinized data collection, of expert systems, of "paperless" information storage, and increased efficiency have seduced managers and administrators into routine use of computers. In many cases, the seductive promises have not materialized; in other cases, the side-effects nearly outweigh the original concern. Take, for example, expert systems. In developing computerized systems that include impressive clinical decision-trees, the goal was to gain precision and to eliminate egregious errors. The authors state that in expert systems, reasonableness has been replaced by reason. Perfectly reasoned decisions can be entirely unreasonable. In abandoning common sense, expert systems have

eliminated imprecision, but entered into the realm of clinical irrelevance.

The authors also note that computerized MIS have impressive abilities to store and calculate quantitative data. However, the other side of the coin is that MIS are capable of little else. If information cannot be quantified then it is not collected and reported. Unreported data are then dismissed as intangible phenomena or as unimportant. The question that remains is how much harm such information may cause if crucial policy decisions are made solely on such inputs.

The authors further contend that the reductionism that is inherent in computerized data lead to dehumanization. Because computerized data from social service agencies reduce their workplace culture into a matrix of easily quantified variables, contextual variables are ignored, dismissed, or given crude approximations. With the loss of contextual variables comes increasing focus on the "bottom line", and social service agencies become "people services factories." Computers in social service agencies may unfortunately lead administrators to pursue short-sighted campaigns to increase efficiency and profits. When spreadsheets dominate clinical decision making, then Detroit's failures are replayed in social service agencies.

Murphy and Pardeck, however, do not end with a simple condemnation of computers. As with many technological advances, machines should not be blamed for the failings of their operators. The authors argue that managers should include workers in setting policy and especially in implementing a MIS. Such participatory management, especially be committed and seasoned social service workers, helps temper the limitations of computerized information systems.

The authors conclude with a chapter on ethical considerations that should be given serious considerations in using computerized systems. In developing a socially responsible technology, the authors advocate epistemological pluralism. What values we advocate and how we collect knowledge to judge our efforts are critical to effective social work practice. Administrators need to look beyond spreadsheets into contextual variables. By seeking out multiple data sources and by avoiding repressive management styles, humane technologies (even those with

computers) are possible. The authors have written a thought-provoking text to get people started in the right direction.

Thomas Edward Smith
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Karen S. Haynes and James Mickelson. *Affecting Change: Social Workers in the Political Arena*. New York: Longman, 1991 (second edition). \$19.95 papercover.

Functionaries concerned with setting standards in professional organizations have interminable discussion about whether it is ethical to conduct political activity in the name of the profession. These debates offer little clarity about the nature of politics. On the one hand, factional activity is said to be unacceptable. On the other hand, it is treated as a sacred obligation. Neither position does justice to a process which is vital in a sound democracy. In this undergraduate text Haynes and Mickelson deal with this problem by expanding professional activity to include political behaviors.

The volume begins with a historical overview of social work's activism, the value controversies involved, and the models for advocacy. This is followed by discussing the practitioner's influence on policy. Then there are tactics chapters on lobbying, organizing others, monitoring the bureaucracy, political action committees, and campaigning. It ends by reviewing what is involved when social workers enter politics and exhorts social workers to "jump in." Throughout, vignettes by social work politicians, some of them extensive, enliven the presentation.

This book gathers strength as it goes along. For the most part the text objectively reviews a range of standard social work advocacy intervention techniques. Policy analysis and evaluation research are used interchangeably. This is a little confusing. The implications of their models for political analysis are not well spelled out and the presentation of the models is superficial. For example, Charles Lindblom is described only as an incrementalist. His major idea is that of 'disjointed incrementalism' which he uses to make a powerful attack on rational planning. The

strongest chapters are on the practitioners, influence on policy and on social workers as politicians.

Some of the initial weakness is inevitable. It is difficult to cover a lot of history in a few pages. Some of it, however, stems from the authors' attempt to be popular rather than highlight social work's long history of effective social activism. They tend to deny this history by making frequent references to social work values as supporting the status quo. No evidence for these statements is provided. They do note that there is little agreement about how to operationalize these values. The unfortunate student is thus presented with a judgment about supporting the status quo that can't be refuted; or truisms, such as Nancy Amidei's statement in the Foreword that social workers must get involved with politics because, "That's how our side is going to win." (p. xii) The presumption seems to be that everyone knows what our side is.

They choose to illustrate social work political activity with Jeannette Rankin, a Republican child welfare and peace advocate who is best known for being the first woman elected to Congress and voting against America's participation in World War I and II. She was not a major figure in the great human welfare struggles social workers have participated in.

Contrast this with a history provided in 1930 by Jane Adams. In a speech to the National Conference on Social Work she said that social work had led the way for medicine and law in tuberculosis control, industrial safety, venereal disease control, maternal and child health, the juvenile court, legal aid and several other major problem areas. She felt it was time for social work to claim its activist heritage rather than initiate things and leave it to others to take over and get the credit.

In the material on political action committees the authors depart from their objectivity and come out strongly for the National Association of Social Worker's position. This is so even though the data that is presented shows that social work PAC's are small, raise little money, and don't influence elections.

They scarcely mention opposing arguments. In particular, the important difference between taking stands on issues and the holistic choice of supporting politicians and parties. The diversity of America is such that there is a right and left wing

in every party. Parties seldom uniformly split on issues. Most major social reforms in America have been achieved with bipartisan support. But, if you support a given politician or party the nature of the world in politics is that you don't have much influence or share in the spoils when your side isn't in.

Finally, while the authors allude to the reality of politics, such as vote trading, they give almost no indication of the extent to which America's underlife influences the political process. Many public hearings go through the motions for an issue that is already decided. Testimony before public bodies only influences the vote 15%; to 20% of the time. There is a high rate of criminal indictment and imprisonment among elected officials. Bribery is widespread. Our present system of political action committees has contributed to having inactive incumbents who are always for the right thing but don't get anything done.

In sum, this reviewer's questions concern the superficiality of much of the early material and its partisanship around political action committees. In effect, for the sake of showing that they are relevant to organized social work's current political views the authors impugn social work's past and neglect the principles which made activism successful. Beyond that this book substantially achieves its goals. It is useful as supplementary reading for an undergraduate course in social policy or community organization.

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BOOK NOTES

Dennis Saleebby (Ed). *The Strengths Perspective in Social Work Practice*. New York: Longman, 1992. \$20.95 papercover.

The strengths perspective offers an inspirational alternative to conventional social work practice models that view clients and their problems as pathologies requiring treatment and rehabilitation. Instead of treatment, the strengths perspective emphasizes empowerment as a means of helping their clients identify and utilize often unrecognized capacities to solve problems. While the strengths perspective is a new conceptualization in social work, it draws on a historically grounded tradition of optimism in the profession which has emphasized growth, change, self-help and development. However, the optimism of the strengths perspective is both an advantage and a weakness. There is a danger that strengths practitioners may underestimate the desperate conditions in which many people find themselves, and that this may facilitate a sanguine view of human problems. The book does, however, attempt to address these issues and it offers an excellent introduction to the strengths approach. It should be widely read.

Mark A. Mattiani (Ed). Special issue of *Research on Social Work Practice* on "Research and Practice: Bridging the Gap." Vol. 2 no. 3. Newbury Park, CA. Sage Periodicals Press, 1992.

Conference proceedings do not make good books but this one may be an exception. Discussing the latest issues in social work research, it draws on the expertise of leading social work research investigators. The book focuses on the effectiveness of clinical intervention and various questions relating to the ongoing debate on this issue are addressed. In addition, it contains a useful account of university-agency collaboration in social work research. As many schools of social work are under increasing pressure to secure external funds for research, the prospect of contracting with social agencies will require more discussion. While these and other issues are dealt with rather briefly, the book's summary of the issues offers useful guideline for the future discussion.

Peter J. Pecora, James K. Whittaker, Anthony N. Maluccio with Richard Bath and Robert D. Plotnick. *The Child Welfare Challenge*. Hawthorne, NY: Aldine de Gruyter, 1992. \$46.95 hardcover; \$25.95 papercover.

Although child welfare has been one of the primary field of social work practice since the profession's early years, the preference for a training in psychotherapy among social work students has distracted the professional schools from their historical mission of training child welfare personnel. In recent times, however, it appears that schools of social work are again emphasizing child welfare. Recent efforts by social work educators to establish links with local public child welfare agencies, have rekindled an interest in the field. The publication of a new book on child welfare practice will, therefore, be welcomed by educators and practitioners alike. This is a very thorough book, covering the field comprehensively and providing an up to date review of current trends and practices. There are chapters on child abuse and neglect, adoption, foster care, family preservation and other aspects. Well organized and adequately detailed, it is essential reading for anyone interested in knowing more about child welfare practice in social work.

F. Rivera and J. Erlich (Ed). *Community Organizing in a Diverse Society*. Needham Heights, MA: Allyn and Bacon, 1992. \$21.75 papercover.

Community organization has been a distinctly unfashionable field of social work practice for the last decade and this is reflected in the limited literature which has been published on the subject in recent years. However, as local participation, town meetings, decentralization and other populist notions pervade the new political dispensation in Washington, the timing of this book may be fortuitous. In addition, its use of multiculturalism as an organizing theme offers a new and helpful perspective. By focusing on race, oppression and deprivation simultaneously, the editors come closer to capturing the most pressing dimensions of social need in the United States than do most other publications on the subject. Their emphasis on these dimensions as a basis for practice is tempered by a realization that the task

ahead is a formidable one. But by addressing these realities directly, the book offers new insights and makes an important contribution to the field.

Windy Dryden and Colin Feltham. *Brief Counseling: A Practical Guide for Beginning Practitioners*. Philadelphia: Open University Press, 1992. \$27.00 papercover. (Distributed in the U.S. by Taylor & Francis, 1900 Frost Rd, Bristol, PA 19007).

This book offers a useful, practical step by step guide to brief counseling by two of Britain's leading exponents of this approach. Although short on theory, it does attempt a review of the brief practice method in social work, its development and conceptual basis. However, the book's strength lies in its clear exposition of the different steps involved in brief practice intervention. Written specifically for Britain's Open University (which caters for non-traditional students through distance learning) the book's easy to follow approach will be particularly appreciated by students.

Charles T. Glotfelter (Ed). *Who Benefits from the Non-Profit Sector?* Chicago: University of Chicago Press, 1992. \$22.95 hardcover.

There has been a growing interest in the non-profit or voluntary social welfare sector in recent years. The acceptance of welfare pluralism as a legitimate basis for social policy, has stimulated more research into the nature of this sector, its operation and particularly its funding. Glotfelter is an acknowledged expert on the fiscal aspects of the non-profit sector, and his latest book is a welcome addition to the literature. Bringing together authors with a knowledge of the major non-profit fields (education, religious organizations, social services, arts and culture and the foundations) he asks how the voluntary sector distributes its resources. However, the answer to this question is not clear-cut, partly because of methodological problems and partly because of the disparate character of sector. Nevertheless, some conclusions are possible. The book dispels the popular belief that the non-profit sector exists primarily to serve the poor. While many low income beneficiaries are indeed served by this sector, it caters for many other groups as well, including the affluent.

In fact, when the non-profit sector is broadly defined, relatively few non-profit agencies serve the poor as their primary clientele. On the other hand, the non-profit sector does not distribute resources excessively towards the affluent. Another finding is that the non-profit sector is closely integrated with the public and commercial sectors. Because of the significance of the non-profit sector and its close relationship with the nation's tax structure, more research is urgently needed.

Albert Roberts (Ed). *Contemporary Perspectives on Crisis Intervention and Prevention*. Englewood Cliffs, NJ: Prentice Hall, 1991. \$30 hardcover.

Since its emergence in the Post-War years, crisis intervention is now a well established approach in social work practice, and the literature on the field is quite extensive. While some may doubt the need for yet another book on the subject, the collection offers an useful overview of the field and it is highly suitable for classroom adoption. In addition to tracing the development of the crisis intervention approach, the book deals with the application of this model in various fields of practice and discusses different practice models. Particularly useful is a section dealing with prevention, a much neglected topic in social work practice. Although written primarily for social workers in direct practice, the book's emphasis on prevention and related issues enhances its relevance to social work students who need to transcend the constricting focus of much of the clinical literature.

Kristine E. Nelson and Miriam J. Landsman. *Alternative Models of Family Preservation: Family Based Services in Context*. Springfield, IL: Charles C. Thomas Publishers, 1992. \$49.75 hardcover.

For most of this century, social workers engaged in child welfare practice have responded to cases of child neglect and abuse by removing children from their families. The prevailing wisdom has dictated that the removal of the child from the negative environment of the dysfunctional family offers the best prospect of promoting the child's future well-being. Today this attitude is being challenged, and the alternative family preservation approach has gained ascendancy. Although the task

of remedying a negative family situation is formidable, many social workers now believe that services should be directed towards the family and that children should be maintained in their own homes. Nelson and Landsman's study of 454 family preservation cases examines this issue in depth. It concludes that family preservation services work well with many different types of families and in different social settings. However, the authors suggest that family based services can be even more effective if they are adapted specifically to fit the needs of different client populations.

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Reviewing normally takes 60 days but can take longer in the event of split recommendations. Things move more slowly at the end of semesters and during the summer. Authors should feel free to write or call the editor if they feel an undue amount of time has elapsed.

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