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Determinants of the Timing of Social Policy Adoption

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This study presents a macro-sociological analysis of welfare state development, particularly focusing on the timing of adoption of social legislation, by examining the dynamic relations between the historical constellation of social and political forces and the rationalities of three key social actors in the development of social policy. After a critical analysis of current theories, the variables are tested concerning the effects of different historical sequencing and the accompanying bargaining power of the social actors on the timing of social policy adoption in the western European countries from 1871 to 1976 using event-history analysis. Such variables as the level of industrialization, the interests of state managers, the percentage of the vote which socialist or labor parties received, and the timing of political institutionalization should be considered crucial to explain the development of social policy in these countries.

Since Germany adopted a work injuries program as its first social insurance program in 1871, almost every country has introduced at least one of these five social policy programs: work injuries, health, pension, family allowance, and unemployment (Flora, Alber, Kohl, Kraus, Pfenning, & Seeböhm, 1983; USDHHS, 1988). There are, however, many variations across the countries in the timing of the adoption of social policy. Some countries have adopted all five programs earlier, while others have introduced only a few programs later (ILO, 1988).

During the last two decades many have attempted to investigate these variations, but research findings are often contradictory. Different authors emphasize the strength of different variables, ranging from impacts of industrialization, to political development, to structure of the state. Thus, the study reported

here will examine the relative strength of these variables and their interactive effects in terms of historical sequences of industrialization and political development, by considering the bargaining powers of social actors—largely those of state managers, capitalists, and the working class in specific structural conditions.

Purpose and Literature Review

Formulation of social policy is regarded as one of the important characteristics of industrial society expanding along with the process of industrialization and political development. This study will try to answer the question of how economic, political and class structures, and the bargaining powers of social actors within them, affect the timing of the adoption of the types of five social security programs: old age, invalidity, and survivor (hereafter pension); sickness and maternity (health); work injury; unemployment; and family allowance.

The main scope of this study is to analyze the origin and development of social policy in twelve western European countries: Austria, Belgium, Denmark, Finland, France, Germany, Italy, the Netherlands, Norway, Sweden, Switzerland, and the U.K.

There are three theoretical perspectives that try to explain the development of social policy and the welfare state, focusing on "economic examinations," "democratic politics," and "the role of state" (Amenta & Carruthers, 1988, p. 664; Esping-Andersen, 1990; Quadagno, 1987; Williamson, 1987).

The economic examinations perspective considers the influence of structural economic changes as the determinants of welfare state and social policy. The logic-of-industrialism model, one type of this perspective, argues that socioeconomic development, technological growth, occupational system, and demographic changes resulting from industrialization create social problems and new social needs that must be solved by governments. At the same time, economic growth and its bureaucratic outcomes make it possible for the state to respond to these problems and new needs (Cowgill, 1980; Form, 1979; Jackman, 1975; Kerr, Dunlop, Harbison, & Myers, 1964; Lerner, 1958; Pampel & Weiss, 1983; Wilensky, 1975; Wilensky & Lebeaux, 1965). Thus, according to this theory, the higher the level of industrialization and the greater

the size of the aged population, the sooner states develop social programs and the higher the level of spending on them.

Many studies, however, do not support this hypothesis. They conclude that social problems and new needs are not automatically translated into social policy except through some mechanism (Hage & Hanneman, 1980; Williamson & Weiss, 1979; Collier & Messick, 1975). Furthermore, among the Third World countries in general, and "late industrializing countries" in particular, including Korea, Taiwan, Brazil, Turkey, India, and Mexico, social spending on social policy programs does not increase in response to their economic growth of the countries.¹

The theories of democratic politics insist that political activity has the most important influence on social policy spending. This perspective includes two distinctive hypotheses: the "simple democratic hypothesis" and the "social democratic hypothesis" (Hewitt, 1977; Williamson, 1987). In the former, the degree of political democracy by itself is most important. The political competition perspective included in the former hypothesizes that political candidates must consider their voters' policy demand so that "the closer the electoral totals, the sooner the adoption of social programs, the more generous the spending on them" (Amenta & Carruthers, 1988, p. 665). However, this simple democratic hypothesis has not been supported by most studies on American states (Tucker & Herzik, 1986).

On the other hand, in the social democratic hypothesis, the growth of the welfare state is a product of the increase of working class bargaining power (Korpi, 1983) and the role of labor parties supported by the growing strength of labor (Stephens, 1979) resulting from industrialization. Even though this perspective is supported by numerous studies on advanced capitalist societies (Stephens, 1979; Korpi, 1978, 1980; Cameron, 1978), it cannot explain the developments of social policy and welfare state in non-democratic and non-capitalist societies (Flora & Heidenheimer, 1981).

The final perspective emphasizes the role of the state in developing welfare state and social policy. According to Skocpol (1979), the state is "an autonomous structure—a structure with a logic and interests of its own not necessarily equivalent to, or fused with, the interests of the dominant class in society or the full

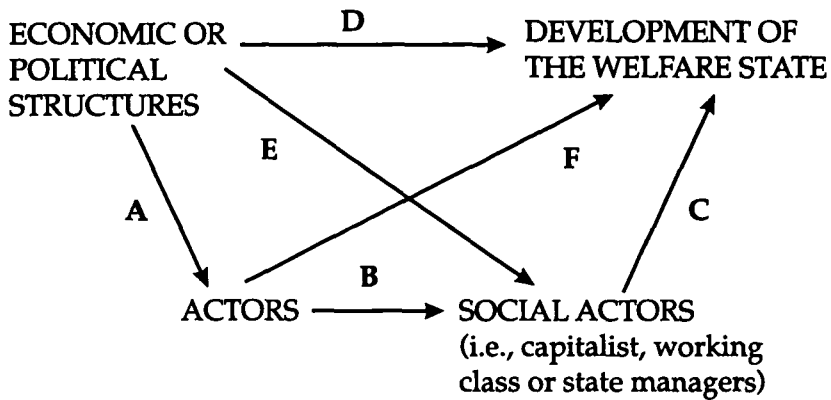
set of member groups in the polity" (p. 27). Thus, social policies are shaped by the structure, character, and historical experiences of the state itself (Skocpol, 1980). The major criticism of the state-centered approach is that it ignores the class nature of the state (Carnoy, 1984), and it overemphasizes one aspect of the state—autonomous structure. According to O'Connor (1973), the capitalist state also has two more functions, which are accumulation and legitimization. As he says, "the state must try to maintain or create the conditions in which profitable capital accumulation is possible. However, the state also must try to maintain or create the conditions for social harmony" (p. 6). Thus, to fulfill these two functions, the capitalist state cannot disregard the influence of both labor and capital on social policy, unless, of course, capital accumulation projects become self-legitimizing.²

As reviewed above and shown in Figure 1, the three categories of social policy theories emphasize only one aspect of determinants—either "supply side" (economic examinations perspective) or "demand side" (theories of democratic politics and working-class-strength theory). Though state-centered theory emphasizes both structural conditions and social actors, it stresses state managers too much. In other words, these theories emphasize either social structure (e.g., the logic-of-industrialism, the state-centered approach) or actors (e.g., labor-union strength theory).

Given the importance of incorporating agency and its micro-foundations, as well as structural conditions, to overcome the reductionist perspectives in theories of the adoption of social policy, the present study tries to answer the following more specific questions:

1. Did industrialization have an important influence on the development of the welfare state in western European countries?
 - a. If so, how did industrialization affect the bargaining power of social actors?
 - b. If so, why did the U.K. adopt social insurance programs relatively later than Germany, Denmark, or Austria?
2. Was political development an effective force for developing social policy in these countries?
 - a. What were the different effects of limited and extended suffrage on the development of social policy?

Figure 1

Causal Structure of Theories of the Welfare State

D: logic of industrialism, simple democratic model,
"structuralist" Marxist

C: state-centered theory (Heclo)

E→C: "Instrumentalist" Marxist, state-centered theory
(Skocpol), working-class-strength (Korpi, Shalev)

A→C: working-class-strength (Stephens)³

3. Were there different effects on the development of the welfare state due to different sequences of industrialization and political development in these countries?

Methodologically, this study will try to overcome the linear perspective existing in most social policy studies. These studies, largely using linear regression models for cross-sectional analysis, assume that social change has occurred in a linear direction so that they cannot consider the interactive effect among variables. Instead, this study assumes that social policy adoption is a historical event, and that the impacts of industrialization and political development affect it differently depending upon the timing of industrialization vis a vis political development.

Method and Data Measures

To assess the interactional impacts of industrialization and political development on the introduction of social policy, this study uses event history analysis. Rejecting the prevalent assumptions

of uni-linear impacts of industrialization or political development in this area, this study assumes that political development, especially limited or universal suffrage, has had different impacts depending upon different levels of industrialization.

Given the assumption, that is, the possibility of an individual event, in this case social policy adoption, the possibility changes depending on the level of industrialization and political development. We can assume that no event occurs in one state at time t_1 and all possible events occur in another state at time t_{1+i} with change rate r_i . One of the powerful statistical techniques for examining the continuous change process such as the level of industrialization and political development with discrete events like social policy adoption is event-history analysis (Tuma & Hannan, 1984; Allison, 1984; Blossfeld et al., 1989; Aitkin et al., 1989). If we suppose that in a certain state at time t_1 , no social policy program is adopted in any countries, and in a state at time t_{1+i} , all possible social policy programs have been adopted in all countries, we can calculate the adoption rate r_i as follows:

$$h(t) = \lim_{s \rightarrow 0} P(t, t + s)/s$$

where $h(t)$: hazard rate (adoption rate)
 $P(t, t + s)$: probability of policy adoption
 in the interval from t to $t + s$

To choose a proper model among alternative non-parametric and parametric models within the event-history-analysis framework, we have to consider several things (Allison, 1984, 1991; Blossfeld et al., 1989): (a) whether discrete time method or continuous time method is appropriate for the data, (b) whether the hazard rate depends on time, (c) whether there is a strong hypothesis on the shape of the hazard and the survival functions to choose between non-parametric and parametric models, and (d) the number of time varying explanatory variables. For the data of this study, the Piecewise exponential model is selected, because: (a) the data includes a lot of time varying explanatory variables so that the discrete time method is more convenient, and (b) the dependent variable, i.e., the year of social policy adoption, covers over one hundred years and includes larger time intervals,

and the Piecewise exponential model can handle this sort of data most properly (Allison, 1991). The Piecewise exponential model can be expressed as the following equation:

$$\log h(t) = \alpha(t) + \beta x(t) \quad [1]$$

where for $a_{i-1} < t < a_i$, $\alpha(t) = i$

and $x(t) = x(a_{i-1})$

$h(t)$: instantaneous transition rate

a : intervals of time scale

x : vector of covariate

α, β : unknown parameter

and the aim is to determine how the hazard rate for a social policy adoption depends on explanatory variables. That is, we are interested in finding how the explanatory variables influence the hazard rate, $h(t)$. The equation [1] indicates the log of the hazard increases or decreases linearly with the explanatory variables, and it also shows that the hazard rate and the variables are assumed constant within each interval.

Statistically, the Piecewise exponential model can be done by an exponential model that is one of the accelerated failure time models in the BMDP program (Allison, 1991; Dixon et al., 1990). Thus, we can also express the Piecewise exponential model as the log of the survival time increases or decreases with the explanatory variables. In the following equation for the accelerated failure time model, let Y represent the natural logarithm of survival time. Then Y can be modeled as:

$$Y = \alpha + \beta X' + \sigma W \quad [2]$$

where α : a constant or intercept parameter

β : vector of coefficients

X' : vector of covariates

σ : a scale parameter

W : a random variable with a specified distribution

In this study, the parameter estimations are carried out using BMDP and SAS statistical programs, which calculate parameters using the equation [2] (Dixon et al., 1990; SAS, 1988).

The quantitative analysis using the Piecewise exponential model will be implemented for separate periods from 1871 to 1919 and from 1920 to 1976, because many considerations suggest the end of World War I as the critical watershed for these countries in their political system, enfranchisement, and party system. The first part will focus on the time period from 1871 to 1919 and the second part will focus on the time period from 1920 to 1976, with the purpose of examining the different effects of explanatory variables in comparison with the first time period.

Description of Variables

Dependent Variable

The dependent variable for the present analysis is the timing of the adoption of the five types of social policy. Since this study is interested in the rate at which the five categories of social insurance programs were adopted, the actual dependent variable is the duration from the year 1871, when the first social insurance legislation was introduced in Germany, until a certain social program was introduced. It is reasonable to begin the analysis before or at the occurrence of a pioneering event, such as 1871.

At the same time, we cannot regard voluntary and comprehensive programs as the same types of events. In other words, voluntary programs can be more easily adopted than comprehensive programs, because the former require less governmental expenditure and cover fewer people. For this reason, the adoption of comprehensive social programs should be weighted. In the present analysis, comprehensive programs are treated as two events, while voluntary programs count as one event. For example, the adoption of a voluntary work injuries program is treated as one event, while the adoption of a comprehensive work injuries program is regarded as two events. Accordingly, the total number of events (i.e., the adoption of different social policy programs) in the twelve countries is 117.

Independent Variable

Variables of Structural Conditions For the level of industrialization, this study uses three variables: (a) GNP (GNP) per capita,

with Gross National Product measured in 1960 US dollars and price, (b) the percentage of the industrial workers in the labor force (WLBO), and (c) the degree of urbanization measured as the percentage of population in cities of 100,000 or more (URBAN).

For political development, the extension of the franchise (FRANAGE) is used, which indicates the electorate as a percentage of the eligible age group, including the female voters if the country granted the right to vote to women.

The extension of the franchise may have different effects on the origin and development of social policy at the various levels of industrialization. In other words, the historical sequence—whether industrialization preceded the extension of the franchise or the extension of the franchise was granted before industrialization—may have different effects on the adoption of social policy. To get at these possible relationships, this study constructed ordinal variables indicating the relative level of industrialization and the times when universal suffrage was granted (TYPE) in the twelve western European countries. To do this, I first combined three variables to measure the relative level of industrialization in these countries. Each level of indicators of GNP, the percentage of industrial labor force, and the degree of urbanization were divided by that of the U.K. in 1870, and the average score was calculated for each country. Accordingly, for example, the industrialization level of 53 for Germany in 1870 means half the level of the U.K. in the same year. Next, the number of years until franchise was granted to over 90 percent of the enfranchised age group was calculated from 1870 in units of decades. For example, over 90 percent of males in the enfranchised age group had the right to vote in 1871 in France. The U.K. reached this percentage in 1919. Accordingly, it took 0.1 decade in France, and 4.8 decades in the U.K. Finally, the industrialization level was divided by that of France in 1871 when the franchise was granted to over 90 percent of males in the enfranchised age group, and these decade years were multiplied by the relative level of industrialization to measure the relative time of universal suffrage and the level of industrialization, simultaneously. Thus, the smaller score indicates that universal suffrage was granted at a relatively earlier time and at a relatively lower level of industrialization.

Variables on Bargaining Power of Social Actors To consider the state managers' bargaining power, a variable of regime type is used. Flora & Alber's (1981) categorization is used to define different political regimes among the countries between 1870 and 1919. Flora & Alber, following von Beyme, classified countries according to whether parliamentary responsibility of government was introduced (parliamentary) or not (constitutional-dualist monarchy). Their classification is: (a) constitutional-dualist monarchies: Austria, Denmark until 1901, (Finland), Germany, Norway until 1884, Sweden until 1917; (b) parliamentary democracies: Belgium, Denmark since 1901, France, Italy (?), the Netherlands, Norway since 1884, Sweden since 1917, Switzerland, United Kingdom (p.79). Regime type (REGIME) is a binary variable where parliamentary system equals one, corresponding to the above classification. This variable is used only to consider the origin of social policy before 1920.

Relating to the bargaining power of state managers, another important variable which the state-centered theorists suggest is state structure including: (a) the degree of bureaucracy, and (b) the tax system (Pampel & Williamson, 1989; DeViney, 1983; Skocpol & Amenta, 1986). The rationale is that the state managers with a stronger bureaucratic structure will have the ability to implement social policy. It is reasonable to consider government personnel to measure the degree of bureaucratic strength because a strong bureaucratic organization will have a relatively large public sector. In this study, the total personnel of general government in percentage of labor force is used. The tax system is important to state managers because the highest proportion of their expenditure depends on taxes. In this respect, the degree of centralization and direct tax in the system is very important in determining state managers' bargaining power. Some researchers suggest that tax structure based primarily on direct taxes prevents social policy adoption, because it makes it difficult to raise funds for continued social expenditures (Pampel & Williamson, 1989; Cameron, 1978). In this study, the percentages of centralization and direct tax are used.

For the capitalists' bargaining power, this study constructed one binary variable: the world economic situation (WE). The assumption for this variable is that when the world economy is in

a downswing, the capitalist bargaining power will be weaker so that state managers can respond to the demands of the working class which is getting stronger in this situation. Following Goldstein's periodization of the Kondratieff wave (1985; Strang, 1990), the periods of 1872–1893 and 1917–1940 are identified as downswings, and 1893–1917 and 1940–1967 as upswings. The binary variable "WE" equals one in upswings and zero otherwise.

For measuring the degree of the working class bargaining power, three variables are used: (a) the percentage of industrial workers in the labor force, (b) the extension of the franchise, and (c) the percentage of the vote which labor or socialist parties received.

Tables 1 and 2 present descriptive statistics for these explanatory variables. The correlations between these variables reported in table 2 allow us to explore preliminary analysis of relationships

Table 1

Means and Standard Deviations of Independent Variables for Two Different Time Periods

Variables	1871–1919		1920–1976	
	Mean	s.d.	Mean	s.d.
<i>Structural</i>				
GNP	616.28	201.60	1111.42	371.85
URBAN	14.42	10.37	21.26	8.60
FRANAGE	67.63	24.98	75.59	21.63 ^a
TYPE	5.14	3.67	5.00	3.32
<i>State</i>				
REGIME	.36	.48		
GADMIN	.66	.33	1.08	.58
TAXDI	45.72	10.44	52.52	10.50
CENT	67.15	12.62	75.41	13.88
<i>Capitalist</i>				
WE	.63	.49	.48	.50
<i>Workers</i>				
WLABO	30.61	9.15	36.43	8.02
SOCVOTE	11.62	11.24	32.87	10.87

Table 2

Pearson Correlations between Independent Variables

1871-1919

	GNP	WLABO	URBAN	FRAN	TYPE	REGI	GADMI	CENT	TAXDI	WE	SOCVOTE
GNP	1.00										
WLABO	.83	1.00									
URBAN	.73	.80	1.00								
FRANAGE	.44	.31	.21	1.00							
TYPE	.18	.18	.26	-.08	1.00						
REGIME	-.41	-.38	-.36	-.21	-.00	1.00					
GADMIN	-.11	.24	.25	.06	-.08	-.24	1.00				
CENT	.07	-.02	.30	-.09	-.07	.06	-.11	1.00			
TAXDI	.29	.51	.45	.05	.20	-.35	.59	-.27	1.00		
WE	.30	.14	.19	.19	-.00	-.22	.09	-.10	.13	1.00	
SOCVOTE	.17	-.05	-.01	.39	-.06	-.17	.14	-.14	.12	.44	1.00

Table 2 *Continued*

1920-1976

	GNP	WLABO	URBAN	FRAN	TYPE	GADMIN	CENT	TAXDI	WE	SOCVOTE
GNP	1.00									
WLABO	.47	1.00								
URBAN	.05	.45	1.00							
FRAN	.10	.13	.15	1.00						
TYPE	.32	.48	.37	.09	1.00					
GADMIN	.19	.48	.65	.07	-.05	1.00				
CENT	-.19	-.05	.19	.07	-.47	.50	1.00			
TAXDI	.36	.28	.19	.08	.65	-.12	-.60	1.00		
WE	.37	.17	.11	.06	.00	.27	.12	.08	1.00	
SOCVOTE	.04	-.21	-.08	.12	-.09	-.15	.19	-.19	-.03	1.00

between the level of industrialization and the political development. The table shows that there are very low correlations between the extension of the franchise, the percentage of vote which socialist or labor parties received, GNP, the percentage of the industrial workers, and urbanization, particularly between the percentage of industrial workers and the extension of the franchise. It means that an increase in the number of industrial workers did not automatically extend the franchise nor strengthen a socialist or labor party. This weak relationship rejects the basic assumption of working-class-strength theory. Likewise, the low correlation between the level of industrialization and the extension of the franchise also rejects the assumption that industrialization automatically brings democratization.

Data Sources

The data for the analysis of western European cases are mostly selected from Flora et al.'s book, *State, Economy, and Society in Western Europe, 1815-1975: A Data Handbook in two Volumes* (1983). The book consists of ten chapters such as National States, Mass Democracies, Personnel of the State, Resources of the State, Welfare States, Population and Families, Urbanization and Housing, Economic Growth, Division of Labor and Inequality, and Trade Unions and Strikes. The introduction of a social insurance system and its growth is a dependent variable, while urbanization, the industrial labor force, government personnel, public expenditure are independent variables which are selected from relevant chapters. Flora's earlier version of this book, *Quantitative Historical Sociology* (1975) is used as a complement to the later work. Other sources include Bairoch's *Europe's Gross National Product: 1850-1975* (1976) and *International Industrialization levels from 1750 to 1980* (1982) for GNP per capita, the second and the third volumes of Cook & Paxton's *European Political Facts* (1978, 1981), McHale's *Political Parties of Europe* (1983), and *Stateman's Year-Book* between 1883 and 1930.

Results of Analysis

In this study I have tried to determine: (a) whether the rate of the adoption of the five social insurance programs depends

on structural conditions, as suggested by the logic of industrialism or political development theory, or whether the rate also depends on social actors' bargaining power; (b) whether or not the different sequential developments of industrialization and enfranchisement have an important effect on the adoption of the five social insurance programs.

Table 3 presents the estimated coefficients, their standard errors (in parentheses), and their p-values for Piecewise exponential model of the transition rate of social policy adoption for separate

Table 3

*Ms Estimates of Transition Rates of Social Policy Adoption
1871–1919 and 1920–1976^a*

Variable	1871–1919 Estimates (1)	p-value	1920–1976 Estimates (2)	p-value
B ₀	4.7468 (1.6680)	.0044***	6.6066 (1.8707)	.0004***
Structural				
GNP	–.0059 (.0024)	.0151*	–.0001 (.0004)	.8950
URBAN	–.0558 (.0376)	.1375	–.0299 (.0258)	.2468
FRANAGE	–.0024 (.0068)	.7249		
REGIME	–.2282 (.3595)	.5256		
TYPE	.2301 (.0850)	.0066**	.1701 (.0691)	.0138*
State				
GADMIN	–.7090 (.7104)	.3183	–.0590 (.5553)	.9154
CENT	.0254 (.0159)	.1107	–.0020 (.0156)	.8967
TAXDI	–.0272 (.0216)	.2086	–.0107 (.0210)	.6118
Capitalists				
WE	.4972 (.3453)	.1499	–.6922 (.2914)	.0175*
Workers				
SOCVOTE	–.0477 (.0162)	.0033***	–.0371 (.0193)	.0543
WLABO	.0549 (.0340)	.1071	–.0347 (.0222)	.1185
GLOBAL				
CHI-SQUARE	70.5200***		24.8700***	
(df)	11		9	

*p < .05 **p < .01 ***p < .005

^aStandard errors in parentheses.

analyses of two time periods from 1871 to 1919 and from 1920 to 1976. The regression coefficient indicates the relative effect of the covariate on the survival time. In interpreting the meaning of these coefficients, special attention should be paid to their positive or negative signs and the degree of statistical significance. The absolute values of coefficient, however, cannot be compared directly with each other. Since BMDP and SAS statistical programs for the exponential model estimate parameters on the basis of the assumption that the survival time of a certain event is related to the explanatory variables log-linearly, a positive coefficient in table 3 indicates a positive effect on survival time. Accordingly, a positive coefficient decreases the value of the hazard function. A negative coefficient has the reverse interpretation, that is, it increases the value of the hazard function and, therefore, indicates a negative effect on survival time.

Early Social Policy Adoption from 1871 to 1919

The estimates (I) in table 3 show that structural conditions such as the level of industrialization are significant variables. At the same time, the different sequential developments of industrialization and enfranchisement also have a significant impact on the time of social policy adoption. Likewise, the table reveals that social actors' bargaining power is also an important variable in the explanation of social policy adoption.

Consistent with the findings of the "logic of industrialism," the level of GNP increases the rate of social policy adoption significantly (significant at the .05 level). This result, however, should not be interpreted comparatively, but historically. That is, the rate of social policy adoption increased according to the growth of GNP in a certain country, but the countries with a higher level of GNP did not necessarily adopt social policy earlier between 1871 and 1919.

Concerning the different effects of sequential development of industrialization and political development, however, the table shows that the estimate for TYPE is positive, indicating that the countries in which universal male suffrage was granted at a relatively lower level of industrialization adopted social policy programs earlier than the countries in which universal male suffrage was granted at a higher level.

Figure 2

The Level of Industrialization and Extension of Male Suffrage at the Time of First Insurance Adoptions

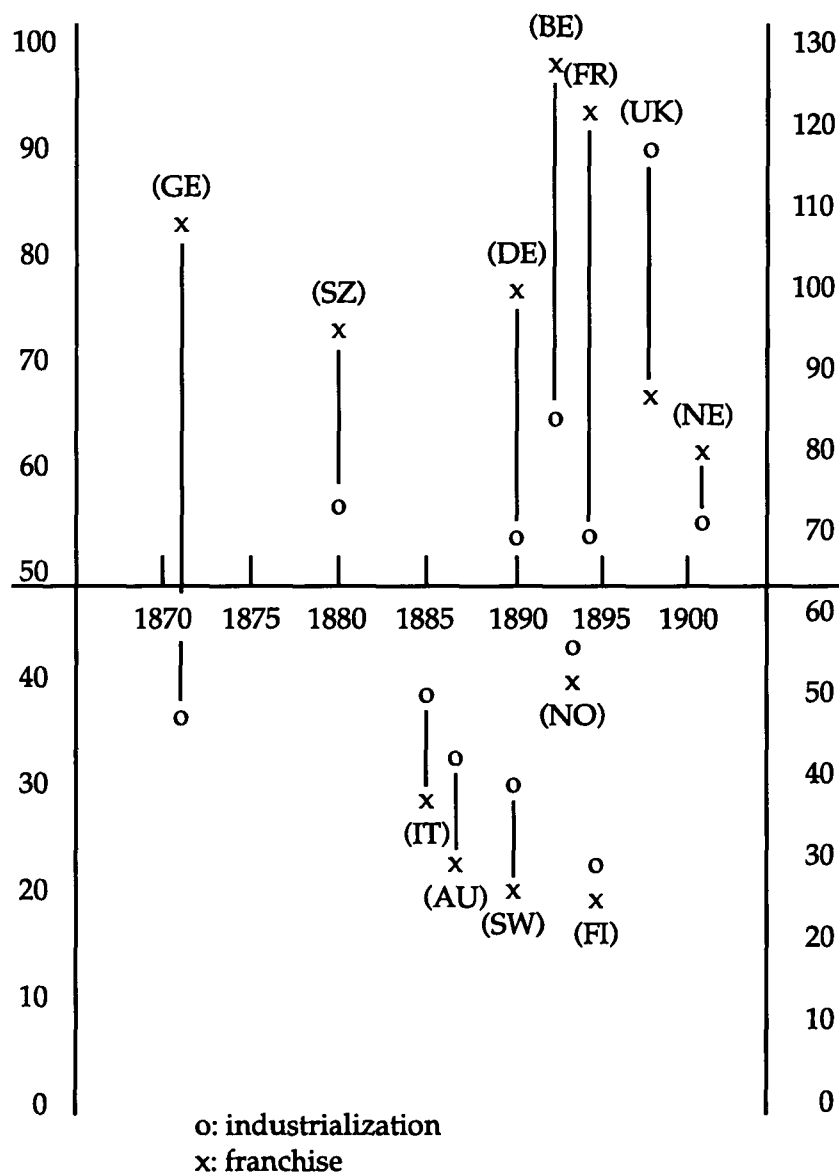


Figure 2 shows the correlation between the different sequential developments and the adoption of the first social insurance program among these countries. If we exclude Germany, the other countries can be categorized into two groups. One group including Italy, Austria, Sweden, Finland, and Norway adopted the first social insurance system at a relatively lower level of industrialization under more limited suffrage. The other group including Switzerland, Denmark, Belgium, France, the U.K., and the Netherlands adopted the program at a relatively higher level of industrialization under more extended suffrage. In other words, if we consider that in most western European countries industrialization preceded the extension of male suffrage, countries at a lower level of industrialization could adopt a social insurance system under the less extended suffrage, while higher industrialized countries had to wait to adopt the program until enfranchisement was extended to more people. Furthermore, countries at a lower level of industrialization, especially Italy, Austria, Sweden, and Finland, adopted a social insurance system earlier than others at a higher level of industrialization such as the U.K., Belgium, the Netherlands, France, and Denmark. This result simply rejects the argument of "logic of industrialism" which sees social policy adoption as a simple result of industrialization, at least in explanation of the first social insurance adoption. Since most of these countries had already started industrialization when they adopted the first social insurance system, the above results, however, do not mean that industrialization is not important in the explanation of welfare state development, but they mean that industrialization alone is not a sufficient variable for welfare state development. Rather, figure 2 suggests that the more important condition is at which level of industrialization the major extension of male suffrage was granted. Thus, the results clearly illustrate that the democratization has different effects according to the level of industrialization.

On the other hand, other variables related to structural conditions have no significant effects on the adoption of social policy at the .05 level. Particularly, the extension of the franchise and regime type do not have any significant effect on their own in the explanation of social policy adoption.

In relation to working class bargaining power, the positive sign of estimates for WLABO indicates that the size of the industrial sector of the labor force has a negative effect on the rate of social policy adoption, even though it is not statistically significant at the .05 level. On the other hand, the percentage of the vote which labor or socialist parties receive has a positive effect on the rate of social policy adoption, and statistically significant at the .05 level, indicating that many social policy programs in earlier time periods were adopted with the growth of socialist or labor parties.

Variables concerning state-strength theory have few effects in the first period. The negative sign of estimate for REGIME indicates that social policy programs were adopted earlier under constitutional-dualist political systems in which parliamentary responsibility for government was not yet introduced, but it is not statistically significant at the .05 level. Inconsistent with the results of state-strength theory (DeViney 1983, 1984), the number of general administrators and the degree of tax centralization did not have significant effects on the rate of social policy adoption in the first period. At the same time, tax structure operationalized by the proportion of direct tax rate (TAXDI), and centralization (CENT) did not have a significant effect in this period.

Finally, the estimates (1) in table 3 show that the estimate for the world economic situation (WE) is positive, suggesting that during world economic downswing, the rate of social policy adoption increased, but this variable also has no significance at the .05 level.

Late Social Policy Adoption from 1920 to 1976

For the analysis of the late period from 1919 to 1976, the variables are generally the same as those for the early period presented in table 3. Many social policy programs, however, were introduced under limited suffrage in the first period, while universal suffrage was granted in most countries before the second period, and political systems had changed into parliamentary democracy; thus, the variables of the extension of the franchise and regime type were deleted for the analysis of the second period.

The effect of the different sequential development (TYPE) is negative on the survival time, the same as in the early period and statistically significant at the .05 level, indicating that even in the late period social policy programs were adopted earlier in the countries in which universal suffrage was granted at a relatively lower level of industrialization.

The estimates (2) in table 3 also show that the world economic situation (WE) has significant effects at the .05 level in the late period. That is, the rate of social policy adoption increased when the world economy was on an upswing. Since this effect was the reverse of that of the early period, one possible explanation concerning the world economic situation is that under limited suffrage, the relatively strong state managers respond to the demand of the working class when the world economy was in a downswing, while in the late period, relatively strong capitalists objected less when the world economy was on an upswing. Another possible explanation is that socialist or labor parties could receive more support after W.W.II, and that period was consistent with the periodization of economic upswing. In this respect, the effect of the world economic situation on social policy adoption in the late period might be spurious due to the effect of W.W.II. In addition, the effects of the world economic situation on each country may be different. Therefore, the effect of the world economic situation on the development of social policy needs further investigation in a future study.

Working class bargaining power has a contradictory effect in this period compared with the early period. The size of the working class in the labor force has a positive effect on the rate of social policy adoption in the second period unlike the first period, even though it is not statistically significant at the .05 level in both periods. At the same time, the percentage of the vote which socialist or labor parties received is not significant at the .05 level. But the result shows that it still has a positive effect on the rate of social policy adoption and has a relatively significant effect ($P = .054$).

A remarkable result in the second period is that the variables concerning the level of industrialization such as the GNP, urbanization, and the size of the working class have little effect on the survival time. Likewise, the variables concerning state-strength

theory, such as the degree of bureaucracy and tax structure, did not have any more significant effects on social policy adoption in the late period than in the first period.

Discussion

In this study, I have tried to link empirical patterns in the development of western European social policy programs to the theoretical framework of the different sequences of historical development. The findings of event-history analysis in early and late periods showed that the variables of the vote which the socialist or labor parties received, and the interactive effect of industrialization and political development had commonly positive significance in both periods on the rate of social policy adoption. On the other hand, the level of GNP had a positive effect only in the early period, and the upswing of the world economic situation had a positive effect only in the late period. Other variables were not significant in either period at the level .05, but the comparison of their p-values suggests some conclusions concerning the current theories of social policy adoption: (a) Logic of industrialism arguments connecting the level of GNP to social policy development receive some support. The results showed that, only on a lower level of industrialization, the rate of social policy adoption increased with the growth of the level of GNP. (b) Working-class strength theory also receives limited support. According to the results, the working class can have influence on the development of social policy only through the bargaining power of socialist or labor parties, indicating that the interests of the working class are not expressed on the individual level, but on the collective level through political institutionalization. Rather, the findings suggest, the size of the working class itself has different effects in the early and late periods—it is negative in the early adoption, while it is positive in the late adoption. Finally, (c) the separate analyses of the two periods also showed that state-centered arguments can receive some support only under the condition of limited political development. The variables concerning state-strength theory have a stronger effect in the first period, as we expected, while they have a weaker effect in the second period, indicating that the role of state managers in social development is more important

under the conditions of limited political development. In sum, separate analyses of the two periods clearly show that there are different forces bringing about the introduction of social policy.

The survival analysis of BMDP program provides the global chi-square (χ^2) statistic, which tests the hypothesis that all regression coefficients are identically zero. According to table 3, the global chi-square scores are 70.52 and 24.87 for both models of early and late social policy adoption, respectively, and are statistically significant at the .005 level with 11 and 9 degrees of freedom. It indicates that cross-sectional and temporal variation in the measured covariates are sufficient to account for the development of social policy in both early and late periods of western European countries.

Notes

1. Among these countries, for example, the average annual growth rates of GNP per capita of Brazil, Mexico, India between 1965 and 1986 are 4.8%, 2.6%, and 1.8%, respectively (World Bank, 1988, pp. 222–223). But their expenditure of social security schemes as percentages of GDP in 1983 remain 5.6% (4.3% in 1965), 2.8% (2.6% in 1965), and 1.5% (1.3% in 1965) in Brazil, Mexico, and India (ILO, 1988).
2. In some policy domains such as road construction, of course, capital accumulation projects become self-legitimizing. In social policy domain, however, the higher social expenditure surely prevents capital accumulation, while it increases the legitimacy.
3. In the basic model of working-class-strength theory, both Korpi and Shalev, and Stephens emphasized the mobilization of working class for labor unions and socialist parties. But they did not provide the explanation of causal link B in Figure 1, by arguing that an increase of the numbers of workers (Stephens), or economic forces and historical events (Korpi & Shalev) determined the mobilization of workers. In this respect, working-class-strength theory provides structural explanation (Rothstein, 1990, p. 319).

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Incarnating Heaven: Making the Hospice Philosophy Mean Business

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Hospice providers in the U.S. are on the horns of a dilemma. Survival of individual programs may require accreditation for third party reimbursement, but this stronger alignment with the business world of medicine may jeopardize their unique philosophy of care for dying persons. Hospice's current business/philosophy dilemma was expressed succinctly by a study participant as attempting to incarnate heaven. Data gathered through an ongoing participant observation study reveals the effects of current third party reimbursement on hospice practice. Further, these effects have implications for current U.S. health care reform efforts which are discussed in conclusion.

By the 1960s and 1970s, dying in Western Society was increasingly characterized as depersonalized, and death itself as denied or invisible, and costly (e.g., Aries, 1974, 1981; Blauner, 1966; DeSpelder and Strickland, 1992; Gorer, 1965; Glaser and Strauss, 1965; Kubler-Ross, 1969, Mor, 1987). These characteristics were considered to be problematic consequences of the dominant Western medical model, with its emphasis on the curing of disease; death had been displaced from people's homes to institutional settings like hospitals and nursing homes. It was in this climate of discontent that contemporary hospice evolved.

Hospice today is not so much a place as a philosophy which emphasizes palliative care, treatment of symptoms rather than disease, care rather than cure. Hospice concentrates on providing people with a terminal prognosis (generally six months or less) with the highest quality of life and personal control of the time which remains. Instead of dying in the depersonalized environment of institutions geared toward saving lives, hospice emphasizes dying amid familiar surroundings, friends and family (Corr and Corr, 1992; Mor, 1987). Moreover, hospice has often been discussed as a social movement, in part because it is attempting to change not only the way particular patients experience dying, but the nature of death and dying for society as a whole (Mesler, 1995a; Paradis, 1985; Stoddard, 1991).

With the advent of Medicare and Medicaid, hospice attempted to bring its philosophy into the business world of U.S. health care. While some practitioners perceive this as affording hospice several benefits, some also believe it has posed serious dilemmas for remaining faithful to the philosophy, and for the movement's future goals.

In this paper, we begin with a brief discussion of hospice's evolution into Medicare and Medicaid reimbursement. After a brief presentation of the research method and settings, we provide data exemplifying both the perceived *advantages* and *disadvantages* of third party reimbursement. We then conclude with a discussion of the implications of these findings not only for hospice, but for future health care reforms and, thus, the processes of dying in the U.S.

Background

Hospice evolved rather quickly in the U.S. from a mostly volunteer, grassroots, community effort in the 1960s into a full-fledged relationship with the insurance industry by the 1980s (Keller and Bell, 1984; Osterweis and Champagne, 1979). In the 1970s and early 1980s there was a definite push among most hospice providers to acquire payment for services (Paradis, 1984); for example, in the early 1980s the Director of education and training at the National Hospice Organization commented, "Hospices which are able, consciously or not, to make a transition to seeing the program as a business are the most likely to succeed" (quoted

in Mor, 1987, p.17). Nonetheless, some of those involved in the hospice movement did not want to pursue third party reimbursement. Some of the small, all volunteer hospices organized and lobbied against Medicare funding for hospice care, claiming that the hospice philosophy would be undermined if allowed to enter the traditional health care system. In fact, a survey of 48 mid-western hospice programs conducted during this period found that those " . . . that did not seek third-party reimbursement were truer, both in philosophy and practice, to the original hospice philosophy" (Mor, 1987; see also Cummings, 1985). Nonetheless, it seemed that the majority of providers were tired of asking for financial support through grants, donations, volunteers, and the United Way, and believed that hospice needed to enter the mainstream of health care in order to survive financially (Abel, 1986).

Payment for hospice services began after passage of the Tax Equity and Fiscal Responsibility Act (TEFRA) of 1982 and, as a result of this legislation, services provided to terminally ill Medicare beneficiaries were recognized as a legitimate part of the health care benefit package offered to elderly Americans (Miller and Mike, 1995). The method of reimbursement for hospice care under Medicare was quite revolutionary at the time. Instead of the traditional fee for service, Medicare would pay a daily set rate for each day in a hospice program, referred to as a prospective method of payment (Katterhagen, 1986). The daily rate was set at a particular amount, regardless of the services offered on any day. In the years following TEFRA, Medicare's model for hospice services also became available to the poor through each state's Medical Assistance (Medicaid) program; while the prospective method of payment was generally adopted by such programs, the daily rates were sometimes set at lower levels.

More recently hospice found a foothold in the private sector as well, for example through insurance coverage for those who work and receive health benefits. Many of these private insurance plans look very similar to the ones offered by Medicare and Medicaid. There is a daily rate which provides for a package of services, some of which the terminally ill person and family might not use, and sometimes a cap is set on the maximum amount allowed.

The benefit packages provided by these third party payors to hospice follows four guiding principles of care for the terminally

ill and their families: 1) the patient and family are the unit of care; 2) care is given by an interdisciplinary team; 3) pain and symptom control are paramount, and 4) bereavement follow-up is provided. These standards are operationalized in hospice through an interdisciplinary team which works on a plan of care to provide medical care, nursing, medical social work, counseling, home health aides, equipment, supplies, drugs, speech, physical and/or occupational therapy, volunteer services, and bereavement follow-up. Inpatient and family respite care can also be provided on a limited basis (Rhymes, 1990).

U.S. hospice services are provided mostly in the home environment, and the package of services and reimbursement mechanisms are fairly standardized, particularly under Medicare. Hospice care is provided and reimbursed at one of four levels of care; while rates vary around the country and over time, the following reflect approximate rates per category: home care (about \$90/day), inpatient care (about \$400/day), continuous care (during an acute crisis of 24–48 hours; about \$500/day), and respite care (a one-time option providing up to five continuous days break for the caregiver; about \$95/day). The hospice is paid a daily rate for each day the patient is enrolled in hospice under one of these four categories. Also, Medicare reimbursement is provided in four benefit periods of 90 days, 90 days, 30 days, and an unlimited period. Patients must choose (or “elect”) hospice over other Medicare benefits during each of these periods; should patients opt out of (or “diselect”) the Medicare hospice benefit during any of the four periods, the days left in that benefit period are relinquished. Therefore, patients are certified by their physician for each of the four time periods, and the interdisciplinary team reviews each case before a new certification takes place, to insure that the beneficiary does not lose days of their hospice benefit. Once the terminally ill individual opts out of traditional Medicare and elects the hospice benefit, the hospice is totally responsible (financially and professionally) for all health care needs. This means that the hospice must provide all of the above services within the daily reimbursement rate schedule. While most hospices solicit donations through various fund-raising activities, most also attempt to serve those terminally ill who have no insurance.

Methods and Settings

One of the authors collected the data reported here through an on-going participant observation study which began in 1991; I conducted the research in the home care components and a free-standing inpatient facility associated with several northeastern hospice organizations. In the interest of confidentiality I have referred to these settings collectively as Eastern Hope Hospice, and changed the names of all participants.

I entered the 12-hour volunteer training programs at each of two settings (home care in 1991, inpatient in 1992), and attended various meetings (e.g., clinical team, management team) at each of these settings. At two of the home care settings I spent some part of a full day apiece visiting patients with a nurse, social worker, chaplain, and admissions director, tape recording our conversations during car trips between residences. I also served as a part-time, fill-in volunteer at the inpatient facility. Thus far I have spent approximately 165 hours in the field, and have conducted formal, tape recorded, semi-structured interviews (ranging from about fifteen to seventy-five minutes in length) with more than thirty clinical and administrative staff. Lastly, I have had access to some organizational records and video taped interviews with patients and staff (collected for training purposes by one of the organizations). Throughout this process I have employed the constant comparative method of analysis to guide the research and organize the frequency and distribution of properties during analysis (Glaser, 1992; Glaser & Strauss, 1967; Strauss & Corbin, 1990). Using this method, Eastern Hope's business/philosophy dilemma emerged as an early and enduring focus for the research: aligning themselves with the business world has advantages which must constantly be weighed against the costs.

Advantages of Reimbursement

Advantages to third party reimbursement were not among the first or most prominent aspects of the business/philosophy dilemma to emerge during observations; that is, advantages simply weren't articulated in an ongoing way by the Eastern Hope staff in the process of doing their work. When asked in interviews, however, most staff did identify some. Probably the most

significant of these are the increased *visibility* of hospice as a medical alternative, and increased *access* to its philosophy of care. In addition, and often linked with issues of visibility and access, many of the Eastern Hope staff felt that hospice had gained societal recognition and legitimation as a new medical service provider. For example, the executive director commented,

Well, I think finally hospice is being heard. I don't know if it's being heard as hospice, but the issue of patient empowerment, and the issue of shared decision-making, . . . the issue of prophylactic care such as bereavement, . . . and sort of the science of care now are being heard in major teaching hospitals and medical schools, and by the industry, so to speak, primarily because they're cost effective.

The volunteer coordinator for home care (1) and the chief social worker for the inpatient facility (2) reflected these advantages to joining the third party reimbursement structure also.

1. I see a potential benefit in somehow, if possible, being brought up to a level of importance, as any other health care service that's available to the public.
2. Well, I think one of the pros of that obviously is that many more people are accessing hospice care, because there are resources to provide. . . . (Also) the resources of being able to pay people and train people, and have conferences. . . .

Third party reimbursement also provided opportunities for what was referred to in various ways by the staff as "creative management", in this case provision of hospice care to patients for whom it might not otherwise have been practically available. For example, Eastern Hope expanded its definition of home care to include nursing homes once that became financially feasible. As the coordinator of nursing home care noted,

It hasn't been that long—I think it was 1986 when Medicare came into the nursing home, and now the Medicare benefit can be used for hospice, [that is] if they're not using it to pay for their skilled nursing bed, a Medicare bed in a nursing home.

Barbara, one of the home care nurses, put it in the context of creative management:

Everybody's like fiscally tightening their belt, you know, and we have become much more creative than we were five years ago. We

have to look at hospice in the '90s, you know. This is a creative way, I suppose—of going into nursing homes.

While some of the staff were critical that the incentive to enter nursing homes may have been financial, it was acknowledged that this also brought about positive change, from the hospice perspective, in the way patients died in these facilities. Likewise the inpatient facility, whose existence was in great part made possible by third party reimbursement, brought hospice care to many people who would not otherwise have received it. The volunteer coordinator for the inpatient facility commented,

I mean, a lot of the people [here] would never be able to have home care hospice. I mean it wasn't a choice: 'Do I want home care or here?' It's that they didn't have primary caretakers. So, the fact that they're here is really a blessing. . . . It was either be in the streets, or in a shelter, or home alone, without any care, or patchy care and guilty families, you know.

The bottom line for some of the staff at Eastern Hope was that the traditional caring side of hospice simply must make room for its newer business counterpart. The volunteer coordinator for home care expressed it this way:

I think part of that is that hospices need to stop thinking about themselves as a Mom and Pop grassroots kind of thing. . . . Yes it's compassionate care, and all of those good things, but it's also a medical model, and it's a business.

As Barbara, the home care nurse, put it,

We are going into the '90s in hospice and we have to let go of that kind of hokeyness and altruistic feeling. . . . The reality of it is you have to look at the fiscal end of it, and that's the hard part for hospice to run. [But] that's as important as it is talking to your patients, teaching them about medications, doing anticipatory guidance. You have to be able to manage your case, and manage the fiscal end as well as the other part of it or else it will crumble down.

Even when expressing the advantages of reimbursement, however, positive sentiments were often tempered by many mixed emotions among the staff. Most saw the need for business, but reflected concern about its effects on the compassion they

were dedicated to provide. Betty, a home care nurse, reflected this well in our interview:

Most people that work in a hospice do so for reasons other than money: that it's a calling of a type, that people feel very strongly about what they do. And they're willing to understand the business part, as long as it's put forth fairly gently, and with a great deal of tact, because that's not the priority for most of the staff. But the business person has to pay the bills, or there won't be a hospice. It's a delicate balance is what it is. . . .

Disadvantages of Reimbursement

Although these advantages of third party monies were acknowledged, as the last quote suggests, the original fears of diminishing the hospice philosophy were still of great concern at Eastern Hope. In fact, these concerns were one of the first and most enduring categories of data in this research and, thus, have become the dominant theme of this paper. While we have attempted to organize the data into specific sub-categories here to facilitate discussion, the examples provided will reveal the dynamic interplay of these issues in the real world of hospice practice. We begin this section with one of the pivotal categories of perceived disadvantage, the hospice census, then move to some other related categories: primary caregivers, nursing home care, medications and palliative care, and becoming "hospicized".

The Hospice Census

The number of patients Eastern Hope served (a combination of admissions, dislections and/or readmissions, and deaths), was a constant in their struggle for financial stability. On the one hand, the number of patients helped to determine the monies they had to spend on quality care; on the other hand it supported, or not, the number of staff needed to deliver that care. Early observations and interviews reflected these as dominant concerns.

For example, during the first interdisciplinary clinical team (I-team) meeting attended the staff were discussing a patient who seemed to be getting significantly better (i.e. now continent and able to walk without a walker), and noted that he may have to diselect his hospice benefit before the next benefit period. This discussion continued around Medicare coverage as a more

generalizable issue: bemoaning the restricted problems/services patients are allowed under the existing regulations. The clinical director capped this particular discussion by saying, "Write to your Congressmen". Later that year I attended my first Management Team meeting, where the executive director was reporting on the Board of Director's concern over the declining patient census. Some field notes from that meeting indicate how this concern was conveyed to this group and its effect:

The executive director made it clear that while the Board may perceive hospice as a typical business, he does not. He said that dying is not like that, you can't coordinate it easily. . . . To this the admissions director for the inpatient facility responded, "I needed to hear that. . . . When I get focused on the numbers I get depressed and it distracts me from what I got into this work for".

As these notes suggest, there existed an inherent tension between the business and philosophy of Eastern Hope. Being a business with full-time employees meant balancing their patient census with the size of their staff; but the natural fluctuations in their terminal patient population exacerbated staff concerns about their own jobs and the quality of patient care. Catherine, the chief social worker for home care (1), noted the complexity of this problem, and Ken, the chief social worker for the inpatient facility (2), summed up the perceived problem in our interviews:

1. We all can remember too well the days when 19 people died in one weekend, and that was two nursing and a social work job. So I'm not asking for more people until we stay and are solid at 60. . . . In the meantime, you're under-servicing. . . . My friend Deena went to Episcopal Hospice and, you know, they seemed to be okay at 30. . . . And all of a sudden it just wasn't the case anymore. They budgeted for 30, and they haven't been at 30 for months. And you know it's hand over fist, and the episcopal diocese is kind of bailing them. You know; you also need a bailout, like we've got the hospital. If we can't make payroll, they lend us money.
2. My fear is that we're going to become more and more financially focused; so much so that we're not thinking about dying people, but we're thinking about the checkbook, which I think happens.

Primary Caregivers

Whereas patient census is a concern for all in the health care business, at Eastern Hope it tended to jeopardize not only patient care and staff jobs, but the heart and soul of its philosophy - care amid family and friends, with patients in control, at home whenever possible. This is not only what Eastern Hope promised to their patients and families, but what made hospice attractive to third party payors as a less expensive alternative to institutional care. However, putting this philosophy into practice effectively requires the availability of a 24-hour a day primary caregiver (PCG) and, for Eastern Hope, finding and keeping PCGs had become increasingly difficult. As Susan, the admissions director for home care put it,

It's very difficult to keep people at home if there is not a family member there. Most people have to work, and who will be with the patient 24 hours a day?

Clara, the clinical director and nurse with eleven years of hospice experience put it this way,

The primary caregiver is a dying breed now. How many people are staying home to take care of a loved one? How many can afford to do that? What we have to do is change some of the regulations we have.

Regulations being what they are, however, the Eastern Hope staff applied more of its creative management skill to this dilemma. Data from the first day out visiting patients with Barbara, a nurse, reflect how this concept applies here. Talking about one patient she said,

She does not have a primary caregiver. That's one of the criteria, you know, supposedly. People coming on hospice are supposed to have a primary caregiver, and that's one of the situations where we are a little bit more flexible. She does have a lot of friends living in that little elder community. . . . So we would get like 17,000 phones calls from the whole community if there was something wrong with Juanita. . . . We have augmented her care with elder services too. . . . So, in the past, we have taken people on—like I had a couple of gentlemen in Easttown who had AIDS and they were dying, and we kind of pieced together a plan with friends, and made friends

commit to so many hours. . . . So we are flexible. We're not going to turn people away because they absolutely don't have anybody.

Even when there is a PCG available initially, circumstances often called for some creative management of care for both. Barbara talked about two other patients where the wife had been listed as the PCG upon admission, but she eventually went to a nursing home.

They both came on the program at the same time and it was kind of a joke. Because the wife was supposed to be the primary caregiver to Johnny with his COPD, and here she was, somebody that had Alzheimer's and bladder cancer—more Alzheimer's than anything.

To make matters worse, while hospice may have incentive to admit cases without PCGs to increase their census, to do so increases their risks, because such patients sometimes require extra, often more expensive, care (e.g., hospitalization).

Nursing Home Care

We have already noted that another use of creative management to stabilize the census involved the expansion of Eastern Hope's home care program into nursing homes. This was beneficial in making hospice care available to more patients, perhaps helping to expand and stabilize the census in the process. It also helped to resolve the PCG dilemma to some extent, because nursing home staff fulfill that role. The coordinator of nursing home care explained:

Well, the nursing home is the primary care giver, because they are the ones that are there around the clock, not us. So, we treat them the same way home care treats the primary care giver. We teach them how to care for that patient and allow the patient to die. We teach them pain control, because most nursing homes don't give a lot of drugs to the patients. So they really need guidance. But we're there to guide . . . rather than tell.

For Eastern Hope, the hospice philosophy became potentially jeopardized in nursing homes, however, because it confronted the dominant medical model head on for each patient, every day, with all the shifts of nursing home staff. While the hospice staff provided formal in-service teaching as well as individual

socialization during patient visits, the learning accomplished was often less than complete. A big part of this problem for Eastern Hope staff was that hospice care was still provided for the most part indirectly. Consequently, coordinating PCG care for hospice patients in nursing homes was often cause for concern at team meetings, as the following excerpt from an early I-team meeting suggests.

The nurse reporting on the 11th patient said that he needs a lot of help. He is in a nursing home and the hospice is having problems with the home because the nurses there are afraid of the patch medication that the patient is receiving (durogesic). The clinical director said that apparently they need to do a pain control in-service at that nursing home. The reporting nurse added that there is another nursing home which also needs a similar kind of service. Several others around the table chimed in that perhaps this is something that all the nursing homes need, that they simply don't know what hospice care is about and, particularly, what kinds of medications they can expect hospice patients to be on.

Betty, one of the home care nurses, summarized this well in our interview:

I think from a hospice point of view it's somewhat difficult because we're a consulting service. Although we're charging and we're managing the patients to some degree, we are not taking over the patient. There is always some issue of territory, whose patient is it.

The above examples also suggest some disadvantages for hospice practice and patients that relate even more directly to current third party reimbursement structures regardless of setting, the use of medication for palliative care.

Medication Use and Palliative Care

At Eastern Hope, being responsible for patients' total care under a prospective payment plan caused them numerous dilemmas concerning the balance between quality of care and cost of medications. The executive director raised their dilemmas to focus early in this research when he expressed an interest in having an independent pharmacy consultant conduct a drug utilization review for the hospice. He said that their needs were multiple and complex ones which raised ethical dilemmas they were not

equipped to handle independent of some “expert” advice. For example, because the inpatient facility specializes in caring for AIDS patients, their medication bills already were exceeding the national average for hospices. Further, at that point a new drug had been approved, had clearly become the drug of choice in palliative care for particular manifestations of the disease, and all the AIDS patients were requesting it. The problem was that the new drug cost about four times more than the drug they were currently using. The chief social worker for the inpatient facility commented on this particular issue independently in our interview as well:

It was fine that people were on DHPG. Here in our program we decided having your eyesight is a quality of life that you certainly want to continue. . . . So we’ve done that. Then along came Foscarnat, which for people that the DHPG did not work, . . . Foscarnat was a wonderful thing. Well, you know how much more expensive Foscarnat was? . . . How do we end up paying for that with our little \$400 a day?

A similar dilemma regarding medications involved patients being admitted to Eastern Hope already receiving medications considered more appropriate for treatment of disease for cure than treatment of symptoms for care. While these determinations were often a process as much as an event, involving team discussion and considerable ambiguity, they were also important considerations in maintaining both the philosophy and budget. In some cases the medications were more clearly inappropriate for hospice care. For example, one woman in her 80s was admitted to home care with three terminal conditions (breast cancer, kidney and congestive heart failure) and 12 medications, one of them (epoetin alpha) costing an estimated \$400 per day. Clara, the clinical director, said that it was her desire to refuse patients admission until she could adequately discriminate and discontinue some or all treatment medications. She had not been granted the power to do this, however, because it would jeopardize an already tenuous census.

In addition to the dimension of palliative care suggested here, the issue of patient control over dying also became a concern in this regard. Providing palliative care often translated into comfort, particularly pain control, which was in great part achieved

through medications. The issues of patient control at Eastern Hope have been discussed elsewhere (Mesler 1995b) but will be explored briefly here in the following section.

Becoming Hospicized

Hospice exists primarily as an alternative within the larger medical model of cure. For Eastern Hope this meant not only struggling with issues of medication use, but getting a realistic six month prognosis for patients as well. It was not unusual that patients elected hospice care with little time left. As the executive director explained,

You have to move through a physician world that primarily is oriented towards treatment. . . . So we essentially have one paradigm knocking on the door of another paradigm. And usually the physician paradigm wins, and you get the patients towards the end of their lives, which I'm sure you've heard a thousand times during this research. We're always backing up to catch up to the symptoms that are sort of choked up by using the treatment paradigm.

While this was indeed the norm, Eastern Hope also took in patients who were not as close to dying as originally anticipated. This posed a rather interesting problem which was a direct result of the Medicare/Medicaid reimbursement structure: patients had to be certified as hospice-appropriate, in terminal decline, before entering each of the four benefit periods. By itself this was considered a reasonable prerequisite by the staff, a part of the business of managed care; it nonetheless caused several rather serious and complex ethical concerns surrounding the hospice philosophy. For example, once patients were certified for the fourth, unlimited period, diselecting the hospice benefit for any reason meant leaving reimbursable hospice care forever. During the day out with Barbara, this issue came up after visiting the COPD patient whose wife had Alzheimers. Since he didn't really seem to need much care, we wound up discussing why he was a hospice patient, and Barbara provided a rather candid response.

He is in his unlimited period, so if he were to sign off the program tomorrow, he would never have any hospice benefit left. Certainly the economic issue is, you know (pause) I could go and see Johnny five days a week and we're almost making money on him. You

know what I mean? He doesn't need a lot of care; we still get the \$89 a day for him. . . . Probably the reality is (pause) that the hospice programs probably have a few of those people, because you almost have to have a little bit of those people that aren't sick that you can make a few bucks on. . . . I personally have a harder time with that. I'm very much into really watching somebody, and making sure that they're hospice-appropriate, and I'm very much into saving someone's benefits. . . . But in this case the doctor didn't want to do that. He wanted him to stay on the program. He felt like things would just become disastrous if he came off the hospice program. . . . And I think that we have made him somewhat dependent on hospice, and it would be hard to pull away at this point.

The executive director confirmed the need to have some relatively healthy patients on the census to effectively manage the prospective payment method of reimbursement, so that ". . . the surplus would go to those 5% outliers that are very expensive."

Beyond the reality of this creative management juggling act, however, the more critical ethical dilemma suggested here is the issue of having patients become dependent on hospice care. While some patients, like Johnny, might have been of questionable terminal status when admitted, that was atypical. A more common dilemma in this regard involved patients who were realistically prognosed as in terminal decline but seemed to improve under hospice care. If these patients became significantly better they needed to disselect their hospice benefit, despite any dependence which might have been created. The Eastern Hope staff at the inpatient facility referred to this as becoming "hospicized". Since they specialized in providing care for persons with AIDS, an increasing proportion of their patients had come from the drug subculture of the streets, and Paul, a social worker there, explained becoming hospicized among these individuals.

Of course in the center people are waited on hand and foot. And so, in a strange way it can be rather dysfunctional. . . . There are people who come in here who have a pillow for the first time. They've been just sleeping over the heating grates down by the (transit) station or something. So if you come here, you're receiving medication to address your physical pain. There are people who genuinely love you, and don't expect anything from you. It might be the first time in a long time you've had that experience. You become what

we call hospicized. So, if you do become better, and many people do. . . . They really ought to be discharged, because we're an acute care facility, and Medicare's going to be breathing down our necks saying, "This patient is inappropriate for your setting," and they're right; and that does happen.

While this provides the advantage of increased autonomy for such patients, it also creates a disadvantage in that they usually return to a life on the streets, deterioration of their health and quality of life. Betty, a home care nurse, talked about some of her nursing home patients becoming hospicized in their own way:

You get an occasional patient who really is attached to the hospice team, and that probably made all the difference. And the family's and the staff's concern, the nursing home staff's concern is, when we stop, that patient will plummet. And is that fair, to set that patient into that type of scenario?

Betty had one female patient with Alzheimer's who provides a good example of this phenomenon. Not only was the course of this patient's disease difficult to predict, but her deteriorating mental status made communication and understanding difficult if not impossible. Nonetheless, her condition after electing hospice and entering Eastern Hope's program improved to the point that she had to be considered for diselecting hospice as one of her benefit periods approached. Betty's, the family's, and the Eastern Hope staff's concern was that diselecting hospice care (loss of visits and attention from the aide, nurse, social worker, chaplain, etc.) could not be adequately explained to the patient, and might also be associated with a relapse. Evoking the baseline medical ethic of 'do no harm', Betty explained their concern this way:

Even if we say, "well if that happens and your mother or your patient stops eating again and withdraws, and really declines, we will be back," we have done some harm, at least psychologically, and that's a tough issue. What I would like to see, as Alzheimer's disease becomes more understood . . . perhaps the guidelines that are used for other specific clinical conditions, such as cancer, or cardiac, or COPD, real specific medical conditions . . . maybe the guidelines, timewise, can be changed.

Discussion and Conclusion

Before discussing the data reported here, the representativeness of Eastern Hope and generalizability of these findings deserve some comment. As in most ethnographic research, both representativeness and generalizability must be qualified by the ways in which the research settings are dissimilar from others of their kind. In this case Eastern Hope's urban/suburban location surrounded by teaching hospitals in a northeastern state, its federal and state accreditation, its free-standing inpatient facility, and the relatively large paid staff must be taken into account. Representativeness and generalizability are also enhanced in this case, however, by gathering data from several organizations that provide a wide array of services to a broad-based patient population. They are also enhanced by reflections of others on the impact of reimbursement for the movement as a whole (noted earlier, Cummings, 1985; Mor, 1987); where hospice is practiced within similar contexts, people's experiences are likely to be similar as well. It is our belief that, on balance, much of what is presented here will ring true for many of the people in contemporary hospice work.

To the degree that this is a generalizable problem for hospice, it seems to be a problem of institutionalizing compassionate care for the dying. This problem was expressed metaphorically by the executive director of Eastern Hope as incarnating heaven. That is, for hospice practitioners the benefits of incarnation (joining the world of business) include greater visibility, patient access, recognition and support for doing work they love. However, it appears that bringing a little bit of heaven (compassionate care for the dying) into the world makes it vulnerable to worldly concerns. From the perspective of hospice practitioners, the business world of medicine simply does not accommodate the concerns of the dying and their families as much as it could. Clara, the clinical director, stated the strongest of the sentiments in this regard; "When Medicare and Medicaid came in, hospice went out the window." John, a nurse at the inpatient facility summed up the situation of hospice's good efforts to change the nature of dying with his own metaphor for such an institutionalized approach to care:

[Patients] are having to sign forms with it all written out in a very obsessive-compulsive fashion, because that's the way it has to be for liability and legality and reimbursement, which is not really what it's all about. . . . You have to sort of realize on both sides of it that a lot of what we perceive as outgoing and education, and teaching and wonderful and great alternatives, can still be perceived as institutional and alienating and scary, and frankly . . . inapplicable, not applicable to the situation. The situation is such an intensely human, primeval situation: someone is dying. And where does a Xerox form fit into that?

The implications of this dilemma for the larger society seem to relate rather directly to the current deliberations surrounding health care reform generally. Where will dying patients and hospice care fit into these efforts? It would seem that the hospice movement and the society's current movement toward managed care are both responses to several of the same evolutionary circumstances, in particular the increasing proportion of elderly, chronic illnesses, and the high cost of care under the current medical model. How and/or whether these two movements converse in their efforts will help determine, in great part, the type of care and quality of life available to people in this country during their last days, weeks, and months of life.

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The Effects of Race and Marital Status on Child Support and Work Effort

RICHARD K. CAPUTO

This study used data from the National Longitudinal Survey of Labor Market Experience (NLSLME), Young Women's Cohort, to assess the influence of race and marital status on levels of child support and work effort of recipients of child support in 1978, 1983, 1988, and 1991. Controlling for the number of children and highest completed grade of education, the study found that race exerted no effect on either level of child support payments or work effort in any of the study years. Marital status influenced level of child support in each study year and work effort only in 1983. Formerly-married mothers had the highest levels of child support as a part of total family income in each study year, while married and never-married recipients of child support had similar lower levels. Also, formerly-married mothers had the greatest work effort only in 1983. Implications for child support policies are discussed.

Since the late 1970s, public officials and scholars have acknowledged the deteriorating economic position of children in America (e.g., Levy, 1995; Plotnick, 1989; Garfinkel, 1985) while others have noted the economically disadvantaged position of female-headed single-parent families (e.g., Thompson, Hanson, & McLanahan, 1994; Caputo, 1993; Nichols-Casebolt, 1988; Garfinkel & McLanahan, 1986; Bergmann, 1981). For these reasons and others discussed below, provisions for child support and child support research received a high priority in the 1980s when Congress enacted the Child Support Enforcement Amendments of 1984 (P.L. 98-378) and the Family Support Act of 1988 (P.L. 100-485) (Kelly & Ramsey, 1991). In the 1990s, child support again became a focus of concern, reflecting the family values ethos that fueled public debates and informed policy options about welfare reform, increased numbers of single-parent households, and the like (Zill & Nord, 1994; Popenoe, 1990).

Addressing the increased importance of understanding the dynamics of child support, scholars and others enriched the child support knowledge base in regard to: 1) the extent, levels, and types of child support awards (Albelda & Tilly, 1992; Seltzer, 1992; Paasch & Teachman, 1991; Waddell, 1985); 2) the impact of specific new provisions in federal and state laws to strengthen child support services, like expediting paternity establishment (Adams, Landsbergen, & Cobler, 1992; Danziger & Nichols-Casebolt, 1990), withholding income (Garfinkel & Klawitter, 1992), and using guidelines or formulas to determine level of child support awards (Garfinkel, Oellerich & Robbins, 1991); 3) compliance with court-ordered child support payments (Arditti, 1991; Dudley 1991); 4) demonstration projects, particularly in Wisconsin (Garfinkel, McLanahan, & Robins, 1992; Nichols-Casebolt, 1986); and 5) more general family policies (Kamerman and Kahn, 1989 & 1988a).

For the most part, with notable exceptions (e.g., Beller & Graham, 1993; Albelda & Tilly, 1992; Garfinkel, Meyer, & Sandefur, 1992; Danziger & Nichols-Casebolt, 1990 & Furstenberg, 1988), race and family type (other than mother-only, single-headed families) received little attention. In addition, many studies relied on cross sectional data, whether obtained by survey, court records, or local or state government data bases, and many of these studies were case studies. Until very recently, few researchers used longitudinal data bases, (e.g., Beller & Graham, 1993). Longitudinal studies also had limitations. They tended to focus on a specific geographic area like a county or state, and when national, they used data bases that drew random samples from the population in each survey year rather than follow the same cohort of individuals over time.

Kamerman and Kahn (1988b) noted from their review of the preponderance of cross sectional case studies that black women received low support awards, as did women who were divorced a long time (compared to recent divorcees), women who lived in no-fault divorce states, employed women, women with several children and with older children. In contrast, marital status had no effect on child support awards.

In more recent work, Beller and Graham (1993) used 1978 - 1985 Current Population Survey (CPS) data and showed that child support receipt varied little according to racial and marital status subgroups. On average, three of four mothers - both ever-married and never-married - received support. Receipt rates increased slightly for ever-married mothers between 1978 and 1985 and for never-married mothers beginning in 1981. As with child support award rates, black mothers made the most progress starting from the lowest base, with most progress concentrated among the separated and remarried. In regard to amount or level of child support receipt, never-married mothers received roughly half as much as the ever-married over the entire period. Black mothers' receipts relative to those of nonblack mothers varied between 59 and 77 percent. Among nonblacks, child support receipts deteriorated more than average for separated and never-married mothers, whereas among blacks they deteriorated about the same for all marital status categories except the remarried, for whom they remained the same. Such findings suggested that black recipients of child support had a higher female/male income ratio than whites, thereby reflecting changes in employment opportunities that occurred in the 1970s and 1980 (Caputo 1995).

Graham and Beller (1989) also used the 1979 and 1982 CPS data to assess the effect of child support payments on welfare participation and annual hours worked by divorced and separated mothers in 1978 or 1981. They found that both welfare and child support payments reduced hours worked, but the effect of child support was about one-third that of welfare. Graham and Beller speculated that women who received child support payments used this income to purchase child care services, thereby allowing them to increase their hours of work somewhat, but not to the point of offsetting complications induced by the welfare system.

Finally, Veum (1992) used data from the 1988 National Longitudinal Survey of Youth to examine the interrelation of child support, visitation, and hours of work. Young child support recipients were more likely to work than non-recipients and were apt to work longer hours and have higher earnings if their children

were visited by the father. Of all categories of single mothers Veum examined, mothers of children whose fathers visited spent the most on child care services. Veum reasoned that fathers might be willing to pay more knowing that child support offset child care costs, thereby supporting Graham and Beller's findings and speculations. Veum, however, did not disaggregate annual hours of work by either race or marital status.

In the present study I used nationally representative, longitudinal data to examine the effects of race and marital status on level of child support and work effort between 1978 and 1991. Study samples included only those mothers who received child support. I thereby examined the effects of race and marital status on actual amounts of support awards received, not awards granted. Between 1978 and 1985, the real value of child support awards declined by 22 percent, from \$3,680 to \$2,877. By 1989, average awards increased to \$3,293, still 10 percent lower than awards in 1978. A shift in the composition of those eligible for child support contributed to this decline. In 1978, unmarried mothers accounted for 19 percent of mothers eligible for support; by 1989, they constituted about 30 percent of the eligible population. Furthermore, earnings of divorced mothers increased substantially over the past two decades, as did women's income in general, while men's wages remained stagnant or declined (*Economic Report*, 1995). Because most courts take the mother's earnings into account when setting child support awards (Garfinkel & Melli, 1992), the increased earnings of divorced women contributed to a reduction in the value of the average awards. Despite levels of awards set by the courts, actual awards were lower than they should have been in the 1980s. Noncustodial fathers paid about \$7 of every \$10 they owed (Garfinkel, Melli, & Robertson, 1994).

As noted, in the present study I focused on the level of child support paid to the entitled mother. Actual payments reflected the non-custodial parent's ability and/or willingness to pay in light of his own resources and those of the mother (whether actually known or perceived by the non-custodial parent), regardless of level awarded by the court. Beller and Graham (1993) had found that child support receipt and level were more a function of the

noncustodial parent's ability to pay than of the mother's race or marital status.

In the present study I controlled for the number of children and highest grade of education completed because both these factors distinguish in the aggregate whites from blacks. To the extent findings showed that race affected levels of child support and work effort independently of children and education, certain policy prescriptions appeared more appropriate than others. In particular, I was interested in the extent to which additional empirical evidence could supplement ideological or moral justifications for race neutral or more costly universal policies vis-a-vis relatively less expensive race-sensitive programs. To the extent that race and/or marital status influenced levels of child support, for example, modifications of child support enforcement provisions in the Family Support Act of 1988 might make sense. Strengthening provisions to establish paternity in return for state assistance could be deemed a worthwhile, albeit controversial, strategy for never-married mothers who are disproportionately black. On the other hand, to the extent that race and/or marital status was less likely to influence the level of child support receipt, a more universal, albeit more expensive (and hence less politically viable) strategy, like a child support assurance program or child allowances, might be more appropriate.

Data and Methods

Subjects

In this study of child support I used data obtained from the National Longitudinal Survey of Labor Market Experience (NL-SLME), Young Women's Cohort. In 1968 initial interviews commenced with a group of 5,159 women ages 14-24 who were living in their parental homes, making initial career and job decisions, and beginning families of their own. These women were interviewed on a regular basis between 1968 and, most recently, in 1991. Documentation can be found in the *NLS Handbook 1991* (Center for Human Resource Research, 1991). Selected survey years for this study were 1978, the first year child support data

were obtained, 1983, 1988, and 1991, the most recent year of available data. I included in this study only women who received child support, which yielded the following subsamples: in 1978, $N=224$; in 1983, $N=233$; in 1988, $N=286$; in 1991, $N=263$.

Measures

The independent variables in this study were race and marital status, controlling for number of children and level of education. I focused on blacks and whites because of the small number of respondents in other racial categories. Marital status included married, formerly-married (divorced & separated), and never-married women. Number of children included those under 22 years old in the household. Level of education signified the highest grade completed during the survey year.

The dependent variables were the ratio of child support to total family income and work effort. Child support comprised the nominal dollar amount reported for both child support and alimony payments reported in each survey year. Total family income was the nominal dollar amount of family income computed by staff at the Center for Human Resource Research, Ohio State University, who produced and distributed the data files. It accounted only for the income from specific survey questions, thereby ensuring comparability of what constituted total family income across years. In the multivariate analysis, I used the ratio of child support to total family income. This ratio indicated the extent to which levels of child support varied by the economic circumstances of both custodial and non-custodial parents. (No data was available regarding the father's income). Finally, as a measure of work effort, I used the number of weeks worked between survey years. For 1978, this variable represented the number of weeks worked between the 1977 and 1978 survey years; for 1983, between the 1982 and 1983 survey years; for 1988, between the 1987 and 1988 survey years; and 1991, between the 1988 and 1991 survey years.

Hypotheses and related rationale

The works of Beller and Graham (1993) and Kammerman and Kahn (1988b) suggested that 1) the effects of race and marital status on child support and work effort would remain constant

over time and 2) no differences in levels of child support by race or marital status would be found. In the present study, I tested both hypotheses. Caputo (1995) and others (e.g., Hacker, 1992) have noted the deterioration of income for black males throughout the 1980s. While the income gap between men and women who were employed full time narrowed between the 1970s and 1980s, it did so more for blacks than for whites. Hence, in contrast to one of Beller and Graham's (1993) findings, I hypothesized that black fathers would contribute proportionately less child support relative to the custodial mothers' total income than white fathers.

Graham and Beller (1989) and Veum (1992) examined the effects of child support on work effort. Whereas Graham and Beller examined only divorced and separated mothers, Veum accounted for neither race nor marital status. Veum, however, corroborated to some extent, Graham and Beller's (1989) findings and speculations that fathers might be willing to pay more knowing that child support offsets child care costs, thereby enabling mothers to work more. While assessing the impact of race and marital status on the work effort of child support recipients, I also hypothesized that formerly-married recipients would work more than both their married and never-married counterparts, regardless of race. On one hand, married recipients of child support might have had less need to work since they were likely to have had spousal income. On the other hand, never-married mothers were more likely to be poorer than married and formerly-married recipients of child support, but they were also less likely to be in the work force due to lack of education and job skills (McLanahan & Casper, 1995).

Limitations

The use of the NLSLME, Young Women's Cohort, limited this study in the following ways. First, although the data file was longitudinal and followed the same group of young women, I used it cross-sectionally. That is, I treated each of the four reported survey years independently. I chose this procedure because no surveys were conducted between 1988 and 1991. As a result, the subsample for any given year had varying degrees of overlap

with those of other years, i.e., the N for each survey year may have included recipients of child support who may or may have not received child support in any other given survey year. Also, of the independent variables, only race remained constant within and between survey years. Marital status and number of children may have changed between survey years and again during the survey year, but were reported only for the survey year. The components of the child support/family income ratio also may have changed between survey years and again during the survey year, but were reported only for the survey year.

In light of these caveats, interpretations about causality should be made cautiously. Findings should be subject to future inquiry using other nationally representative data sets such as the Current Population Survey - Child Support Supplement (CPS-CSS), the National Longitudinal Survey of Youth (NLSY), and the National Survey of Families and Households among others, each of which has its own limitations.

Procedures

For each of the four survey years examined in this study, I used multivariate analysis of covariance (MANCOVA) to determine the effects of race and marital status on child support and work effort of young women, and to control for the effects of the number of children and level of education. Because the variable marital status had three levels (married, formerly-married, and never-married), I subjected significant main effects to LSMeans post hoc analysis.

Results

I found no interaction effects. Table I shows that only the multivariate tests of the main effects for marital status were significant for each survey year and that for race none were significant.

Regarding marital status, follow-up univariate analyses of variance show some similarities between 1978-1983 and 1988-1991, as Table I also indicates. Controlling for the effects of number of children and level of education, I found significant differences based on marital status on the ratio of child support to family

income in each of the survey years and on the numbers of hours worked only in 1983. In 1978 and 1983, formerly-married recipients of child support had the highest ratio of child support to total family income. Their ratios were nearly three times those of both married and never-married mothers whose ratios were remarkably similar. In 1988 and 1991, formerly-married mothers still had the highest ratio of child support, exceeding however only that of married mothers to a statistically significant degree. The ratio of child support to total family income for never-married mothers had climbed to its highest level by 1991, while that of formerly-married mothers declined to its lowest level, thereby narrowing the gap between them.

Regarding work effort, marital status made a difference only in 1983 when formerly-married recipients of child support worked a statistically significant greater number of weeks between surveys than their married counterparts. In 1978, 1988, and 1991, recipients of child support worked roughly equivalent amounts of time when controlling for number of children and level of education.

Discussion

I tested three hypotheses: 1) the effects of race and marital status on child support and work effort remain constant over time; 2) black fathers contribute proportionately less child support relative to the custodial mothers' total income than white fathers; and 3) formerly-married recipients of child support work more than both their married and never-married counterparts. Results partially confirmed the first hypothesis. Controlling for number of children and level of education, race had no effect on either the ratio of child support to total family income or work effort in any of the survey years. Hence, the influence of race remained constant over time, a finding consistent with Beller and Graham (1993). This finding suggested that black and white fathers who paid child support moderated their payments, in part, in response to economic fluctuations affecting both their earnings and those of the custodial parents in a like manner. The finding also suggested that policies and programs to increase levels of child support payments should be developed with race-neutral

Table 1

Means, Standard Deviations(), Multivariate,¹ Univariate and Post Hoc⁰ Results*

Dependent Variables	Independent Variables			
	Race		Marital Status	
	White	Black	Married	Formerly Married Never Married
Child Support As % of Family Income	1978			
	N = 162	N = 62	N = 63	N = 149
	18.1 (21.3)	13.0 (14.2)	6.7 (4.0)	21.5***(>NM,M) (22.4)
Number of Weeks Worked Between Surveys	39.8 (21.2)	35.9 (22.5)	32.8 (22.9)	40.4 (19.5)
	1Wilks' = .90; associated F = 5.23; $p \leq .001$.			
Child Support As % of Family Income	1983			
	N = 175	N = 58	N = 76	N = 142
	12.4 (11.6)	13.1 (16.1)	7.4 (7.6)	16.2***(>NM,M) (14.6)
Number of Weeks Worked Between Surveys	42.6 (16.7)	35.4 (22.2)	35.9 (21.8)	43.3***(>M) (16.4)
	1Wilks' = .87; associated F = 7.40; $p \leq .001$.			
	N = 15			
	5.9 (4.2)			
	34.2 (22.2)			

Note: M = Married; NM = Never Married.

** $p \leq .01$; *** $p \leq .001$.

Table 1 Continued

Dependent Variables	Independent Variables				
	Race		Marital Status		
	White	Black	Married	Formerly Married	Never Married
Child Support As % of Family Income	1988				
	N = 217	N = 69	N = 87	N = 188	N = 11
	15.0 (17.8)	13.6 (18.2)	6.8 (8.1)	18.6***(>M) (20.3)	8.8 (7.7)
Number of Weeks Worked Between Survey	59.8 (21.5)	49.2 (31.6)	56.4 (24.2)	58.6 (24.5)	48.1 (31.9)
	¹ Wilks' = .92; associated F = 5.58; $p \leq .001$.				
	1991				
Child Support As % of Family Income	N = 187	N = 76	N = 76	N = 177	N = 10
	14.4 (18.1)	09.9 (13.2)	7.5 (9.0)	15.7***(>M) (19.1)	11.6 (13.8)
	129.4 (53.1)	115.6 (57.7)	115.9 (55.2)	124.8 (53.3)	104.8 (63.1)
Number of Weeks Worked Between Survey	¹ Wilks' = .97; associated F = 1.93; $p \leq .10$.				
	Roy's = .03; associated F = 3.91; $p \leq .05$.				

Note: M = Married
*** $p \leq .001$

or universal strategies which can buffer the effects of economic downturns.

Also in regard to the first hypothesis, marital status exerted a similar influence on level of child support in 1978 and 1983, when the ratio of child support to total family income for formerly-married women exceeded their married and never-married counterparts. This pattern differed slightly in 1988 and 1991 when the child support/family income ratio for formerly-married women exceeded only that for married women to a statistically significant degree. This finding suggested that the Child Support Enforcement Amendments of 1984 and the Family Support Act of 1988 might have increased the child support award prospects of never-married, low-income mothers. These mothers were more likely than married and formerly-married recipients of child support to have contact with state agencies and other programs responsible for child support enforcement. The additional finding that in three of the four survey years marital status exerted no influence on work effort, which changed uniformly across marital categories over time, further corroborated the child support award prospects of never-married, low-income mothers.

Study results warranted rejection of the second hypothesis. Non-custodial black and white men behaved about the same in regard to child support. Controlling for number of children and level of education, I found that non-custodial fathers contributed roughly equivalent amounts of child support proportionate to the custodial parent's total family income regardless of race. This finding suggested that non-custodial black and white fathers paid child support within a circumscribed range of total income available to custodial mothers. To the extent that payments remained at insufficiently low levels, non-custodial black fathers deserve no more condemnation than absent white fathers. Furthermore, this finding suggested that attempts to increase actual payments beyond a certain level may exact costs society is not willing to pay at the present time. Such costs would include those incurred with enforcement procedures that cannot benefit from scale. A national policy of garnishing wages and revoking drivers' or professional licenses might be more socially acceptable and cost effective than

legislation that leaves entitled women at the arbitrary discretion of individual states or court judges.

Controlling for number of children and level of education, I also found that never-married mothers received roughly the same proportionate amount of child support to total family income as did married mothers. This finding was somewhat inconsistent with those of Beller and Graham (1993) who when reporting child support and total family income combined separated, divorced, and never-married mothers into one category. My finding suggested that never-married mothers might be less like formerly-married mothers than initially anticipated. Since married recipients of child support had far greater levels of total family income than never-married recipients, this finding also suggested that these women were somewhat class bound. That is, on one hand, upper income women married men who could afford greater levels of child support, as indicated by their actual child support awards. On the other hand, lower class women who established paternity had children by men who might be at best a little better off than themselves economically, if they were employed at all, as indicated by their low level of award. These findings further suggested that efforts to increase child support payments to low-income women would have only a marginal impact on poverty reduction and increased self-sufficiency. Increasingly, however, support awards made up a greater proportion of income for recipients of child support who were never married. Hence, federal government intervention to enhance states' child support enforcement capacities appears critical for low-income women, particularly those never married.

Readers should also note that formerly-married child support recipients lose economic status as a result of divorce or separation, as they set up independent households. Hence, for these women, child support awards from the non-custodial parent made up a larger share of their total income, indicating that women who leave households to which they were formerly attached by marriage managed to get proportionately higher child support payments from the non-custodial parent regardless of how much or how little they dropped in economic status. This finding underscored a "spillover effect" that marriage has on the economic

status of women. On one hand, it reaffirmed contemporary efforts to discourage unwed child births because of their deleterious economic effects on women. On the other hand, this finding need not imply marriage as a prescription to enhance the economic prospects of women. Although the finding underscored the extent to which many women's economic status was tied to men's, it suggested that more universal programs like child support assurance or child allowances might be critical at this particular time to enhance the prospects for greater gender equality.

For the most part, study results warranted rejection of the third hypothesis, namely that formerly-married recipients of child support work more than both their married and never-married counterparts. Work effort among all subsamples of the study population was remarkably similar when controlling for number of children and level of education. With the exception of 1983 when formerly-married recipients of child support worked more than their married counterparts, neither race nor marital status influenced work effort. For the most part, work effort increased for all subgroups between 1978 and 1988, before declining slightly on average over the next three years for all subgroups regardless of race and marital status.

This finding in part supported Veum's (1992) and Graham and Beller's (1989) speculations that fathers might be willing to pay more knowing that child support offsets child care costs, thereby enabling mothers to work more. Throughout the 1980s, employment opportunities increased for women in general and for married women with children in particular (Caputo, 1995). Non-custodial male parents in effect rewarded mothers who worked with child support payments. This correlation between working mothers and child support paying fathers suggested that government policies making child care more readily available might increase the likelihood of child support payments by non-custodial fathers. Government support for day care would enable custodial mothers to pursue work and thereby earn money, which non-custodial fathers might supplement to the extent their support further enables working mothers to offset additional day care costs.

On the whole, the study findings also suggested that extension of current child support enforcement provisions is likely to affect most favorably never-married recipients of child support. This was consistent with findings of Beller and Graham (1993). Since this group of child support recipients has the lowest family income, more rigorous enforcement of current enforcement procedures seems required. To the extent that legislators and others want to ensure that child support enforcement results in both greater compliance and increased levels of payments among the more affluent middle class, a more universal program appears appropriate.

The particulars of a universal program, such as a child allowance or a child support assurance program, are beyond the scope of this paper. Nonetheless, Garfinkel (1985), Garfinkel, McLanahan, and Robins (1992), and Kamerman and Kahn (1989) have explored the possibilities of such approaches for well over a decade. Although the contemporary climate of opinion about government responsibility and the emphasis given to deficit reduction and a balanced Federal budget preclude the likelihood of establishing another entitlement program at the present time, the public may benefit from a debate with child support allowance and assurances as potential options. Such a debate would invariably entail discussion regarding the extent to which universally spreading the cost of child support is likely to relieve both parents of responsibility, e.g., of non-custodial fathers from child support payments, of custodial mothers from work. In today's political climate, state-level pilot projects assessing the effects of a government-sponsored child support allowance, a child assurance program, or increased provisions for day care on mothers' work efforts and non-custodial fathers' child support payment seem both warranted and viable.

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Reconceptualizing Women's Work: A Focus on the Domestic and Eligibility Work of Women on Welfare

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The types of work performed by women receiving public assistance are examined. Research on women's work often neglects the labor of poor women, reinforcing the view that women receiving welfare do not work. This perspective is challenged with focus group and interview data from welfare recipients in New Orleans, Louisiana. We conclude that within the restrictions of public assistance, poor women are engaging in three types of work: domestic work for their families, economic work for cash—both legal and illegal work, and eligibility work. Eligibility work is defined as the labor necessary to obtain and maintain public assistance.

Introduction

In the last several years welfare has been a hot political topic. Currently under debate in Congress are reforms that appear largely punitive for poor women and their children. Currently, both House and Senate versions include replacing Aid to Families with Dependent Children (AFDC) and several other programs with less money in block grants given directly to the states, restricting participants to maximum time limits of five years, and eliminating additional support for children born to women already receiving welfare (Broder, March 29, 1995).

Critics argue that cutting funds and putting time limits on eligibility will have dire consequences. With a cap on the funds, states will be able to refuse assistance to needy families when the federal money runs out. Moreover, most proposals being considered seem to depend on optimistic assumptions about job

opportunities for participants when they are no longer eligible for welfare. Louisiana's senators supported the proposed Senate version of welfare reform, but nevertheless expressed concerns "that Louisiana won't have the resources to find jobs for those forced off the rolls" (Alpert, September 20, 1995: A-9).

The last welfare reform, the 1988 Family Support Act, initiated the current job training and educational programs for welfare recipients, but the bill contains many hidden and unsupported assumptions about women's ability to earn enough to support a family by themselves (Naples, 1991). This bill has produced mixed results. For example, from 1990 to 1994, over 11,000 participants completed the program in New Orleans, but as of early 1994 only 8.5 percent were employed and off AFDC, with another 4.5 percent in jobs and receiving reduced AFDC (Alpert, April 17, 1994: A8).

What is missing in nearly all of the current media discussions are the actual voices and perspectives of poor women who, at some time in their lives, rely on welfare. When the voices are, in fact, included in media accounts, familiar stereotypes are confirmed. For example, a woman without a high school diploma is quoted in a *U.S. News & World Report* cover story as eliminating some job possibilities because "I'm not really a morning person" ("Welfare: The Myth of Reform," January 16, 1995: 33).

A different picture is found in qualitative research that directly examines the lives of poor women on welfare (Edin, 1991; Jarrett, 1994; Popkin, 1990). For example, in contrast to the stereotype that welfare mothers avoid marriage, Jarrett (1994: p. 34) finds considerable support for and belief in marriage as the "cornerstone of conventional family life," and at the same time, a somewhat pessimistic recognition that the ideal represents an impossibility for them. As one respondent, talking about the possibility of marriage and a home of her own, said: "That's a little white girl's dream" (Jarrett, 1994: p. 37).

Nevertheless, the fact remains that nowhere in the United States does welfare assistance or the combination of welfare and food stamps raise a family's income level above the federally-defined poverty line, which was \$11,304 for a family of three—one adult and two children under 18—in 1992 (U. S. Bureau of the Census, 1993: Table A). The median AFDC benefit across all

the states in 1993 for a one-parent family of three was \$367 per month, with an additional \$285 in food stamps (U. S. Ways and Means Committee, 1993: 657). On an annual basis, that amounts to \$7,824, less than 70 percent of the poverty line.

In this paper, we present the voices and perspectives of some of the women who rely on welfare. We recount the everyday lives of poor women to illustrate how much work is required to survive and to keep themselves and their children. We distinguish three separate areas of work from these conversations: domestic work, economic work, and eligibility work. Domestic work has been recognized and researched by many including feminists (e.g., Kemp, 1994; Lennon and Rosenfield, 1994; South and Spitze, 1994), although both the economic and domestic work of poor women has received little attention. But eligibility work, as we discuss below, is rarely a subject in empirical studies. The next section briefly reviews some of the relevant literature on the work of poor women.

Poor Women's Work

Domestic Work

Feminists have long argued that those tasks performed primarily by women in the home for no wages should be regarded as productive work. For example, Rowbotham (1989) marks the focus on domestic labor as beginning in the early 1970s with the demand for wages for housework. Many have examined productive work in significant detail (see Coverman and Sheley, 1986; Oakley, 1975; Rexroat and Shehan, 1987; Strasser, 1982), and there is a growing quantitative literature analyzing the domestic division of labor in dual-earner, married-couple households, as well as in noncouple households (i.e., divorced, widowed, or never-married) (see Brines, 1994; Lennon and Rosenfield, 1994; South and Spitze, 1994). Little has changed from the earlier studies on married couples as employed wives continue to perform over 33 hours of household tasks per week and husbands just over 18 (Lennon and Rosenfield, 1994: Table 2). Information about time in household tasks by poor and/or welfare mothers specifically is scarce.

Another important focus extends the conception of domestic labor. As Lorber (1994:174) argues, "the expansion of domestic work beyond housework and child care turns it into social reproduction." Thus the meaning is extended from the tasks of housework, such as child care, cooking, cleaning, laundry, shopping, yard and repair work, to include emotional work, social caring, and overall nurturing of all the family members. Mothering activities remain an important aspect of women's domestic work, and it has received considerable research attention (see Chodorow, 1978; Rich, 1976; Glenn *et. al.*, 1994). While the meaning of domestic labor continues to be debated, this brief review notes the absence of information about poor women's domestic work.

Economic Work

Economic work refers to work that is undertaken for economic gain, including legitimate work performed for wages in the formal labor market and informal 'off-the-books' work for cash or in-kind, bartered services. A third type of economic work is illegal work which is also performed 'off-the-books.' Researchers find that AFDC recipients frequently have legitimate labor market experience. A new study from the Institute for Women's Policy Research (Spalter-Roth *et. al.*, 1995), using a national longitudinal sample of single mothers who had used AFDC for at least two months out of a 24-month period, reports that 73.7 percent of these women also participated in the formal labor market during the sample period (23.4 percent were looking for work and 50.3 percent had paid jobs). Only 19.7 percent had no labor market time (including almost 6 percent of the total who were students) and the remaining 6.6 percent were disabled.

The major barriers to labor market jobs are a combination of low job skills among poor women that lead only to low-paying, dead-end jobs and their need for health care benefits and child care, which are typically unavailable to workers in low-paying, dead-end jobs (Kemp, 1994). Jarrett's (1994) research found welfare mothers had extensive experience in legitimate labor market jobs, but they could not survive on the low wages, could not manage long commutes from their neighborhoods, and could not overcome the uncompromising requirements of employers when they or their children were ill. One woman in her study

said: "It don't make sense to go to McDonald's to make \$3.35 an hour when you know you got to pay 4 dollars an hour to baby-sit and you got to have bus fare" (Jarrett, 1994: p. 40).

Edin (1991) represents a major exception to the scarcity of research on poor women's economic work. She conducted 50 intensive interviews with AFDC recipients in Chicago and constructed a budget of their income and expenses. She found that the AFDC grant and the dollar value of food stamps amounted to approximately 60 percent of their expenses per month. The shortfall of 40 percent (an average of approximately \$343 per month) came from earned and unearned sources. The earned sources (regular and underground economy jobs) averaged 44 percent of the shortfall, and unearned (money from friends, family, boyfriends, absent fathers, and others) represented 56 percent. Income from underground jobs averaged \$38 per month for the participants in this study, and for the subset (22 participants) living in subsidized housing, only \$14 per month came from 'off-the-books' work (Edin, 1991: Table 1).

Eligibility Work

The third category of work we distinguish is eligibility work. There is a considerable amount of work necessary for people to apply for, receive and continue to be eligible for government assistance. This includes applications for welfare, food stamps, social security, supplemental social insurance (SSI-for low-income elderly and/or disabled persons), disability, and educational assistance programs. This is the work required by public agencies so as to "translate between the entitlement [public agency] and the actual giving of nurture . . . the meeting of material needs" (Gordon, 1990: 13). These agencies depend on a woman, usually, to be:

available to make it possible for the aid to be delivered: to drive, to care, to be at home for visits, to come to the welfare offices (Gordon, 1990: 13).

Obtaining this assistance also requires applying, traveling, repeatedly documenting the extent of need, and waiting to receive the aid. Furthermore, in the absence of or in addition to public assistance, poor families often rely on contributions from churches,

food banks, the Salvation Army, and so forth. All of this is eligibility work that, for the most part, is women's work, whether performed by poor women needing public assistance or charity, or by mothers and daughters caring for disabled and/or elderly relatives.

In the descriptions that follow, our examinations of the day-to-day lives of poor women on welfare reveal that these women are agents in their own lives. First, they do domestic or social reproduction work in caring for their children and their homes. Second, they do economic work in attempting to get and sometimes obtaining waged employment and/or they do informal sector, cash-only jobs, including some that are illegal. And third, they do eligibility work in keeping the documents and receipts necessary to maintain their eligibility, in traveling to the welfare and other offices, and by participating in mandatory job-training and educational programs to which their welfare grants are tied.

Description of the Study

This study uses informant interviews and focus groups in order to describe the working lives of women on welfare. We conducted the study in Orleans parish and Jefferson parish, Louisiana, where the mandatory job and educational training program (JOBS) of the 1988 Family Support Act became part of the welfare program in 1990. Fifty percent of all the households in Orleans parish are headed by a single parent, the vast majority of whom are women (Warner, 1995, A-1).

The persons interviewed and the participants in the focus groups were women currently or previously on welfare. These subjects were selected to acquire a wide diversity of women on welfare. We worked with the local office of Human Resources to select some welfare recipients, and we met women at a local community agency that works as an advocate for low-income families. We also attended a non-residency support group for battered women, where most of the women in the group either were or had been on welfare. Finally, through a personal contact, we set up two focus groups with women receiving welfare and residing in a public housing complex. Jarrett (1993) discusses using personal contacts to recruit low-income respondents for focus groups and argues that impersonal strategies from people

outside the community are likely to be unsuccessful because of access problems and a lack of legitimacy.

Altogether 16 women were involved; nine of whom were African-American. Their ages ranged from five who were between 23 and 24, six who were between 28 and 40, and five who were between 40 and 55.

In general, the interview and focus group questions were open-ended and conversational; each interview lasted approximately two hours and the focus groups from two to three hours. A few sections of the interview schedule were more directive and involved specific areas of questioning. These methods allowed the study to concentrate on the interpretations the participants have of their lives and their understandings of the welfare system. Focus groups, especially, are a recommended method when there are social differences between the researchers and the target group. Language, lifestyles and educational differences are barriers to permitting authentic responses (Jarrett, 1993; Morgan and Krueger, 1993). Focus groups are non-threatening means to bridge such gaps and to provide access to the reality experienced by the target group. When respondents are discussing their everyday lives, a focus group is a useful way to have them elaborate and explain what is, for them, taken-for-granted. As Morgan and Krueger (1993:17) describe:

... participants will not be immediately able to express all their feelings or motivations on a topic. As they hear others talk, however, they can easily identify the degree to which what they are hearing fits their situation. By comparing and contrasting, they can become more explicit about their own views. In addition, as they do express their own feelings and experiences, they may find that answering questions from the moderator and other participants makes them aware of things that they had not thought about before.

While these interviews and focus groups are not intended to constitute a demographic or statistically-based sample of poor women, they do represent a variety of individuals receiving government assistance.

Findings

The findings are organized around the three themes of work we distinguished from the literature on women's work and

from listening to our participants describe their everyday lives. *Domestic work* includes child care, housework, maintenance of relationships, maintaining clothes, preparing meals, shopping, transportation to school, and other household chores.

The shortage of money and the necessity to budget entails a great deal of planning and careful shopping. For most of these women, checking and saving accounts are not part of their day-to-day lives, and their expenses increase because of the lack of banking services. For example, the women typically spent two dollars to cash their welfare checks. Without traditional banking services, of course, the cash has to be kept somewhere safe:

You have to put it in a drawer or put it under your mattress. [or] Stick it under a mattress or in a safe deposit box. That's the only way you can do it. God forbid somebody break in your home. God forbid you have a wild party and people know where your money is, because then your money gone.

Shopping is mainly limited not only to those purchases that can be made with food stamps, but also to those stores that are accessible. Few have access to a car in order to travel to suburban stores with greater selections. Others use public transportation, at least to get there:

I take a bus there and a taxi back. Those taxis cost you a quarter a bag. They charge you [in addition to the regular fare] a quarter a bag for each bag of groceries. Plus \$.50 a head in the cab.

The regulations of welfare and food stamps define how participants must manage and spend their money. Some of the women spoke about wanting to save money but said that the existence of a savings account might make them ineligible. Others pointed out that if they were away from home (shopping, at the welfare office, or anywhere), they could only purchase cold sandwiches (not hot food) with food stamps at a grocery delicatessen. But most frequently they mentioned that they cannot purchase disposable diapers with food stamps.

Being able to shop and provide for their children is very important to them. They report anxiety over how difficult it is to make sure their children have what they need and appear well cared for. As for themselves, they shop in second hand stores,

thrift shops and other similar locations. But as one said, "I have not shopped for myself in ages."

It is especially poignant to hear these women talk about how difficult it becomes at the beginning of the school year. Children need new clothes and shoes and school supplies. In addition, it is common for public schools in this area to ask parents to pay a one-time assessment (approximately \$20 per child) at the beginning of the year to purchase school room supplies. One woman described a time when her daughter could not go on a field trip because she did not have the \$2 fee for the trip. All holidays and birthdays are problematic, too.

Like most women with children, it is the work of mothering that defines their lives. They talk about the responsibility they feel towards their children as single parents:

Your child comes first. So you have to think about your child first . . . You have to get out there and get what you want for your child, because you don't want your child on government assistance.

Another woman, discussing how she manages to do everything and still be a good mom, said:

When you're not doing things like you have to do, like cook or whatever, you're with your child, giving him that extra time that you have to spare. Let them know that we're going to be together or hang or talk or whatever, after everything that I have to do is done . . . You spend that time with your kids.

Health care for their children is an important aspect of mothering. In Louisiana, access to Medicaid (medical care for low-income people) is tied to a person's welfare eligibility. Several of our participants consider their medical card the most valuable part of the welfare package, especially when attempting to leave welfare for paid employment. A similar expression is found by respondents in Jarrett (1994, p. 40):

One reason, seriously.. that I do not want (public aid) to take my check (is) because I need my medical card. They can take my money, but I need that medical card and I need those food stamps.

With a Medicaid card people may go to any participating doctor or hospital in the city for health care, but many in New

Orleans still seem to prefer Charity Hospital, a state-run hospital that was originally established by the Sisters of Charity and still provides care to anyone who needs it. More importantly for these women, however, the Charity Hospital staff treats them right even though there is considerable waiting involved.

. . . everybody likes to go to Charity because they have good doctors; they take good care of you. It may be a wait, but it's worth the wait. I feel like that. It's worth the wait.

Everyone that goes there is low income. They [the staff] know exactly what they're dealing with . . . [you're] around your people.

Poverty and the regulations of the welfare programs dominate their household existence, but it also dominates these women's economic work.

Economic work

Originally created for widows and orphans, welfare was designed to allow mothers the opportunity to raise their children without having to take paid employment (Pearce, 1990). While welfare policies now include incentives to work, full employment continues to make a person ineligible for most assistance. Whether employed part time or not at all, most women on welfare relate and the eligibility workers reluctantly admit that it is almost impossible to survive within the benefit levels of welfare. Poverty is still very much a condition of their lives.

Following an indirect method for non-threatening self-disclosure (see Zeller, 1993), we asked, in a general sense, what actions they see people taking and what work others might do in order to make ends meet. We distinguished three types of responses—legal work that is reported, legal work that is unreported (so-called 'off-the-books' work), and illegal work that is also unreported. Welfare regulations allow recipients to earn no more than \$50 within a month without a reduction in their welfare check.

One legitimate means of work is represented by various city or state funded jobs available to residents in the housing projects. Residents are paid for cutting the grass, doing bulk mailings, or participating in special grants. Often times this money is not counted in the \$50 minimum. The Summer Jobs Program, funded by the federal government, is one such program for teens.

People also find paid labor market jobs which the welfare office learns about either from the participants themselves or from the Louisiana Department of Labor Statistics. All of our participants had at some point in their lives held regular paid jobs that showed up in the statistics of the Department of Labor. The department reports to the welfare office are one of the major ways recipients are caught. Two women in our study mentioned that when they got a small, 25 cents per hour raise in a paid labor market job, their food stamps were cut. Several women in Edin's (1991) research engaged in full or part-time jobs with false social security numbers, so as to avoid being caught. Earning only \$5 or \$6 an hour, the women were unable to survive without their welfare grant, too. In order to maintain receipt of full benefits, one solution is to work jobs that are outside the official system—so called 'off-the-books' work.

The women told us about working for cash for individuals or for businesses. For many of these women, babysitting and house cleaning are frequent opportunities. Others engage in caring for elderly or sick persons, doing sewing, or fixing hair or nails. In some communities, cooking suppers from home for two or three dollars a plate is a familiar way to raise money for rent, a funeral, bail, or hiring a lawyer.

The 'off-the-books' work for businesses described in our research included working as janitors or doing cooking or cleaning in bars or restaurants. Participants in what is also referred to as the hidden economy frequently work hard, performing needed jobs "for a fraction of what a professional" or official worker would charge (Templin, April 4, 1995: A1). The Internal Revenue Service estimates an undercollection of \$114 billion in income taxes from legal but unreported work. "That would make the illicit underground economy worth some \$600 billion (equivalent to 10 percent of the Gross National Product)" (Schiff, 1992: 22).

One 'off-the-books' opportunity discussed in one of the housing project focus groups sounded almost too good to be true:

... that's a cruise boat ... they pay you cash. You'll come home with \$7000 in your pocket. The cruise lasts, you'll be gone for six weeks and you're home for two weeks ... that's money that don't be reported ... you clean rooms every day. You have 19 rooms for

42 days . . . You can't spend it nowhere. You're coming home with that and then it's straight out cash.

The third type of economic work we distinguished includes ways to earn cash that are regarded as illegal, and outside the realm of legitimate work. This work is also part of the informal sector and 'off-the-books.' Every woman we talked to mentioned prostitution as an informal 'off-the-books' way to earn cash. Edin (1991) found women in her study earning approximately \$3 to \$5 an hour from illegal 'off-the-books' work, including prostitution, theft, and selling drugs. In our study, the respondents also talked about women who lived with men they did not necessarily like in order to acquire income. One described how her child's father usually provided the needed packs of disposable diapers for their baby, but "if me and her father get into a fuss, pamper money out the door."

Several women described having "special friends." One said you have to "try to meet as many 'friends' as you can." Others referred to women carhopping:

Or carhopping, people go carhopping. You only want men with something. He has to have a car . . . [the interviewer interrupted: "what is carhopping?"] Carhopping is from one car to . . . like you kept your eyes on people in the cars. You're watching every car that pass because if a shob [meaning nice, good] car passes with a shob dude in it . . .

It was also mentioned that women used their houses to let others sell drugs. And some sell drugs themselves or let their children sell drugs:

If you have no other means of survival and your son is out there selling drugs. You're looking at that money, you're saying "Lord, there's money; there's money. Lord, it's wrong, it's wrong. I need this, my child needs this. Lord, it's wrong, it's wrong. This [the money] outweighs all that is wrong . . . even though I think it's wrong . . . but that's life. That's what people's doing. You have to face reality. That's what's going on.

Selling food stamps remains an important source of cash. The going rate is fifty cents on the dollar, although some will give higher rates. The stamps are also bargained for rent or cash.

In Edin's (1991) category of unearned income, she included money from boyfriends and absent fathers. The mothers received money from live-in boyfriends who had jobs and from ones who "work the streets" (Edin, 1991: p. 466). Although most had furnished the requested information on the paternity of their children, they had neither court-ordered child support awards nor regular payments from the fathers. Nationally, it is estimated that of all women living with their own children with the father absent, only 58 percent have child support awards. Only 43 percent of them received the full amount—an average of \$2,995 per year per family in 1990—and 25 percent received nothing (U. S. Bureau of the Census, 1991: p. 1).

The biggest resentment among our recipients was directed at the regulations where absent fathers pay support through the welfare office, and everything over the allowable \$50 per month cash income is kept by the welfare office.

As national statistics show, most women on welfare do economic sector work either legally or illegally (see Spalter-Roth *et al.*, 1995). The main reason they work, of course, is that they need the money; the reason they do not report it is fear of losing their food stamps, their medical cards, or their welfare grant.

The third type of work evident in these women's lives is the eligibility work they have to do to obtain and retain public assistance.

Eligibility work

Eligibility work is time-consuming and brings with it a complex set of thoughts and emotions. For these women, this work can be divided into gathering the documentation, preparing the 'story' they have to tell, actually going to the welfare office, and participating in the JOBS program. Moreover, in order to continue receiving assistance, a person has to re-qualify every six months for AFDC, Medicaid, and food stamps. In many ways, the process is like a personal IRS audit twice a year since bank books, child care records, birth certificates, social security cards, medical records, rent receipts, utility receipts, and so forth, must be presented for the re-evaluation. Every recipient we spoke to talked about how they organized this work. The first job is to gather and organize the necessary documents:

I keep it all in a folder that says "Welfare Files" "Important Files" "Do Not Destroy." I keep doctors slips. I keep everything from when she [her daughter] goes to the doctor. I keep all kinds of stuff.

Each woman who applies for welfare must spend time and energy preparing her story for the welfare office. One woman who works as an advocate for poor women teaches them how to apply for welfare. She stated:

Then we sit down and tell them about the questions that they're going to be asked—even though they're personal questions. We let them know the questions they ask—such as, when was the last time you saw the father steady, the last time when you had a sexual relationship, where did the relationship take place. So we sit down and we coach them and we let them know. And there's one thing that we use all the time: you're going to them for help. No matter how demeaning the questions are, you need the help. So we say, take a deep breath, go in and answer the questions as honestly as you can and get it over with. Once you leave if you need to scream or hit something, then do it after you leave.

Their relationship with the father of the child is an important part of the information the welfare office requires. The young mothers may not necessarily want to give the name of the father because he is already providing assistance. He, or someone in his family, may be contributing money for disposable diapers or school clothes. This subject is a constant source of tension for these women. The young men in this community are often unemployed themselves. If the welfare or child support offices locate them, they may resent the mothers and stop their contributions. Since the FSA went into effect, the women report that the questions about the fathers of their children have increased.

Another mother describes a trip to welfare office when she had to wait even though she had an appointment. Her experience reveals some of the tension and worry that the interview creates. She said:

You know, so we feel like we've been waiting all this time to go in here and then we've set up here and you know we've got everything together in our minds what we're going to say, you know? It takes a long time for them to call you. You kind of forget about it because you got to study what you're going to say and you've got

to remember. You've got to go back and say the same thing you said six months ago.

This woman also describes the work necessary just to make the trip to the office:

I need to find someone to watch my baby . . . then I ask, "Who can give me some bus fare to get there?" Or if I can get a ride . . . can they come get me, or if they can give me some bus fare to get home . . . And I asked my little sister's boyfriend five days ahead of time if he were willing to bring me . . . and I asked my momma for bus fare to get home.

The trip to the office is further related by a woman attending college through the JOBS program.

I get up at 5 or 6 in the morning. I study, go to school. I have to come way from school, I call and say, give me time to get there, I'm coming, but I'm on the bus. She gave me a 9 o'clock appointment, [but] . . . I couldn't come for 9 in the morning. I had to call her and say, I can't make it . . . So she had to reschedule. Then she scheduled me for 2 o'clock. It still was horrible . . . It's just hectic doing all that. You're always rushed. You're rushing. Then you want to make it there on time so you can leave there on time to get the kids for when they get out of school.

After they qualify, they wait for the AFDC check or the food stamps voucher that they exchange for their food stamp coupons. The mailman becomes the most important person in the neighborhood:

Well, the mailman pass at about 3:30. God forbid he come after 4, we'll be hungry for the weekend.

And then the food stamp office, where you get the food stamps, they close at 4. So you're like praying to the Lord. You're like meetin' the mailman half-way down the block just so you can get to your food stamps before the welfare office closes. So you're like "Please give me my food stamp card. I got 20 minutes to get there. So especially could you give me my card so I could leave."

Eligibility work becomes even more difficult when it is considered in conjunction with domestic and economic work. The women feel they cannot report the money they might get from their relatives; they cannot report the income from any informal

sector work; and, at the same time, they must tell a story to the welfare office that will certify the benefits they receive.

Since 1990, when the JOBS section of the 1988 FSA went into effect, welfare recipients' eligibility now requires them to participate in Project Independence. Initially, this project enrolled only women who volunteered to participate, and the number of volunteers exceeded the slots available in New Orleans. It is only recently that mandatory participation was enforced as slots became open in these courses and programs.

In Louisiana, the program has concentrated on education and training, rather than jobs. The program pays for the educational courses, training programs, child care, and transportation. The women on welfare reported both enthusiasm and cynicism for Project Independence. Some saw it as a real opportunity to get off welfare, and others saw it as just another requirement for them to meet in order to receive the welfare grant, food stamps, and medical benefits. One recipient stated:

It's not that we don't want to work. We need some jobs. If I show you the certificates I got from them sending me from one school to the other. I have certificates for food service. I have certificates in the work that I do here [office, clerical work], and working in . . . public relations. I have a certificate for tenant management . . . I have some certificates in child development, and I didn't have any job. What we need them to do is get us a job, train us for that job, and after the training is over, then put us in that job.

A practical problem they encounter is with transportation. They have to take their child to the day care provider, and then go to the training or education office. Often this involves two or three different bus trips. Further, the day care providers were sometimes slow with the necessary paper work, and the women have had to "pay weekly for the child care, and then wait a month for their money."

Although some of the women we talked to felt that the training was beneficial, they are aware that jobs with health care benefits are scarce. What seems apparent from their reports is that FSA gives women on welfare one more thing that they have to do for their assistance. They receive no other support for this training and no extra grant money. Further, if they do not participate

consistently after they are signed up for this program and cannot provide a sufficient excuse, their benefits can be cut. Too many absences without documented excuses (such as from a doctor) can result in a loss of benefits for three months. One woman who had participated said:

I went to training (PI) for child care and they promised me a job in 1991. And it is now 1995 and here I sit. And two weeks ago, they sent me a letter telling me I have to go back to Project Independence. And one lady asked me what I've been doing in my spare time. I said, babysitting my grandchild. Now I have to go to school.

Another woman talked about the documentation needed when she misses a class in her required job training and education program:

You know, if your child is sick then some of them just provide doctor slips. Say for instance, I have to take my baby to the doctor, then I would ask the doctor to give me a doctor slip . . . If it's just somebody in your family, you know, if your mom's still living or whatever, somebody says well my mom is sick and I need to be home with her . . . But you can't keep using the same excuse over and over . . . you've got to keep ahead of them.

From these women's reports, it is evident that they expend a considerable amount of time and energy in 'working' for their public assistance—not only obtaining and maintaining their eligibility, but also participating in the educational and job training programs.

Summary and Policy Implications

It is apparent that these women work and have acquired crucial survival skills from their welfare experience. They participate in domestic work, economic work, and eligibility work. They spend time with their children; they spend time looking for and working in paid legal and illegal jobs; and they spend time qualifying for their benefits. These are not women who spend their days "on the stoop," doing nothing. What time they are spending "on the stoop" is likely time waiting for the mailman so they can get their food stamp vouchers.

The cultural stereotypes of welfare recipients as lazy and the regulations of welfare dominate the everyday lives of poor

women in three major ways. Their day-to-day activities are shaped; their behavior is proscribed; and they continually have to hide their feelings and preferences.

Their activities are shaped because they have the medical card and food stamps. Even though they can use these at almost any health clinic, hospital or store, the women describe going to the public charity hospital where "they take good care of you . . . [you're] around your people." They describe going to grocery stores where people are 'like them' and of living in neighborhood where people are the same. Further, what they can buy and cannot buy with food stamps is carefully regulated—no paper products, no disposable diapers, no 'hot' sandwiches.

Their behavior is proscribed in that they have to ask and ask politely in almost all situations in their lives. Because welfare is seen as charity rather than as a public resource, they must ask for the welfare they receive. They are always asking for help from their neighbors, friends, and family members. The dependency that conservatives deride as a major impairment from welfare may be alternatively described as a consequence of the continual requirement of always having to ask. They are rarely given opportunities in their lives to make declarative statements or demands about their wants or needs.

The third way the stereotypes and regulations dominate their lives is in the need to hide. They have to get the story straight that they tell the welfare office, and yet, they attempt to match their lives to the regulations. They have to hide any extra money they acquire; they have to hide how they 'earned' that money; and in order not to be seen as 'bad mothers', they have to hide the fact that sometimes they cannot provide what their children need. This hiding causes them worry and upset, and they have to hide that, too.

It is not surprising then that popular press images of poor women's lives and propositions for putting welfare mothers off the welfare rolls do not mention that poor women are already working. Researchers and scholars implicitly support these criticisms when they, too, fail to consider how analyses of all women's work might be altered by the inclusion of the working lives of poor women. Consequently, many of the policies are written as though anyone can find a job who wants one. The new proposals

being considered limit participation to a maximum of two years, which will force women into a job market often without sufficient education and training for decent jobs. Many policies are written as though every job will pay sufficiently to cover a family's expenses; but it is not possible to combine assistance with a low-paying job except for a very short time. Many policies are written as though every job has health care benefits; but participants lose their Medicaid coverage after six months of leaving welfare.

Policies for poor women might be better designed if they were built on the strengths of these women, rather than on their perceived deficiencies. Built, for example, on the strength of their extended kin network, on their ability to manage few resources, and on their ability to keep their children safe in dangerous neighborhoods. Future research could further document the skills of poor women, ones that may translate to other situations or communities. Additional research might illustrate the hidden injuries of current welfare rhetoric and policies. The worry, the lies, and the necessity to have to 'make do', to hide, and still being unsuccessful in spite of their best efforts. Together these create the circumstances within which poor women live their everyday lives.

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Real Welfare Reform Requires Jobs: Lessons from a Progressive Welfare Agency

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This article discusses evidence from a local progressive welfare agency that has, along with other achievements, created innovative work programs within the framework of Job Opportunities and Basic Skills (JOBS). We discuss the institutional and bureaucratic limits of what such agencies can accomplish and that there has been some room for innovation for agencies that are so inclined. We then focus on two work-related innovations within the local JOBS program that demonstrate that there are many welfare clients ready and able to work in useful jobs. We take the position that government job creation is necessary to fill the employment gap left by normal labor markets and to make "welfare reform" effective.

There are institutional constraints and ideological influences that establish the legal framework for welfare programs, define the rules and regulations that guide the activities of local agencies, and determine the resources with which agencies operate. These institutional and ideological influences must be considered in any serious attempt to understand how the constituent parts of these institutions, including local welfare agencies, operate. There are both federal and state regulations and rules that impinge on local agencies and define the parameters within which they are expected to deal with clients, including regulations and rules dealing with eligibility, benefits, participation in JOBS, and a host

of reporting requirements. However, these bureaucracies cannot anticipate all of the novel contingencies that variously confront county human-service agencies. Thus, within the institutional parameters of human services, a significant degree of agency autonomy and individual discretion can sometimes produce a unanticipated and effective social dynamic among the chief actors involved in the local welfare drama—administrators, staff, clients, experts, advocates, concerned citizens and organizations—in the *implementation* of the programs, rules, regulations that have been established at higher levels of the bureaucratic hierarchy. Although usually unnoticed, there are lessons to be learned from innovative, client-oriented agencies that have relevance for welfare generally, the JOBS program, and welfare reform. While not necessarily significantly altering public-assistance policies or diminishing poverty generally, local innovations can benefit some clients. Indeed, every large system needs the flexibility to experiment that leads to productive innovations. Reflecting on Arnold Toynbee's epic study of the growth and decline of the world's greatest civilizations, Korten (1995) emphasizes that what is true of large civilizations is also true of all complex systems, namely "that diversity is the foundation of developmental progress in complex systems and uniformity is the foundation of stagnation and decay" (269).

In order to get a grass-roots perspective on how public assistance and the JOBS program are working at the county level, we have chosen to study the Athens County Department of Human Services (ACDHS) in Ohio. The ACDHS has a reputation locally and across the state for its liberalism and sympathy for the interests of its clients. We are not suggesting that it is perfect, or that there may not be some members of the agency who denigrate clients, withhold information from them, or in any number of other ways convey a demeaning attitude toward them. But we are convinced by our experience and the information that we have collected that overall the agency personnel are trying hard to be client-oriented. Our study is an attempt to understand the extent to which this reputation is deserved—that is, whether, despite the institutional context that overburdens it with regulations and rules and limits its resources and the benefits it can distribute, there are practices and innovations that are helpful to clients. What we report here is a part of this study.

Institutional Constraints

The ACDHS is located in Athens County, a rural county of Appalachian Southeast Ohio of roughly 55,000 people in 1995. The county is dominated economically by Ohio University and a multitude of medical and social service providers.

There are many institutional constraints that shape the context in which the agency operates and that significantly reduces its ability to advance the interests of clients (or most clients). The administrators and staff in human service agencies have no control over the social forces that produce and reproduce poverty. They do not influence the local, regional, or national labor markets and the number and kinds of jobs that are available. They have little or no influence over the quality or availability of educational opportunities, transportation systems, childcare programs, and so forth. In addition, they have little influence over the national political and ideological battles that determine the substance of welfare policies and programs or that reinforce the most negative stereotypes of AFDC clients. Eligibility standards and benefit levels are established by the state and federal governments, as are a multitude of other rules and regulations under which agency workers operate. Needy applicants are sometimes screened out because they cannot satisfy state-defined eligibility criteria. The normal package of benefits is insufficient to allow recipients and their dependents to leave poverty, let alone to have a decent standard of living.

Increasingly "clients" who receive benefits are mandated by the federal and state governments to participate in education or work programs through the JOBS program in exchange for their benefits. But the JOBS program as it has functioned across the nation in the late 1980s and early 1990s is characterized by low funding, low participation rates, and the evidence on how the JOBS program failed to help most clients to leave welfare or to leave the rolls permanently, let alone to leave poverty ([U.S.] GAO 1994; GAO 1995). These recent initiatives replicate the history of welfare-reform efforts and how they have done so little to address the real sources of welfare dependency and poverty (Handler 1995; Handler and Hasenfeld 1991; Abramovitz 1988).

Just as poverty has been increasing nationally, so it has increased in Athens county—but at a much more alarming level

and rate. Estimates by the Council for Economic Opportunities in Greater Cleveland (1994) of the Ohio county poverty rates indicate that in 1993 Athens County had the highest poverty of the 88 counties that comprise Ohio—a poverty rate of 33.3 percent, up from 28.7 percent in 1990 (16% increase) and from 21.6 percent in 1980 (54.2% increase) (Table 4, p. 135). With an estimated county population of 51,435 persons in 1993, 17,128 were poor, up by 2,504 since 1990 and by 6,680 since 1980. Annual estimates from 1980 through 1993 establish a pattern in which, starting with a poverty rate of 21.6% in 1980, the poverty rate rose almost continuously on an annual basis over the next thirteen years, declining only once in 1986 (Table 4, 135). According to estimates by the Council of U.S. Bureau of the Census data, the majority of the county's impoverished population (55.1%—derived, 131) were extremely poor, with gross incomes of only 50 percent of the poverty line or less.

The immediate roots of the problem lie partly in the limitations of the local Athens economy. Economically, the county labor market does not generate enough jobs according to estimates (some of which are derived from the U.S. Bureau of the Census) by the Council for Economic Opportunities of Greater Cleveland (1994). In 1980, the county's unemployment rate was 9.1 percent and in 1990 it was 9.6 percent (Table 24, 173). While the number of jobs rose from 20,038 in 1980 to 23,533 in 1993, an increase of 3,495 jobs over the decade, most of the increase came in retail/wholesale trade (1,043 jobs), services (1,131 jobs), and government (1,376 jobs). The first two occupational categories are associated with having a disproportionately high share of low-wage, no-benefit, part-time, and insecure jobs. Government often provides jobs that do pay decently with benefits and some relatively high degree of security, but these are highly sought after jobs that typically require experience, the ability to pass a civil service examination, and often credentials beyond high school. The number of jobs in manufacturing and transport/utilities declined by 591 and 314, respectively.

Moreover, these are labor market conditions that are not limited to Athens County; they are typical, sometimes even worse, in other counties of Southeastern Ohio. A report of the Institute for Local Government Administration and Rural Development

at Ohio University found that in a thirty-county area there had been a decline in higher wage mining and manufacturing jobs, while jobs in retail trade and service industries had grown, but that these industries offered predominantly low wage and/or part-time employment. The author of the report, Karen O. Spohn (1991), indicated that the changing industrial composition of the region's labor market, with an increasing number of low-wage jobs, contributed to the high poverty levels in this region that were maintained even when official unemployment estimates dropped in the late 1980s (xii).

Trying To Be Client-oriented

A client-oriented agency that operates pragmatically within the limits of the regulations and program parameters established by the federal and state governments and human-service bureaucracies can do a number of things to promote and sustain an agency climate that is basically sympathetic and responsive to the clients who come for assistance. Our research has indicated that there are four principal methods by which the ACDHS attempts to achieve its client-oriented approach to clients.

First, while there is little the agency can do about reducing the amount of information and verifications of information that the state requires, the ACDHS has tried to reduce the amount of time clients spend in the waiting room (routinely to 15 or 30 minutes and typically no more than an hour), to expedite assistance in emergency cases, to ensure that clients get the benefits and services to which they are entitled, and to be concerned that benefits reach clients in a timely fashion. In addition, Jack Frech, the agency's director, has submitted a proposal, with the backing of the state's welfare directors' association, to streamline the eligibility process for AFDC by giving all recipient families a \$900 flat monthly grant—something akin to a minimum guaranteed income. This proposal reflects a client-orientation in the sense that it would reduce the number of verifications required of applicants for public assistance and, on average, bring the value of their cash benefits closer to the state's need standard. Implied in Frech's proposal is the assumption that applicants for welfare should be treated with more trust than they are now, and should have a level

of assistance that better enables them to get by financially than is the case now.

Second, county agencies have no control over the level of benefits for which families of various kinds qualify. In Ohio and other states, benefits are widely viewed as seriously inadequate. Nonetheless, the policy of the Athens agency is to ensure that benefits are legitimately maximized, and Jack Frech advocates the need for improved benefits, as he speaks out at public meetings, through interviews with the press, and through a statewide lobbying organization called Have A Heart.

Third, the federal JOBS program gives states certain mandates, and, in turn, the individual states determine how flexible these mandates will be implemented at the county level. The Athens Department of Human Services provides a wide range of educational and work options in the local JOBS program, has given participants the maximum allowable mileage reimbursement (29 cents a mile), developed a large system of childcare providers (including 100 homecare providers whose licenses have been facilitated by the agency), and works to ensure that participants in the JOBS program are aware of the options available to them. The local agency administrators have also been innovative in their approach to aspects of the JOBS program, as exemplified by two innovative work programs that will be discussed below.

Fourth, and very unusually, the Athens agency fills many of its staff positions from JOBS participants whose work assignments have been in the agency. From 75 to 80 percent of all the employees in the agency are former welfare recipients. They have been hired on a competitive basis—not given special consideration. As much as anything else, this pattern of employment reflects how the agency is oriented to its clients and its assumptions that, given the opportunity and the appropriate training, experience, and support, many welfare recipients are ready and able to be responsible and effective employees.

In this article, we focus on two innovative work-oriented programs which are a part of the ACDHS's JOBS program, Extended-Community Work Experience Program (E-CWEP) and the Ohio Homemaker Health Aide Program (OHHA). Both of these programs provide useful and challenging work for some JOBS' participants as well as significantly improving their financial

situation. They demonstrate that there are many welfare clients who are ready and willing to acquire job skills on the job and to work in jobs that provide useful services to the larger community.

The Community Work Experience Program (CWEP):
What it is and the rationale

CWEP, sometimes known as workfare, is one of the principal work-oriented components of JOBS. It is a program that requires participants to work off their grants at a CWEP public or not-for-profit work site. Participants do this by working as many hours as it takes at the equivalent of the federal minimum wage to match their AFDC grant. Thus if a single woman with two children gets a monthly grant of \$340, then she would be expected to work 80 hours a month, or $80 \text{ hours} \times \$4.25 = \$340$. AFDC grants vary with the size of the family; therefore, those with larger families must put in more hours than those with smaller families. In AFDC-U families where there are two able-bodied parents, at least one of them must engage in a JOBS activity, which may involve a CWEP assignment.

If a worker continues at a CWEP site for more than nine months, then her/his required hours typically decline, because the rate at which they work off their grant rises from the minimum wage to the "prevailing" wage (of regular workers) for the job-tasks for which they are responsible at the site. For example, the prevailing wage for library aides at one of the local elementary schools is \$5.25 an hour and range from \$6.98 to \$8.00 for janitorial and maintenance workers at the ACDHS. Hence, after nine months, a CWEP worker would work off their grant at \$5.25 as a library aide or between \$6.98 and \$8.00 as a janitor or maintenance "worker."

The official rationale for the CWEP component of JOBS is that CWEP provides a client with useful work experience, an opportunity to demonstrate their commitment to the work ethic, a chance to earn a job reference from the CWEP supervisor, the respect that allegedly comes from work, and the opportunity to repay the state for her/his AFDC benefits through activities that are useful to an employer and/or the community. Most importantly according to the official rationale, and contrary to the bulk of the evidence on

workfare and CWEP (McFate 1995), such work experiences are also said to increase the chances that welfare clients will find an employer who will hire them and enable them to achieve "self-sufficiency."

Extended-CWEP: "Supplemental Grants"

The ACDHS has introduced an innovative program called Extended-CWEP that does not exist anywhere else in the country. This program provides a CWEP participant the opportunity to get an additional grant beyond the AFDC grant. Participation by the client is voluntary. There are Federal rules that allow for supplemental grants to be given welfare clients by certain government entities such as Counties. While the additional grant does not affect the AFDC grant, it does reduce the Food Stamp allotment. A supplemental grant of \$300 reduces the Food Stamp allotment about \$100, but the E-CWEP participant is still ahead by \$200 a month.

The program starts when CWEP worksites contact the local JOBS Program and request additional hours of work beyond the mandated hours for a CWEP client assigned to them. The funds for the supplemental grants come from the budgets of the various CWEP worksites. In Athens County, most of the current worksites are units within the ACDHS.

The obligation for the supplemental grant is the requirement to "work" additional hours at a rate of \$5.00 per hour beyond those hours required normally for a CWEP assignment. Additionally, the client signs an agreement that they will get the supplemental grant only if they complete all of the additional "work" hours. The limit of the supplemental grant for a particular client is that all income, including the AFDC grant, supplemental grant, child support, and other income, cannot exceed the State Standard of Need for the assistance group size. For example, if the relevant State Standard of Need for three is \$700 and the only income is a \$350 AFDC grant, then the amount of the E-CWEP supplemental grant can only be \$350. The other limit is the number of assigned hours. The combination of required hours and "extended" hours is limited by the standard of 172 per month. For short months like February it is less than 172.

The JOBS unit, for example, gets an annual allocation of roughly \$400,000 a year. After expenditures on staff and overhead (e.g. space, supplies, telephone, utilities), which are budgeted as "shared costs" and are allocated by staff FTEs (full-time-equivalents), other costs such as for travel are directly expensed against the unit's allocation. The supplemental grants for E-CWEP participants are also a direct cost. In the case of the JOBS unit, each of the two CWEP participants assigned to the unit put in fifty extended hours a month beyond their 80 mandated hours for which they each receive a supplementary grant of \$250. Over the course of the year, the extended hours of these two CWEP participants cost the JOBS unit a total of \$6,000. This is a very small part of the unit's allocation.

There are benefits for both E-CWEP participants and the agency units in which they work. The participant earns additional money, is engaged in work experience that is similar to a real, full-time job, and is treated like a real staff member, with opportunities to attend staff meetings and volunteer for staff training opportunities. Worksite supervisors find it easier to train and coordinate the activities of CWEP participants who are working extended hours, and also to ascertain whether participants are ready to move into real jobs inside or outside the agency.

The three dozen or so CWEP participants who volunteer to work extended hours for the supplemental grants make important contributions to the missions of various units of the ACDHS, including to the Income Maintenance unit, OHHA, and the Child Enforcement unit as well as the JOBS unit. For example, eight CWEP participants are on extended hours in the Child Enforcement unit as investigative aides and clerical aides. Agency Director Frech says that this unit would not function adequately without the assistance of the CWEP participants and comments:

"Before we began this program, there were like a 150 or 160 out-of-wedlock births in the county. We never did more than maybe 12 paternity establishments in a year. We had maybe 400 or more cases backlogged. When we created this program, for the last, I don't know, four or five years at least, we've established paternity on over 200 cases every year. And we do 95% of all the new out-of-wedlock births we're establishing paternity on, and we've cleared up all but 30 or 40 of those 400 old cases."

We conducted interviews with thirteen of the current JOBS clients in E-CWEP, eight of whom were assigned to the Child Support Enforcement unit, two to the JOBS unit, and three to the Homemaker unit. There was unanimity among the thirteen clients that the extended hours they are given significantly increases their chances of paying their essential bills and getting through the typical month financially. They were getting from 30 to 100 extended hours a month, working in some cases four eight-hour days a week. The extended hours brought them a tax-free supplement of from \$150 to \$500 to their ADC grants, a somewhat reduced food stamp allotments of roughly one dollar less in food stamps for each three dollars in additional income, a small monthly work allowance of \$25, and mileage reimbursement at the rate of 29 cents a mile. They were unanimous in their view that without the extended hours of paid work they would not be able to pay all of their essential bills or avoid running up debts, and that their families would experience increased hardship, variously saying: "it would be kind of rough," "it would really be hard," "could not survive without it," "don't know how we would survive," and "there's just no way."

What stands out in the interviews with the E-CWEP participants is that they enjoy their work, feel useful, believe they are learning new skills, and are in fact making a major contribution to the agency's missions.

Frech maintains that E-CWEP has not led to the displacement of regular workers or the loss of opportunities to hire new regular workers, but rather that it has provided the agency with the chance to sustain the agency's work force at a relatively effective level with a limited budget that is more likely to shrink than grow. Given the budgetary limitations, the use of CWEP participants to carry out important tasks in the agency is reasonable. For example, the cost (salary, benefits, and overhead) of an average regular staff person in the agency is \$35,000. Three CWEP participants, each of whom do sixty hours of extended hours a month, cost the agency a grand total of \$900 a month and only \$10,800 over the entire year. But displacement remains an issue. If workers are needed for important functions in the ACDHS or in any other government or non-profit agency, then it is also reasonable that somehow the government should generate the funds to create real

jobs that pay real wages. As it stands, the ACDHS has created a hybrid occupational category that is something, but not quite, like a job. E-CWEP workers become part of an ambiguous work force, whose status and benefits are still linked to welfare. This is not the fault of the ACDHS. Indeed, the agency deserves credit for finding a way to increase benefits for some CWEP workers and using them creatively to advance the mission of the agency. At the same time, E-CWEP has the paradoxical effect of reducing pressure on the government to create real jobs inside and outside the agency.

The Homemaker Services Unit

Of the many components of JOBS in Athens and across the nation, the homemaker home health aide programs have the greatest potential for creating jobs and, if adequately subsidized, enabling welfare clients with modest formal educational credentials to leave public assistance and poverty. National data from the U.S. Bureau of the Census project that between 1992 and 2005 the occupation of home health aides will generate a higher employment growth rate than any other occupation, creating an expected 480,000 additional jobs (Passell 1995, 9; Freeman 1995, 3–11). The current problem with many of the jobs in the homemaker home health aide occupational realm is that they pay low wages, offer erratic hours—often only part-time work—and provide few or no benefits (Burbridge 1993, 41–46).

Even before the U.S. Congress passed the FSA/JOBS into law in 1988, the ACDHS had launched a homemaker-home health aide program in Athens County that provided a variety of home-based services to the elderly and handicapped and provided temporary subsidized employment for some welfare clients, while hiring some of them into regular jobs in the Homemaker Services unit of the agency.

With the passage of FSA/JOBS, OHHA became one of the JOBS program's work-options. It is a subsidized-employment program that is targeted to JOBS participants who are on AFDC. When AFDC clients enter OHHA, they do not officially leave welfare, but rather enter into subsidized employment through the Subsidized Employment Program (SEP) after a six-week training

course. During the nine-month period of subsidized employment, they lose their AFDC grant, some of their food stamp allocation, a \$25 work allowance for those who had assignments on a CWEP site, and any rent subsidy they may be getting (most don't get this) for an hourly wage of \$8.41 an hour (the wage offered during 1994 and through the spring of 1995). This wage comes to substantially more a month than their AFDC grant and the other benefits that will be foregone. Indeed, \$8.41 an hour for forty hours a week, times 4.3 weeks in the average month, represents gross monthly earnings of \$1,446.52 a month, from which state and federal taxes and \$20 for union dues are deducted. In the nine months of the program, participants earn a gross income of \$13,018.68, enough with other benefits and cash assistance for the other three months, to lift most participants and their families above the official poverty line.

The OHHA program represents a major part of the agency's homemaker unit which provides homemaking, personal, and some health-related services to 150 local clients who are mostly elderly persons and who have lost one or more of their capacities to cope with the routine requirements of daily living. Without the services of the Homemaker unit, including OHHA, estimates by one of the agency's administrators suggest that half of the 150 or so people served would require institutional care in nursing homes.

Given the limited resources of the agency's homemaker unit, not all of the persons in the community who need home-based services to remain out of nursing homes or other forms of institutional care are being served by the homemaker unit or other similar programs in the community. There is a fluctuating waiting list of roughly 180 to 200 persons recommended for services who are waiting for services and who are at risk of either ending up in nursing homes or suffering from neglect. Beyond this list, there are others who need care but who are unaware that it might be available and have thus not sought it.

Clients are chosen for services in various ways, but always within a context of limited funds that make it impossible to serve all those with acknowledged needs. In some cases, the ACDHS is able to choose clients who are recommended for services by physicians or other health providers and who conform to criteria specified in the relevant funding sources for home-based services, while in other cases the final decision lies with the regional Area

Agency on Aging located in Marietta, Ohio. There are five funding sources. Two of these sources, the Social Security's Title XX Social Service Block fund and the state's JOBS' budget, give local human-service agencies considerable leeway, specifying only income and racial/ethnic parameters, in which clients for homemaker home health aide services (home health aide for short) are served. The three programs that are administered by the Area Agency on Aging include Passport, Options, and Block-Senior Services are all funded in large part by federal Medicaid funds. In these cases, usually a local physician will request home health aide services for a patient. The ACDHS will then forward this information to the Area Agency on Aging. Then a case manager from this agency will conduct an in-depth interview with the potential client. On the basis of this interview, the case manager will make a recommendation on whether the person should be provided with services, and if approved for services, the number of hours and the kinds of services they should be provided.

The Homemaker unit of the ACDHS has a workforce of twenty-nine workers, which varies over time somewhat. Seven of the nineteen workers are full-time, regular agency employees. Their salaries and benefits are paid from Medicaid and Title XX Social Services Block funds. The unit's supervisor and secretary, both regular full-time workers, are paid out of administrative revenues from the state JOBS budget. The twelve workers who are participants in the agency's OHHA program are paid from the JOBS budget. Additionally, in the Spring of 1994 there were eight E-CWEP participants assigned to the Homemaker unit, all of whom had gone through the OHHA program and who then were receiving supplemental grants.

OHHA: an overview

We interviewed twenty-nine persons who are or have been associated with the Homemaker unit, twenty-eight of whom have prior or current experience on OHHA. Jeff Bush, the agency's Director of Social Services who has administrative responsibilities for the Homemaker unit and OHHA, is the only one of the twenty-nine interviewed who has never participated in the OHHA program. Of the other twenty-eight interviewees, seventeen are currently employed in various units of the ACDHS, including the Homemaker unit, the agency's Personnel Officer, the

secretary of the Director of the agency, the Child Support Enforcement unit, the Healthcheck and Transportation units, the Income Maintenance Clerical unit, the Income Maintenance Screener-Reception unit, and the JOBS unit. The other eleven include five who were currently participating in the OHHA program, three who had finished the OHHA program and were now back on public assistance and assigned as E-CWEP participants to the homemaker unit, and three former OHHA participants who now held jobs outside of the agency.

Being Recruited and Selected

Of the twenty-eight current and former OHHA participants who were interviewed, all learned about the OHHA program from one or a combination of five sources, including an advertisement in the local newspaper, a letter from the agency included with their monthly food stamp allotment, from friends or neighbors who were participating in OHHA or who had previously participated in the program, on a CWEP work assignment, or from staff members of the Homemaker unit.

Once welfare clients on AFDC apply for the OHHA program, groups of 12 to 15 people from the 60 to 100 applicants (the average number applying in recent years) are invited to "a group interview," followed by "an individual interview" with those who are still interested, and, if they are identified as a likely candidate, put through a security check.

Individual applicants are chosen on the basis of a number of criteria, including relevant prior experience, whether they have an operational car, and how they express their feelings about taking care of elderly or handicapped people.

"Informed decision"

Those who are selected next have interviews with a designated staff member of the JOBS unit both before and after the six-week training program. During the first of these interviews preceding the six-week training course, they are apprised of how their benefits will be affected by entering the training program, along with an attempt to identify their work experience, skills, and interests. For the training period, participants are told that

their AFDC and food stamp benefits will continue, and that they will also receive a "participation allowance" of \$25 and mileage reimbursement for the miles they drive going to and from the training site at the Tri-County Vocational School and their homes. They are also entitled to free child care for their child or children through the six-week training period and the subsequent nine-month subsidized employment program represented by OHHA. When they finish the training program, they have an "informed decision" interview at which time they will be advised of the relative benefits of remaining on AFDC as opposed to going ahead and entering the OHHA program. Virtually all clients who finish the training choose to continue and enter the OHHA program itself. In addition to other benefits, the agency provides all clients who are entering the OHHA program with up to \$400 for car repairs, which, as Jeff Bush emphasizes, is not a lot per car. He says: "It adds up quick. You're talking about maybe four tires and a tune up, something along those lines." In addition, the agency has six vans, one or two of which can be used on an emergency basis when a car of one of the unit's workers breaks down or to transport elderly clients to the physicians or to Columbus, seventy-five miles away, for special medical treatment.

What They Learn

The useful skills and information to which they refer fall into four categories: health related, personal care, homemaking and shopping, and relationships. In the *health-related* category, the client-students learned cardio-pulmonary resuscitation techniques (or CPR), first aid, and how to take a person's blood pressure, pulse, and temperature. Regarding *personal care*, they learned how to lift clients as they helped them in or out of bed. In one case, this had a personal payoff. "Well, short time after I got my permanent job, my mother...had to have an operation, had to have her gall bladder taken out. And it really came in handy then, because she is a heavy woman, and I had to lift her out of bed cause she couldn't get out of bed. So it came in handy even in my (personal) life." Personal care also involved learning how to position people in bed, how to work with clients who were incontinent, bathe clients in the bathtub or in their beds,

how to change and clean a colostomy bag, the use of bed pans, learning how to assist them in walking, and the importance of washing up before and after providing clients with personal care ("sanitation").

The training also gave some attention to *homemaking and shopping* skills, including doing the laundry, house cleaning, and shopping, with tips on the kinds of products to use. *Personal relationships* were also emphasized in some of the training courses, learning about the importance of feelings, how to talk and listen to clients or patients, to be nonjudgmental about their living arrangements, personal habits, and idiosyncrasies, and, as the following quote indicates, the value of having a positive attitude.

"I learned that the elderly has different needs. Everybody is different. Everybody's got different personalities. And you don't know what you're going to face when you're going to go to that door, when you are going to knock at that door. What kind of attitude are they going to have when you knock at the door. So no matter what it is, you've got to have a smile on your face."

Examples of what they do for clients

The OHHA participants, along with some of the other workers in the Homemaker unit, typically each provide services to six to eight individual persons a week, seeing them two or three times during the week usually for two or three hours a visit. Some of those in the E-CWEP program and some of the regular staff act as "floaters" who will fill in for regularly assigned workers who are ill or somehow indisposed and cannot come to work.

The overall array of services provided to the clients they serve is impressive. The workers from the Homemaker Services unit clean the homes and sometimes their appliances (e.g. refrigerators) of their clients. They also shop for them and sometimes the clients drive along on shopping trips and in the process attend to other errands.

The budgeting involved is basically helping clients to determine how much money they will have for food expenditures and other necessary weekly or monthly expenditures, helping them write out checks, and sometimes making deposits in the bank to cover the bills that have been paid by check.

In addition to home health services, clients also like to socialize with the workers from the Homemaker unit. Some workers in the unit provide other special services to their appreciative clients. Amidst the whirl of activities, Helen sometimes finds time to read to her clients and finds that "they like that more than anything." Beyond cleaning, budgeting, shopping and other errands, socializing, and other homemaking chores, workers in the Homemaker Services unit provide personal and health-related services as well. Helen described taking the blood pressure of one client and driving her to and from the doctor's office. Workers sometimes bathe clients, take vital signs, help clients get some physical exercise, and remind clients to take their prescribed pills.

There is virtual unanimity among those interviewed from the Homemaker Services unit that clients are invariably very appreciative of the services they receive. Indeed, without these services, many of the clients would have to leave their homes, which they do not want to do, and be committed to nursing homes. Tina commented that in some cases "we are the only ones they see" and without assistance they would be in nursing homes. Mary refers to how clients "just love you to death." Joni refers to an elderly relative who has been one of the clients of the Homemaker Services unit. This relative recently had to enter the hospital and she told Joni to "tell the girls (from the homemaker unit), Lord willing, I will be back."

In entering the homes of clients who need their assistance, they not only provide a wide range of useful services but also often break through the formal veneer and detachment of their official role and become attached to their clients. Given that their clients are often of very advanced ages, there is sometimes a down-side to such attachment, when clients die. Myrna says: "Oh, I loved my people. I'm not a person that likes to do housework. But I would do it because it needed done. But I liked my people very, very well. I enjoyed talking to them and helping them out." And Terri commented: "You get used to them, you know, they are like family . . . a friendship, yeh."

Various outcomes for OHHA participants

The lack of useful and reliable information on what becomes of former participants of OHHA or any other JOBS program says

nothing about the quality of these programs. It does indicate that local human service agencies are not equipped to do such research. Our research is also hardly definitive and does not allow us to make quantitative generalizations about the percentage of participants who leave or stay on the welfare rolls or about what happens to those who leave the rolls. However, the twenty-eight current and former OHHA participants interviewed for our research does suggest that there are a variety of outcomes. Some of those who began the nine-month program, which in the early 1980s lasted a year or a year and a half and then subsequently was reduced to nine months, are lucky enough to get regular jobs in one of the units of the ACDHS itself. Others complete the entire program and do find jobs, but the jobs are not always sufficient to enable them to completely leave welfare or raise them out of poverty. The transitional benefits they receive—free childcare for their children and Medicaid coverage—last only a year. After the benefits end, they may have no choice but to return to the rolls if they have family members who need costly medical care or drugs. There are others who complete the program but then fail in their attempts to find jobs that would improve their situation, and return to the rolls. They are often then reassigned as E-CWEPs back to the Homemaker unit, given extended hours in addition to their mandated hours, and continue to do what they had previously been doing in the OHHA program. Some who fail to find adequate employment after the end of the nine months decide that their next JOBS assignment will be to Hocking College, where they hope to get an associate's degree in nursing that will increase their chances of getting a decent job. Those who are currently in the program have various hopes, the principal one is that they will be able to get a regular job in the Homemaker unit or another unit of the ACDHS before or at the end of the nine months. They have little optimism about finding a job in homemaking home health services or in any other job for which they are qualified that will pay much or provide adequate benefits.

In order to employ a much greater percentage of the AFDC workforce in such activities, the federal government must make a commitment to making jobs pay and job creation. In the area of homemaker health services, the evidence suggests that there is a potentially large pay off for society as well as for many welfare

recipients or those who are at risk of going on welfare. Jeff Bush, director of the agency's social service programs, makes a persuasive case for how programs like the OHHA program are cost effective from a strictly financial point of view. He estimated that in 1991 the ACDHS provided 18,328 hours of home-based care to clients served under OHHA. During 1992, 75 elderly and handicapped clients were on the average served by ten "home health aides" a month. Bush estimates that these services cost the agency \$405,000. In contrast, Bush further estimates that a nursing home placement cost \$2,300 a month per person. Thus, if only half (38) of the 75 persons served by the agency's home health aides had been sent to nursing home, the cost would have been \$1,048,800 for the year. According to his calculations, the saving produced by the agency's home health aides amounted to \$643,800 (or \$1,048,800 minus \$405,000 = \$643,800). For such a small program, this is a substantial one-year savings to the state of Ohio. And such savings could be expected year in and year out. Clearly then, one of the important lessons of the OHHA program is that there is a need to go beyond such small efforts as represented by OHHA and expand government support for home health aides, to make these jobs permanent and adequately compensated jobs, and, as a consequence, to reap yet larger savings for the state and society in future years. The price is right. The services are needed. The elderly and handicapped people who are served benefit. Home health aides provide cost-effective services, even when they are paid an adequate wage. There is no better deal around.

Some implications

One of the major challenges for those who are interested in genuine welfare reform is to recognize that the principal sources of poverty are rooted in institutional arrangements that place some people at a disadvantage in the competition for decent jobs. Agencies such as the ACDHS have demonstrated that there are many AFDC clients who are willing and able to work and to provide the community with useful, important, and cost-effective services. However, there are simply not enough decent jobs overall across the nation for all of those who need and want them, a fact that is well documented in the literature (e.g., see Sheak

1995). Some areas of the nation are more affected by the relative lack of decent jobs than others, but this is a problem that to some extent affects virtually all areas. Without a decent job, the chances of being poor and in need of public assistance go way up.

The clear implication of these facts is that if adult welfare clients, the overwhelming majority of whom are women, are going to be able to leave the welfare rolls and have a good chance of achieving genuine self-sufficiency (i.e., leaving poverty), then wages and crucial benefits for those who are employed in low-wage jobs must be subsidized by the government, the minimum wage must be raised, policies must be developed that help to improve part-time and contingency jobs, and government policies must be forthcoming that will promote unionization among workers, especially among those earning relatively low wages. However, such reforms would not address the whole issue of work. Beyond making existing jobs pay, there is also a need to commit ourselves to a full-employment policy that would ensure that there are useful jobs available to all those able and willing to work. The literature on government job creation establishes that it has a long history in this country (Skocpol 1995, chapter 7), that job creation in the 1970s produced efficient and beneficial results for participants and communities (Levitan and Gallo 1991 and 1992; Johnson 1985; Rose 1995, 183 and chap. 5), and that when well designed can be cost effective (Harvey 1995).

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Welfare to Work: What are the Obstacles?

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U.S. welfare reform initiatives are based on the assumption that the primary barriers to economic independence are individual deficits. However, the policy does not adequately account for situational and personal factors necessary for a successful transition from welfare to work. Without greater attention to these barriers, the policy is likely to fail or be implemented at high personal cost to recipients and their families. This paper uses a person-in-environment social systems framework to examine the personal and family resources available to a group of women who were receiving AFDC and participating in an urban Head Start program. Structured interviews and literacy assessments with 77 AFDC recipients participating in a Head Start program indicate that the barriers to self-support are not related to substance abuse, health problems, deficits in literacy, or a lack of interest in work. However, most caregivers do not have adequate training or education to prepare them to compete in the job market, nor do they feel equipped to find a job on their own. The results with respect to family resources are mixed. While families possess a number of coping mechanisms, caregivers have little support from social network members for day-to-day child care activities. The implications of the findings for welfare policy are discussed.

Introduction

Welfare reform has been given high priority on the American political agenda. The current debate focuses less on the desired

outcome and more on the underlying beliefs about the causes of poverty and the mechanisms necessary to achieve self-sufficiency. Welfare recipients, liberals, and conservatives agree that the welfare system as it is presently structured does not facilitate independence among poor families. However, there is intense disagreement on the degree to which individuals are responsible for their own plight and whether the mechanisms required to encourage work should be punitive or supportive.

In this most recent wave of reform, the Family Support Act of 1988 (Public Law 100-485) was among the first federal attempts to address the deficiencies in the welfare system. According to the Act, recipients of Aid to Families of Dependent Children (AFDC) are required to obtain the education, training, and employment necessary to avoid longterm welfare dependency. This welfare-to-work initiative applies to recipients with children of all ages, provided that child care is available (Hagen, 1992).

The latest welfare reform proposals depart from the Family Support Act in that they would transfer greater responsibility for how programs are structured and funds are allocated from the federal government to States through block grants. These proposals would also institute limits by requiring parents who have received benefits for more than two years (whether or not consecutive) to work in State defined work activities; and prohibiting benefits under certain conditions such as out-of-wedlock births to minors or to an additional child born to a current recipient (House of Representatives, Ways and Means Committee, 1995). While the changes in welfare will unfold over the next couple of years, it is clear that the direction is towards more State level control and fewer guaranteed benefits to poor families.

Implicit in the current policy initiatives is that poor women who are not employed outside the home lack the personal motivation to work. These proposals do not take into account the multiple factors that can act as obstacles to employment among poor women. Barriers can include lack of education, job training, child care, and social support, as well as substance abuse and poor health. The purpose of the research reported here is to: 1) describe the personal and family resources which can facilitate or impede employment in a sample of AFDC recipients who are also participating in an urban Head Start program; and, 2) examine the

potential impact of full-time employment among impoverished single mothers with young children.

Literature Review

All welfare reform has one basic common denominator—people should be self-sufficient and capable of supporting their own families (Vosler & Ozawa, 1992). A growing body of literature has shown that self-support depends on the availability of personal and environmental resources such as literacy, support for child care, informal social support, personal well-being, and physical health (Meyers & Van Leuwen, 1992).

Studies show that literacy and completion of school are the most important factors in determining a young mother's later financial independence (Brown, 1982; Trussel, 1981). Women who graduate from high school are not only better prepared to obtain employment, but they are also more likely to bear children at a later age (Moore & Hofferth, 1980; Singh, 1986). Mothers who rear children at an early age frequently experience long-term welfare use (Furstenberg, 1976; Hayes, 1987).

Support for child care is a crucial component of AFDC mothers' transition to work (Blau & Robins, 1988; Meyers & Van Leuwen, 1992). Popkin (1990) found that lack of child care was often cited by mothers as an obstacle to finding a job. Mothers on AFDC often do not have access to affordable child care (Blau & Robins, 1988). Hofferth (1989) found that low income mothers spend 35 percent of their pay on child care, in contrast to the 10 percent spent by median income mothers. Single African American mothers, who are frequently poor, are far more likely than married Black mothers and single or married White mothers to report inadequate child care (Hogan, Hao, & Parish, 1990). Furthermore, adolescent mothers are significantly more likely to complete courses and graduate from high school, and therefore to have greater prospects for financial independence, if day care is available to them (Hill & Bragg, 1987; Marx, 1987).

Health problems may also be a barrier to parents' self-sufficiency. Popkin (1990) found that AFDC recipients frequently cite health problems in the family as a barrier to finding work. Recent studies have suggested that there is a strong link between poverty

and poor physical health of mothers (McMahon, 1993; Weitzman, 1992) and children (McGauhey & Starfield, 1993). Women with health problems may find it difficult to obtain and sustain employment outside the home, particularly if health care benefits, such as Medicaid, are discontinued or inadequate (Chilman, 1992).

The literature supports the contention that the barriers to employment for impoverished women are multifaceted and attributable to personal and environmental resources. Based on the recent initiatives, State governments will be responsible for making decisions about how welfare programs are structured and, depending on funding levels, the degree to which punitive or supportive strategies will be employed. It is important that policy makers have accurate information about the obstacles to work force participation poor women experience and the potential impact of full-time employment on single women and their children.

Theoretical Framework

Vosler and Ozawa (1992) suggest a person-in-environment social systems framework and stress and coping perspective for analyzing the impact of policies and programs on the intended recipients, thus bringing together the traditional person-in-environment framework of social work practice with the stress and coping theory which has primarily guided family research (McCubbin & Figley, 1983). Person-in-environment focuses on the multiple levels of social systems which are influenced by or have an influence on individuals. These include the family, neighborhood, local, state, and national systems. Each of these systems, in turn, has the potential to provide resources and generate stress for policy and program recipients. In order to evaluate the potential efficacy of a policy, it is necessary to assess the impact, both negative and positive, that the policy is likely to have on the person and her environment.

In the example of welfare reform, mandatory participation in training programs or entry into full-time employment can be viewed as both a resource and a stressor. In theory, training and eventual employment provide the primary caregiver with the skills and means to achieve economic independence for her family. However, if employment does not compensate the caregiver

at a level adequate to support the family, stress could be increased for the entire family.

Another potential stressor for the caregiver relates to the competing demands of being a full-time parent and worker. The responsibilities associated with these dual roles can tax the emotional and physical resources of the caregiver. The provisions of the Family Support Act attempt to mitigate this stress by requiring that child care be available. However, the most recent proposals would not mandate child care, but make this an option State's could chose to provide given the availability of funds. Regardless of the supports built-in to welfare reform, caregivers will need to call upon their personal and family resources to meet the demands that the new welfare reforms place upon them.

The personal resources of the primary caregiver which could facilitate economic independence include such factors as physical and emotional health, level of education and training, prior job experience, and level of interest in employment. Family resources which could assist women in their attempts to meet the demands of employment include support for child care and housekeeping tasks, emotional support, and family coping abilities. This paper examines the personal and family resources available to a group of female primary caregivers who were receiving AFDC and participating in an urban Head Start program. The personal resources of the primary caregiver which were measured include: 1) literacy skills, 2) prior participation in job training, 3) job seeking activities, 4) psychological functioning, and 5) perceived health status and history of substance abuse. The resources available to the primary caregiver from the family system include: 1) informal social support for child care activities, and 2) family coping mechanisms.

Methods

Sample Selection

One hundred and five primary caregivers of three and four year old children enrolled in the Head Start program were offered an opportunity to participate in the study. Ninety caregivers agreed to participate and signed informed consent. Data regarding the characteristics of the refusers are not available. Of the 90

participating caregivers, 77 were receiving AFDC benefits and are included in the analysis presented here.

Respondents were interviewed in a place of their own choosing, usually the family home, by an interviewer independent of the Head Start program. Caregivers were assured that their responses were confidential and would not be shared with program staff. In appreciation for their time, respondents were reimbursed in the amount of \$15.

Measures

A semi-structured questionnaire and literacy assessment required approximately 90 minutes to administer. Included in the questionnaire were demographic characteristics, work history, job preparation and seeking activities, health status, substance abuse history, and measures of depression, social support, and family coping styles.

Caregiver Resources

Literacy. The Comprehensive Adult Student Assessment System (CASAS) was used to measure functional writing skill abilities within a life skills context. The assessment measures competencies in the following eight areas: consumer economics, community resources, health occupational knowledge, government and law, computation, learning to learn and domestic skills. The CASAS, which was developed by a consortium of agencies that provide education services to adult and alternative educational programs, has been widely used to assess basic literacy skills. The assessment yields a measure of literacy level from beginning to high school level.

Employment History and Related Activities. Respondents were asked what their current employment status was, and if unemployed, whether they were looking for a job and if they had ever been employed. Specific data regarding employment in the last 12 months were collected, including length of employment, hours worked, and weekly pay.

In addition, a list of job-seeking and preparation questions were asked to ascertain whether respondents had actively sought a job by answering an ad, preparing a resume or going on an inter-

view. Job preparation was assessed by asking about participation in work programs.

Health Status and Substance Abuse. Three questions were used to measure health status. Respondents were asked: 1) to rate their health on a four point scale from excellent (1) to poor (4); 2) whether they had any physical condition that prevented or limited their ability to work; and, 3) if they had any chronic illnesses that made it difficult to participate in Head Start activities.

Regarding substance abuse, a modification of the Addiction Severity Index (McLellan, Luborsky, Woody, & O'Brien, 1980) was used to measure use of alcohol, cigarettes, and drugs. Respondents were asked about use of substances over the past 30 days, if they had ever used alcohol or drugs regularly for a period of one month or longer and whether they had been troubled or bothered by alcohol or drug use in the past thirty days. In addition, past and current treatment for substance abuse was queried.

Emotional Health. The Center for Epidemiologic Studies Depression Scale (CES-D; Radloff, 1977) was used to measure current level of depressive symptomatology. The CES-D consists of 20 items that measure depressed mood, feelings of guilt and worthlessness, feelings of helplessness and hopelessness, loss of energy, and disturbances of sleep and appetite. Respondents are asked how frequently they experienced symptoms during the past week. Items are scored on Likert-type scale from rarely or none of the time (0) to most or all of the time (3). The scale has high internal consistency, moderate test-retest correlations (.40 or above), excellent concurrent validity by clinical and self-report criteria, and substantial evidence of construct validity.

Family Resources

Informal Social Support. We were interested in the amount of assistance caregivers received with daily child care tasks and the emotional aspects of parenting such as comforting and disciplining the child. No existing measures of social support met both of these requirements so it was necessary to develop an instrument for this purpose.

Respondents were asked about how often they and other people in their network took the child to the doctor or dentist, went

to teacher's conferences, bought the child's clothes, comforted the child when his or her feelings were hurt, and set limits or disciplined the child. A five-point Likert type response format was used ranging from never (1) to all the time (5). Caregivers were also asked how often they and network members took the child to school and supervised morning and bedtime routine. The Likert scale ranged from never (1) to every day (5) for these items. Finally, the frequency with which the child was taken on outings by the caregiver and network members were queried using a scale from never (1) to one or more times a week (5).

Given that the family could consist of more than one child, the Head Start child was used as the index for all responses. Possible network members included the Head Start child's father, maternal grandmother, other grandparent, other family member, friend or partner, and "other" was used to capture a network member not asked about.

Family Coping. The F-Copes (McCubbin, Larsen, & Olson, 1982) was used to measure problem-solving attitudes and behavior families use to resolve difficulties. The instrument contains 29 items and five conceptual scales: acquiring social support, reframing situations to make them more manageable, seeking spiritual support, mobilizing family to acquire and accept help, and passive appraisal such as avoidance. Each item is measured on a five-point Likert type response format. Items are summed to arrive at subscale and total scale scores. In terms of reliability, Cronbach's alpha reached .86 and test-retest reliability for the scale was .81. Construct validity was assessed through factor analysis. Each of the five factors had an eigenvalue greater than 1.0.

Results

Description of the Sample

Most of the primary caregivers were mothers of the Head Start child (97%), although three caregivers were grandmothers. The average number of children living in the household was 3 with a range from 1 to 8 ($SD = 1.4$). In terms of ethnicity, the majority of caregivers were African American (92%), and a small percentage were Hispanic (2.6%) or White (2.6%). The average

age of respondents was 29 years ($SD = 8$, range 20–58), and 96% were single. The most common living situation for families was in a house (75%) as opposed to an apartment (25%), with most renting (93%) rather than owning (7%).

All families had received AFDC, food stamps, and Medicaid during the previous year. Most had received assistance for the full twelve months (94%), and three respondents had been recipients for an average of seven months. The mean amount of the AFDC grant families received was \$460.47 per month ($SD = 146.17$, range = 205–1267). In addition, a quarter of the families received child support, most frequently (68%) in the amount of \$50 per month (mean = 124, $SD = 124$, range 50–500). Sixty-two percent of the families received WIC, and a little over a third were recipients of public housing assistance (38%) and fuel assistance (37%). In addition to AFDC, 16% of the families had a member who received Supplemental Security Income (SSI). Over half (55%) of the households reported a yearly income between \$3,001 and \$6,000, 23% earned between \$6,001 and \$9,000, 12% earned between \$9,001 and \$12,000, and 10% earned over \$12,000.

In terms of education, 46% of caregivers had a high school diploma and 7% possessed a GED. Eighteen percent received some education beyond high school, although none had completed the requirements for a college degree. Most respondents (83%) did not have a driver's license and almost half (47%) never had access to a car.

Caregiver Resources

Literacy. Regarding literacy levels, 69% of caregivers scored at the high school level. Individuals at this level can generally perform at high school entry level and above in basic reading or math. They can usually perform work that involves following oral and written directions. Twenty percent of respondents scored at the intermediate literacy level. These individuals can generally function in jobs that involve following oral and written instructions and diagrams. However, they usually have difficulty following complex directions. Nine percent of the caregivers were at the basic literacy level. Adults at this level can function in entry-level jobs that require simple oral communication skills where tasks are demonstrated. One person scored at beginning literacy

level and would therefore have difficulty with the basic literacy and computational skills necessary to function in an employment setting (CASAS Test Administration Manual)

Employment History and Related Activities. The majority of caregivers (87%) had either held a job in the past (60%) or were employed (27%) in the last year. Of those currently unemployed, 33% were looking for work. Therefore, 60% of caregivers were either working or seeking employment. Caregivers who were employed in the past year earned an average weekly salary of \$168 ($SD = 124$, range = 20–480). Among respondents who had been employed in the past, but not in the last year, the average number of years they had been unemployed was 5 ($SD = 3.27$, range = 14–1). Sixty-nine percent of the caregivers indicated that they needed help finding a job.

Several respondents had attended adult education classes or received job preparation instruction since leaving school. For example, 60% received training in how to use a computer, 57% had instruction in reading, writing or math, 36% participated in vocational training, and 23% had taken the GED exam. Despite the instruction caregivers had received, 31% felt they needed help with reading skills, and 69% felt they needed job training.

As seen in Table 1, most caregivers had taken steps to obtain employment in the past. Approximately, three quarters had been on a job interview (78%) or received instruction in how to go about looking for a job (71%). Almost half of the respondents, had taken a test to determine what job they may be good at (48%), written a resume (46%) or answered an ad for a job (40%).

Health Status and Substance Abuse. Most respondents (77.6%) rated their health as “good” (57) or “excellent” (22%). Furthermore, the majority had no physical conditions to limit their ability to work (87%) or any illnesses to make participation in Head Start difficult (92%).

Self-reported substance abuse by primary caregivers was low. Approximately 12% admitted to any lifetime use of marijuana for one month or more, 17% stated that they had used alcohol to intoxication for a month or more, and 4% used cocaine for one or more months. Only one person had ever been treated for drug

Table 1

Job-Seeking Experiences and Activities

Question	Yes %	No %
Have you ever answered a newspaper ad for a job opening?	40.3	59.7
Have you ever written a letter applying for a job?	18.2	81.8
Have you ever written a resume?	45.5	54.5
Have you ever taken a test or answered question to find out what job you would be good at?	48.1	51.9
Have you ever gone for a job interview?	77.9	22.1
Have you ever gone to an employer to ask about a job that was not advertised?	46.8	53.2
Have you ever received instruction about how to go about looking for a job or applying for a job?	71.4	28.6
Have you ever been in a "work experience" or internship program?	32.5	67.5
Do you have a clear idea of the job you want?	68.8	31.2

or alcohol problems. About half (52%) of the caregivers reported that they currently smoked cigarettes.

Emotional Health. On the CES-D, the average score of the respondents was 14.07 ($SD = 10.6$, range 0–56). Twenty-nine percent of the respondents scored at a level consistent with high depressive symptoms. The statement with the highest mean rating was "I felt that everything I did was an effort" (1.76). The second highest rating was related to restless sleep patterns (1.11). Respondents were least likely to feel that their life was a failure (.33) or to experience crying spells (.38).

Family Resources

Informal Social Support. Analysis of the social support scale indicates that primary caregivers receive relatively little help from

their network with daily child care tasks and somewhat greater help with the emotional aspects of child rearing. As seen in Tables 2, primary caregivers are most often responsible for taking their Head Start child to the Center and for supervising bedtime routine. The child's father was the second person most likely to assume these responsibilities, but this occurred on a much less frequent basis. Other potential network members were rarely responsible for bedtime routine or taking the child to school. Although not included in Table 2, the results were similar for the frequency with which caregivers received help supervising morning routine, taking the child to the doctor or attending teacher's conferences.

The situation regarding support meeting the emotional needs of the child is somewhat different. As shown in Table 3, the father of the child and the maternal grandmother are much more involved in these aspects of childrearing. It is also interesting to note that other network members are also more likely to provide support in the form of comforting the child when his or her feelings are hurt than in any other area.

When amount of support the primary caregiver received was analyzed by age of caregiver and employment there were no differences. This means that the amount of support the caregiver received did not vary by the age of the caregiver or whether she had worked outside the home in the past year.

Family Coping. The analysis of the FCopes shows that the families in this sample are consistent with the norms for African American single parent families established by McCubbin and Thompson (1991). For instance, the normed mean reported for overall support was 101.15, and for our sample the mean was 102.03. This parallel was repeated for all the subscales of the FCopes.

We were interested in the dominant coping styles of the families as a measure of the coping resources a family may be able to marshal in the face of stress. In order to achieve a relative measure, each of the subscales was divided by the number of items in that subscale. The subscale with the highest mean was reframing (3.71), which refers to the family's ability to redefine stressful events in order to make them more manageable. The next highest coping style was seeking spiritual support (3.69), followed by

Table 2

Primary Caregiver Social Support for Child Care Tasks

Source of Support	Frequency of Support				
	Never %	1 or 2 times a week %	3 or 4 times a week %	5 or 6 times a week %	Every day %
<i>Supervise bedtime routine</i>					
Caregiver	1.4	4.2	2.8	7.0	84.5
Child's Father	63.4	19.7	1.4	1.4	14.1
Mat. Grandmother	65.2	18.8	7.2	1.4	7.2
Other Grandparent	85.5	10.1	1.4	1.4	1.4
Other Family	74.6	11.3	5.6	4.2	4.2
Friend/Partner	77.4	11.3	2.8	1.4	7.0

Source of Support	Frequency of Support				
	Never %	1 or 2 times a week %	3 times a week %	4 times a week %	Every day %
<i>Take child to school</i>					
Caregiver	5.6	4.2	9.9	7.0	73.2
Child's Father	64.8	22.5	4.2	1.4	7.0
Mat. Grandmother	72.5	20.3	4.3	1.4	1.4
Other Grandparent	89.8	7.2	1.4	1.4	0.0
Other Family	76.0	9.9	9.9	1.4	2.8
Friend/Partner	69.0	18.3	2.8	5.5	4.2

mobilizing the family to acquire and accept help (3.31), acquiring social support (2.94), and passive appraisal (2.79).

Summary and Discussion

The results of this study indicate that Head Start primary caregivers receiving AFDC possess a number of personal and family resources which will assist them in obtaining employ-

Table 3

Primary Caregiver Social Support for Child's Emotional Needs

Source of Support	Frequency of Support				
	Never %	Less than half the time %	About half the time %	More than half the time %	All the time %
<i>Comfort child when feelings hurt</i>					
Child's Father	47.9	16.9	9.9	5.6	19.7
Mat. Grandmother	34.3	13.4	11.9	14.9	25.4
Other Grandparent	60.8	7.2	10.1	5.8	15.9
Other Family	50.7	12.7	16.9	7.0	12.7
Friend/Partner	50.7	18.3	15.5	5.6	9.9
<i>Set limits for child</i>					
Child's Father	54.9	11.3	5.6	9.9	18.3
Mat. Grandmother	43.3	17.1	14.3	17.1	7.1
Other Grandparent	71.7	11.9	6.0	7.5	3.0
Other Family	43.5	22.5	12.7	5.6	5.6
Friend/Partner	74.7	11.3	5.6	4.2	4.2

ment and coping with the dual roles of caregiver and worker. Among the personal resources available to the majority of caregivers were levels of literacy which were adequate to function in entry level jobs or education and training programs and good physical health. Furthermore, self-reported substance abuse was low and should not pose as a deterrent to entering the workforce or maintaining a job. The results with respect to family resources are mixed. While families possess a number of coping mechanisms, caregivers have little support from social network members for day-to-day child care activities.

Although the goal of welfare reform is to move AFDC recipients into employment, the majority of caregivers (87%) in this study had at least some work history and a third were currently looking for work. Furthermore, most had a clear idea of the kind of job they wanted and had taken steps in the past to obtain

employment. Despite the fact that 71% had taken instruction in how to find a job, 69% felt that they needed help finding a job. If welfare reform is to be successful it must address the issues which have made it difficult for women to secure and maintain employment in the past. Clearly, the majority of the women in this study have experienced some success obtaining employment or have made attempts to find a job. Future research should examine why these efforts have not led to longterm economic independence. The findings regarding education and literacy suggest that almost three quarters of caregivers possess the skills to master high school level work; however, only a little over a half had obtained a high school degree or earned a GED. Therefore, if reading level is an indicator of potential success in high school or post-high school training, most caregivers have the requisite skills to compete academically.

A concern raised by the findings is the fact that 29% of the women in this study had high depressive symptomatology. Based on the results of the Epidemiologic Catchment Area Study, the group at greatest risk for depression parallels our sample, impoverished, single women between the ages of 25 and 44 (Regier, et al, 1993). Radloff (1977) states that individuals with a high depressive score are at risk of depression or in need of treatment. How this factor will influence the ability of women to function in training programs or employment is unknown. Since welfare reform initiatives are likely to increase stress in the shortrun, women may be at risk for higher levels of depression. The extent to which women are able to improve their economic condition could potentially decrease levels of depression in the future. At least initially, it is important to mobilize formal and informal sources of support for women entering welfare reform programs.

In the domain of family resources, caregivers are largely responsible for the day-to-day child care tasks; however, they receive somewhat greater support for the emotional aspects of child rearing. If women are expected to enter the workforce on a full-time basis, they will require additional support from their informal network, especially in the area of accompanying children to and from school and to appointments.

Given the available data, it is not possible to assess the feasibility of increased support from network members. In the absence

of this support, the formal system could be structured to assist working parents. Since Head Start programs and public schools typically run on a schedule which is shorter than the usual work day and excludes weekends, there are at least a few hours before and after school and possibly weekends, for which alternative child care arrangements will be required. Community-based organizations such as churches, schools, and Head Start programs could expand the hours and days of their current child care programs to accommodate new working parents. This expansion could also provide employment opportunities for AFDC recipients who are entering the workforce.

The analysis of the family coping scale provides insight into the strengths which families can draw upon during periods of stress. The most dominant coping style of this sample of families was reframing or redefining the problem so that it was manageable. In examining the statements which comprise this subscale, it is apparent that this coping mechanism would be helpful to impoverished, urban families who are subject to unpredictable crises. For instance, such statements as "accepting stressful events as a fact of life" and "accepting that difficulties occur" are included in this subscale.

The second most common coping style was seeking spiritual support, which is consistent with the literature regarding African American families (Boyd-Franklin, 1989). It is interesting to note that acquiring social support was ranked low, suggesting that women may find it difficult to mobilize their informal network to provide support. Therefore, the recommendation regarding formal family support services takes on greater importance. Finally, families engaged least frequently in passive coping approaches such as avoidance. This attests to the ability of families to deal in more proactive ways with stressful life events.

The data indicate that the barriers to economic independence among primary caregivers of Head Start children are not related to substance abuse, health problems, deficits in literacy, or a lack of interest in work. However, most caregivers do not have adequate training or education to prepare them to compete in the job market, nor do they feel equipped to find a job on their own. This research does not assess the structural barriers women may encounter such as a lack of jobs in their community, a dearth of

entry level positions, and institutional racism and discrimination against women, especially single women with children. Future research should document the barriers women experience as welfare reform is implemented so that strategies can be developed to address these issues.

The findings of this study are not generalizable to all AFDC recipients. Head Start is a voluntary program which requires parental involvement and therefore represents a select group which has the motivation to pursue enrollment of their children and sustain the necessary involvement. Factors such as substance abuse, education, and lack of prior job experience may pose even greater barriers among the general population of AFDC recipients. Nonetheless, the findings have policy and program implications for Head Start and other early childhood programs. Since Head Start programs are neighborhood based and require parental involvement, this may be a convenient and efficient location to offer education and employment training programs for parents. Many Head Start programs are moving in this direction already with expanded case management services. Head Start programs could also act as a hub for parent networking activities thereby enhancing social support. For instance, parents could establish child care cooperatives, exchanging babysitting services or rotating assistance taking children to and from school. In light of the federal reductions in social spending, such options may prove to be essential to the survival of poor families.

This research calls into question the efficacy of current welfare reform initiatives. Policies which fail to recognize that lack of education, job skills, and support for child care are the primary personal barriers to employment for poor women, will either fail or be implemented at tremendous personal cost to women and their children. States faced with the responsibility of implementing welfare reform will need data such as those presented here to develop programs which are effective and humane.

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Reasonable Efforts, Unreasonable Effects: A Retrospective Analysis of the 'Reasonable Efforts' Clause in the Adoption Assistance and Child Welfare Act of 1980

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Hidden in the Adoption Assistance and Child Welfare Act of 1980 are two words that came to summarize the expectations of the law, typify its vagueness, and predict its controversy—"reasonable efforts." This article explores five factors to clarify the policy implications of the reasonable efforts phrase:

- *the disproportionately large effects of the requirement for "reasonable efforts;"*
- *the unanticipated consequences of the clause;*
- *the shift in the locus of control from social service agencies to court authorities;*
- *the reduction in discretion for direct and administrative social work personnel; and*
- *the social, political, and economic realities that framed the reasonable efforts debate.*

"One of the greatest delusions in the world is the hope that evils in the world are to be cured by legislation"
(Cole, 1983, p. 39).

The legislative framers wanted to stop foster care drift, to change the prevailing philosophy from rescuing children to preserving families, and to establish procedural safeguards for children and parents. After years of debate and compromise, the

values and intentions of child welfare advocates and legislators were captured in the Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272). Hidden within the landmark legislation were two words that, over the years, would come to summarize the expectations of the law, typify its vagueness, and predict its controversy—"reasonable efforts." That undefined prescript has come to dominate practice with profound impact on the lives of children, families, social workers, administrators, judges, and attorneys in the child welfare system. The drafters of the legislation never suspected that the reasonable efforts clause would become the key mechanism for enforcing the intent of the law. Passed in 1980 the law encompassed the Carter Administration concern that states provide quality care for children and families. Soon, however, it collided with the Reagan forces determined to reduce government intervention and cut Federal costs.

This article will explore five explanatory factors in an attempt to clarify the policy implications of the reasonable efforts phrase. It will begin with a brief statement of the historical perspective and end by linking the factors in an interpretive framework. Specifically attention will be focused on:

- the disproportionately large effects, given the limited legislative attention, of the requirement for reasonable efforts;
- the unanticipated consequences of the clause;
- the shift in the locus of control for certain child welfare decisions from social service agencies to court authorities;
- the reduction in discretion for direct and administrative social work personnel that accompanied the shift; and
- the environmental (social, political, and economic) realities that framed the reasonable efforts debate.

Introduction

The term "reasonable efforts" appears twice in the law.¹ First as part of a requirement that states prepare a plan assuring compliance with sixteen items including "... effective October 1, 1983 . . . in each case, reasonable efforts will be made (A) prior to placement of a child in foster care, to prevent or eliminate the need for removal of the child from his home, and (B) to make

it possible for the child to return to his home . . ." (96-272; Sec. 471(a)(15)).

Second, the act requires the courts to review agency actions or "efforts" to determine if they are "reasonable." Specifically " . . . the removal from the home was the result of a judicial determination . . . that continuation therein would be contrary to the welfare of such child and (effective October 1, 1983) that reasonable efforts . . . have been made . . ." (96-272; Sec. 472(a)(1)). A positive determination of reasonable efforts must be made for social service agencies to qualify for federal matching funds for an eligible child.

There is a curious underlying philosophy in reimbursing states for AFDC foster care only. Approximately 40 percent of children in care qualify for AFDC (House of Representatives, Report 101-395, 1990) and the funding patterns still favor out-of-home care. A state social service official testifying before the Select Committee on Children, Youth, and Families was clear:

. . . [I]f there is a IVE eligible child in foster care . . . the Federal government subsidizes that placement . . . 40 or 50 percent. When the state decides that the child should go home . . . suddenly the state has to pay the full boat. There's absolutely no incentive to reunify those families (House of Representatives Report 101-395, 1990, p. 77).

Nowhere in the law or the subsequent regulations are the words "reasonable efforts" defined; that is left to the states and their court systems. A few states have included definitions in relevant statutes, but their attempts have added little real clarity. "Reasonable efforts" becomes "reasonable diligence and care" in Florida and "due diligence" in Minnesota (Shotton, 1990, p. 225). In the simplest context, reasonable efforts is whatever a court says it is, but this begs the question and allows for great variation (Seaberg, 1986).

Vagueness is not unusual in policy. Legislative teams devise policies because they want changes in the external world. Policy intentions are often not written in the legislation because they reflect the expectations, or hopes of policy framers about the effects or outcomes of policies (Jansson, 1990, p. 381). The interpretations are crafted later in regulatory or judicial language.

In the last decade, extensive litigation, more than 80 cases in 20 states, has been brought on behalf of children in state care through the child welfare, juvenile justice, and mental health systems (House of Representatives Report 101-395, 1990, p. 195). Failure to make "reasonable efforts" has been a contributing factor in at least 46 cases of violation of P.L. 96-272. Virtually all have been settled against the agency through class action suits, consent decrees, or agreements in which the court retained a monitoring function (House of Representatives Report 101-395, 1990, p. 195).

One case, *Suter v. Artist M.*, began in Illinois and ended in a Supreme Court decision in March of 1992. The ruling determined that beneficiaries of the Adoption Assistance and Child Welfare Act of 1980 do not have a private right, under the act itself or under a civil rights statute, to sue to enforce its provisions including the reasonable efforts component (Kopels & Rycraft, 1993; Senate, 1992). The law requires only that states write and have approved state plans which address reasonable efforts; it does not, according to the Court, require that the plan be implemented.

In essence the Court recognized that the law was written in vague language and therefore Congress had not intended to create a private enforcement right (American Journal of Law & Medicine, 1992). In the aftermath of the decision advocates worried that the Court had foreclosed lawsuits that challenge the states' practices based on the reasonable efforts provision (Kopels & Rycraft, 1993). Others heralded the decision as a protection against an avalanche of cases brought by individuals unhappy with the results of State Juvenile Court actions (Senate, 1992). Enforcement options still exist, however. The Department of Health and Human Services (HHS) may reduce the level of reimbursement to a state if the state plan is not administered and the court must still approve a child's removal and make findings that there have been efforts to reunify the family (American Journal of Law & Medicine, 1992).

Historical Perspective

The public law, including the reasonable efforts provisions, resulted from shifting societal attitudes and reform efforts of the preceding two decades. A distrust of traditional organizations, agencies, and professionals; an increased importance placed on

citizen participation; and a demand for cost containment, monitoring, and evaluation all left their mark on the legislation through the provisions for judicial oversight and establishment of case review and monitoring systems (Cole, 1983).

On June 17, 1980 President Carter signed P.L. 96-272 into law. Just over six months later the Carter administration proposed implementation of comprehensive regulations that received strong support from child welfare advocates. Many states, however, were against the regulations feeling they were too detailed and intrusive (NACAC, 1990). In the summer of 1981, the newly appointed Reagan officials opposed implementation of P.L. 96-272 as part of a larger attempt to cut social programs. Initial efforts to cap Title IVE were defeated in Congress, but the support for IVB has been consistently restricted. By 1990, allocations still had not reached the 1980 authorized funding level of \$266 million. The program began at \$163.5 million in 1981 and grew to only \$246.7 in 1989, less than a ten percent real increase in constant 1981 dollars (House of Representatives Report 101-395, 1990, p. 69).

The Reagan Administration stalled the regulatory process needed to carry out the Act's intent (NACAC, 1990) and the first regulations were not promulgated until May 23, 1983. Dubbed a virtual restatement of the act, they lacked the substantive directions of the Carter regulations and did not define reasonable efforts. These regulations were produced during the "paperwork reduction initiative" inaugurated during the Reagan era. Success was judged by the number of pages cut and descriptive regulations were seen as too much paper. It is the irony of the political process that states were desperate for direction during the early years of the Act, yet had rebuked the specificity of the originally proposed regulations.

Without definition states put valuable resources into developing systems that might or might not satisfy future requirements (NACAC, 1990). Federal audits for compliance with IVE were unclear and inconsistent.

Some states were found out of compliance when other states with . . . the same policies and practices were found in compliance. States within the same region were held to different standards (NACAC, 1990, p. 91).

Officials who had served in the Department of Health and Human Services (HHS) prior to and during the Reagan administration found the culture of the organization drastically and precipitously changed. Technical assistance was not part of the Department vocabulary and the Federal responsibility was defined as fiscal stewardship only.

One striking example serves to exemplify the crippling ambiguity. Between 1978 and 1981 HHS conducted 20 complete reviews of child welfare services in individual states. There were no penalties attached to the reviews, rather they were viewed as a mutual process of interpreting Federal intent and understanding state barriers. In 1981, in the middle of reviews, the staff received calls to come back to Washington, not to complete the partial reviews, and not to submit reports to the states. Aside from audit proceedings the Federal authorities were able to offer little assistance to states until 1989 when the review process was reinstated.

As states questioned the intent of the law, HHS published policy clarifications on an ad hoc, but prolific, basis. Officials estimated that by 1990 all the policies promulgated constituted a stack ten inches tall, and the collection included only *one* issuance concerning reasonable efforts. Again the terms were not defined. In 1994 states were reminded that:

(In) order to ensure implementation of the reasonable efforts requirements, states should include in their program manuals a provision that services will be provided to prevent removal . . . and that the judicial determination must include a finding to the effect that . . . reasonable efforts were made . . . (HDS Issuance January 13, 1984).

In case states were confused they are also reminded that:

. . . [I]f the court finds that the agency's preventive services efforts have not been reasonable, Federal financial participation may not be claimed for that child making . . . close communication and coordination between the state agency and the court . . . essential (HDS Issuance January 13, 1984).

The services considered "reasonable" were not listed in the Federal communique, but did receive limited attention in the legislative debate on the original bill.

Services must first be made available to the child and family and may include, for example, homemaker, day care, 24 hour crisis intervention, emergency caretaker, emergency temporary shelter, group homes for adolescents, and emergency counseling (House of Representatives Report 96-136, 1979, p. 46).

In sum, the reasonable efforts clause has assumed a significant importance demanding a consideration of factors that may explain its development.

Explanatory Factors

1). *The Incidental Essential:*

An Incidental Policy Phrase Becomes An Essential Implementation Issue. An oxymoron is an idiosyncratic ripple in the English language that allow contradictory words to be linked for emphasis like "incidental essential." "Reasonable efforts" is the *incidental essential* of the child welfare law as it has come to symbolize the lack of quality service, the often strained relationship between agencies and courts, and the battle cry of parents and children. The inclusion of the reasonable efforts clause in the law was incidental, yet its effect has proven to be surprisingly essential.

The "incidental essential" has fascinated policy analysts who have watched small beginnings have huge and unanticipated outcomes. A classic example is Moynihan's *Maximum Feasible Misunderstanding* in which he examined the Economic Opportunity Act of 1964. The act included a clause that community action programs be "... administered with the *maximum feasible participation* ..." of the poor (Moynihan, 1969, p. 89). Unnoticed it slipped by until the implementation stage when the true meaning of the words challenged the assumptions of politicians and professionals about who should hold power and control. Quoting a lawyer who had worked on a planning task force "... I don't think it ever occurred to me, or to many others, that the representatives of the poor must necessarily be poor themselves" (Moynihan, 1969, p. 180).

Similarly, Congress did not negotiate in detail the meaning of "reasonable efforts," but apparently assumed that it was central to the intent of P.L. 96-272. While in the course of debating the bill, some advocates made wholesale slashing charges against

agencies, foster parents, and social workers" (Pine, 1986, p. 349), there is no evidence that the deliberation included discussion of what constitutes "reasonable" efforts to forestall the problems being so vigorously attacked. Congress put faith in the courts to enforce "good practice" as would be determined on a case-by-case basis through the interpretation of reasonable efforts.

By 1990, ten years after the law, the "incidental essential" had become central. "[T]he requirement to make 'reasonable efforts'—the core of the law and premise behind preventive programs—had not been meaningfully implemented by HHS, and such efforts have not been made in many cases" (House of Representatives Report 101-395, 1990, p. 81).

2). *Systemic Suicide:*

Getting More Than Expected and Less Than Imagined. With any major legislation there is a risk that the meager money can not meet the grand design. Although there was an intent to support child welfare agencies to provide prevention and reunification services, the funds were not granted, but the legislative aims remained on the books. Early in the implementation phase social work professionals were leary, "I think that even if fully appropriated, the 266 million dollars will not be enough. But, having given it, the Congress may be lulled into a false sense of having 'once and for all' addressed the child welfare problem" (Cole, 1983, p. 39). The 1980s were also fiscally difficult for other programs aimed at remedying children's problems.

The Child Abuse Prevention and Treatment Act of 1974 saw a 20 percent drop in monies from 1981 to 1989 (in constant 1981 dollars) during a time when reports of child maltreatment were up 82 percent. [F]unding for the Juvenile Justice and Delinquency Prevention Act declined from \$100 million to \$66.7 million in ten years; and the federal support for mental health services [dropped to] \$503 million in FY 1989, \$17 million less than the sum of the categorical programs prior to consolidation into the block grant in 1981 (House of Representatives Report 101-395, 1990, pps. 71, 10).

Even recognizing the legislation as an opportunity for improved service, professionals feared failure as it would not cure all that was wrong with services to children and their families. "It

does not speak to the training of social workers, the size of their caseload, the quality of their supervision and leadership, or their turnover" (Cole, 1983, p. 39).

Indeed the reasonable efforts debate has highlighted deficiencies in social work preparation. The priority graduate schools place on the rehabilitation model ignores the public sector need for workers trained in social care modalities. For example it is possible for a MSW student to graduate without learning how to negotiate *with* a client; plan *with* a parent; make a proper referral; develop a strengths/needs assessment; write an ongoing, incremental case plan; and manage services. "The fact that there are very few social workers with enough training to implement fully a law calling for extremely skillful practice is another irony of child welfare" (Harrison, 1988, p 87).

Without addressing staffing or training concerns, the reasonable efforts requirement expects child welfare agencies to provide a "reasonable" level of service to remediate whatever problems brought the family to the attention of the protection authorities. The problem definition is likely to include needs for housing, alcohol or drug treatment, mental health intervention, or employment services. In most locales the child protection agency does not have direct control over the agencies that provide these services and can not ensure that a CPS client will receive efficient and effective services.

The reasonable efforts mandate has highlighted the lack of coordination among agencies serving families and exposed the problem-specific funding that typifies social service policy. Multi-problem families belong everywhere and nowhere, but the responsibility often rests with the child welfare agency. Although child welfare professionals may assert that protection agencies " . . . have not been established as society's response to poverty" they are often forced to assume that role (Horowitz, 1989, p. 10). The reform legislation of 1980 did nothing to " . . . address the poverty, unemployment, and racism at the core of so many of the biological parents' problems" (Cole, 1983, p. 39).

Calls for coordination of departments of mental health, public health, employment, income maintenance, education, and social services are wide-spread and pilot projects do exist. The intent of reasonable efforts, however, is often thwarted not only by

bureaucratic modes of operation emphasizing top-down management and specialized functions, but also by bureaucratic rivalries (Jansson, 1990). "Even if several agents are joint producers, the actions of each take place within the territory of others; and every social agent is essentially a territorial imperialist to some extent" (Downs, 1967, p. 216).

Perhaps the most significant factor affecting the implementation of reasonable efforts was the election of Ronald Reagan in 1980. His advocacy for deregulation and decentralization not only cut federal funding for child welfare services, but also curtailed assertive monitoring of the new policies (Jansson, 1990). Legislators, during hearings a decade after their initial effort, were distressed to hear that "... a recent review of the 1980 foster care reforms still found no conclusive evidence on the effects of the reforms" (House of Representatives Report 101-395, 1990, p. 81).

3). *Shift in the Locus of Control:*

Enter the Law of Control Duplication. In preparing the child welfare bill the drafting committee recognized that "... the entire array of possible preventive services are not appropriate in all situations. The decisions to the appropriateness of specific services in specific situations will have to be made by the administering agency" (House of Representatives Report 96-136, 1979, p. 47). That discretion, however, would be monitored by the courts and failure to meet the courts' unspecified standards would lead to a reduction in federal funds due the agency.

Whether seen as establishing a system of checks and balances or shifting the locus of control from the social service agencies to the court, the monitoring provision of the law has *not* enhanced the stability and predictability for clients. Research conducted in eight jurisdictions identified "... not a single site in our study where judges found a lack of reasonable efforts in a substantial proportion of cases" (Ratterman, 1986, p. 30). Imposing this additional level of court review has not yet produced the discrete discriminations on a case-by-case basis that the legislations intended.

According to the American Bar Association, judges have gaps in their preparation that make the reasonable efforts determination difficult:

- in many states there are no rules or procedures to require selection of judges specially qualified for juvenile court proceedings;
- no special training is required for judges handling maltreated children;
- judges are ignorant of mental health, drug abuse, and child abuse and neglect etiology and treatment; and
- judges often lack knowledge about the services available through the child welfare agency and the community (NACAC, 1990, p. 64).

Since the bench is totally dependent on others to present the facts of the case (Horowitz, 1989) information comes from attorneys representing the agency, the child, or the parents who have received their information from the social worker. There are indications, as outlined earlier, that social workers, even those with masters preparation and experience, need additional training to fulfill the intent of reasonable efforts. Now overloaded attorneys and judges must be added to the list of trainees so they can monitor the performance of overworked social workers and supervisors.

The increased number of cases before the court, including the reasonable efforts determinations, has caused legal representatives to request a shift in the allocation of funds to mirror the change in locus of control.

Fiscal incentives of the Act flow exclusively to social services agencies. . . . Already overburdened courts have no fiscal incentive and . . . no other reason to take serious the reasonable efforts requirement (House of Representatives Report 101-395, 1990, p. 83).

The legislative design requires an "explicit judicial determination that reasonable efforts to prevent removal have been made" (Congressional Record, 1979, S11708). Agencies and courts, however, have often opted for a type of acquiescence that does not reflect a meaningful judicial deliberation, like a pre-printed form signed by the judge or a checklist marked by the judge. The limited reviews conducted by HHS monitors for the existence of a determination by the court, but does not look at what services were actually delivered or the appropriateness of the services.

The oversight provision created by the act illustrates two "laws" postulated by observers of large bureaucracies:

The Law of Control Duplication: Any attempt to control one large organization tends to generate another.

Law of Ever Expanding Control: The quantity and detail of reporting required by monitoring bureaus tends to rise steadily over time, regardless of the amount or nature of the activity being monitored (Downs, 1967, p. 262).

The court now needs an organization to review the work of the service delivery organization.

4). *Reduction in Discretion:*

Watching the Many Watch the Few The importance and complexity of the decisions made in child welfare cases demands openness and collaboration. To argue against oversight would be to ignore the abuses that led to P.L. 96-272. To say social workers do not make serious errors in judgement and activity would be to defend the indefensible. Monitoring, by itself, however, does not improve service delivery. Ordering a social worker to find housing for a welfare mother who receives \$350 per month in an area where rents average over \$800 and the public housing waiting list is over four years does not make it happen. Barring extreme incompetency, the worker knew housing was needed and, had it been available, would have acquired it. Unless social service administrators, housing officials, real estate tycoons, landlords, city politicians, and the public become aware of the pressing need, the monitoring of this case has reinforced the obvious—the woman needs a place to live.

Guidelines offered to help attorneys and judges comply with the reasonable efforts requirement are detailed and proscriptive. If followed as written, the social worker would spend time briefing at least *three* attorneys and attorneys would re-investigate the entire case.

Attorneys representing any party in hearings in which reasonable efforts determinations are made have the following responsibilities. [Emphasis added]

1. Prior to representing a client in a dependency case, all attorneys should be familiar with:
 - a. the causes and available treatment for child abuse and neglect,
 - b. the local child welfare agency's procedures for complying with reasonable efforts requirements,

- c. the child welfare and family preservation services available in the community and the problems they are designed to address, and
 - d. local experts who can provide . . . consultation and testimony on the reasonableness of efforts.
2. Responsibilities after undertaking representation:
- a. interview the client . . . with the *agency social worker* present,
 - b. investigate the removal of the child,
 - c. investigate the reunification efforts,
 - d. interview staff of other agencies, and
 - e. review the agency's file.

In addition to the above responsibilities attorneys representing a child welfare agency should:

- 1. assure that the agency administrators make efforts to keep children in their homes,
- 2. accept the obligation to prove that reasonable efforts were made,
- 3. refuse to represent the child,
- 4. *interview the social worker*,
- 5. provide agency records to [other] attorneys,
- 6. subpoena witnesses who can testify to the efforts of the agency, and
- 7. provide the court with information about available community services.

Attorneys for parents and children should additionally:

- 1. determine the client's goals,
- 2. *interview the social worker*,
- 3. determine the ability to return home,
- 4. require evidence on efforts made by the agency,
- 5. subpoena witness to testify on behalf of the client,
- 6. present evidence,
- 7. request court orders for specific services, and
- 8. ensure that any settlement is incorporated in the case plan (NCJFCJ, 1989, p.13–17).

Depending on the system existent in a particular location a single case could be reviewed by numerous authorities—court appointed special advocates, administrative review teams, judges, attorneys, internal agency review teams, and federal auditors or state auditors. With minor exceptions the role of each of these systems is to do what a good social work supervisor can and should do: review the appropriateness of the case assessment, assure that the services are targeted and individualized, monitor

the provision of service, advocate for additional services, and remove workers who are unable to perform.

Some agencies have felt their discretion significantly curtailed and have interpreted the reasonable efforts clause to mean children can not be removed in an emergency if preventive services had not been attempted. While that was not the intent of the law, feeling all actions must be justified in hind-sight caused one worker to lament "Every time I go into an emergency situation I know that everyone from my supervisor to the judge will have hours to debate a decision I must make in several minutes."

5). *Changing Environment:*

Holding the World Still While the Policy Catches On. Policy pronouncements are forever—until they are changed. Social service needs are just forever. Since P.L. 96-272 was conceptualized and passed the condition of human need has intensified and the system of care has disintegrated. Witness 1988: 500,000 children in out-of-home care; 375,000 infants born drug exposed; deaths from child abuse totaled 1,200; 42 percent of the children who entered foster care were under six years old (House of Representatives Report 101-395, 1990, pps. 5, 7, 8).

At the same time, the legislative oversight committee noted that in hearings held over the ten year implementation period not one representative of a public agency had come before the Committee with anything near the recommended caseload number. "The 20-30 *children* per worker . . . standard was developed more than a decade ago when the problems were much less difficult and must less complex" (House of Representatives Report 101-395, 1990, p. 58). Despite the increasingly challenging cases, however, workloads top 80 *families* in many urban agency offices.

With needs expanding and resources contracting, policy and programmatic pundits are challenged.

We mount limited focus programs to cope with broad gauge problems. We devote limited resources to long-standing and stubborn problems. [W]e concentrate attention on changing the attitudes and behavior of target groups without . . . attention to the institutional structures and social arrangements that . . . keep them 'target groups' (Weiss in Gallagher, 1981, p. 45).

The changing environment in which the reasonable efforts criteria exists calls for a re-assertion of what is already known, but perhaps forgotten. A "back to basics" model of good casework practice is, in essence, the response to reasonable efforts as defined by a three point guideline:

- *sustained activity* with . . . the parents to engage and maintain them in relevant services including follow through despite rejection or denial, keeping a log of the date and substance of every contact noting new agreements of who will do what and when,
- *relevance of the services provided* to the problems that brought children into care . . . , and
- *accuracy of problem specification* upon which the case plan [is] based (Seaberg, 1986, p. 474-5).

Numerous court cases have challenged the 'reasonableness' of an agency's actions, for example, when the client was told what to do, but not actually assisted in meeting the conditions (Seaberg, 1986; Shotton, 1990). Agencies have failed to make reasonable efforts, according to court rulings, when services were not tailored to the mother's intellectual limitations, services were unrealistic in light of the financial circumstances of the parents, services were not provided to counteract the mental illness of the parent, the case plan did not include services aimed at locating housing when that was the sole reason for the agency's custody, and the agency had not transported a mother for visitation with a child in foster care (Shotton, 1990). In brief the agencies had not performed appropriate assessments and case plans, provided intensive case management, and remained focused on the presenting problems.

Juggling the possible vs. the probable; the absolute vs. the available; the realistic vs. the radical is the business of reasonable efforts. The official federal position was that reasonable efforts were limited to the services available, but unofficially there was a suspicion that agencies were not always as creative as possible in devising and funding new services.

Conclusion

Reasonable efforts is the ideological thrust of the permanency planning act. The intent is captured in the words "reasonable

efforts," but the concept is held hostage by the vagueness and varied interpretations of the clause. A multitude of hopes get compressed into one, little, overworked clause that grows stronger as the ability to meet its essence grows weaker. Decisions on the reasonableness of any action are made on a case-by-case basis, and therefore lack uniformity across the country and even within a jurisdiction. Has the agency behaved reasonably if a mother is offered drug treatment but refuses it because the clinic is across town? Has the intent of the law been met when housing is a need, but the worker is unable to find affordable lodging for a family? Would it be a reasonable expectation for a worker to see a family twice a week in one jurisdiction and not reasonable in another area?

An ideological framework for viewing reasonable efforts evolves. Begin with the notion that an important, but briefly stated concept was slipped into the law when P. L. 96-272 was introduced. Soon it became clear, however, that the reasonable efforts clause, and related provisions in the law, had shifted the complex decision making process in child welfare cases to the courts and had emphasized legal interpretations of casework practice tasks. The courts were untrained and unprepared for their new role, and the agencies lacked guidance and interpretation of what constituted a reasonable effort.

Ecological and economic shifts occurred to produce more difficult client problems to be met with reduced funding and limited Federal support. Client families were most likely to have needs that spanned the housing, health and mental health, and addiction continuum, as well as serious child protective issues. The result was an unanticipated consequence—reasonable efforts became the scapegoat for a lack of money, few qualified staff, and limited coordination among service agencies and the courts. What was initially a legislative afterthought became the focus of increasingly disparate interpretations and the center of numerous individual and class action litigations specifying actions that were not reasonable.

Regardless of the shifting sands of a changing environment, however, the real issue behind reasonable efforts is human value and a human rights-based responsibility (Seaberg, 1986). It is not worth doing because Federal money is attached, it is worth doing

because it is right that every child and family receive a "reasonable" level of care when their union is at risk. Reasonable efforts will never be ideal efforts, nor will they be minimum statements—they will be reasonable given the value placed on children. It would appear that the United States has exactly the kind and quality of child welfare system for which society is willing to pay (Besharov, 1985).

Note

1. The Adoption Assistance and Child Welfare Act of 1980 is an amendment to the Social Security Act which provides three major means of funding services: Title IVE pays a portion of the foster care rate for children who would otherwise be eligible for Aid to Families with Dependent Children (AFDC) payments on their behalf, Title IVB provides states money for child welfare services without Federally imposed income or categorical restrictions; and Title XX funds social service training.

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Residualism and Rural America: a Decade Later

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Rural residents, more so than their urban counterparts are popularly believed to view the use of social welfare programs as appropriate only as last (residual) means of obtaining help. The extent to which this belief reflected reality was assessed by Camasso and Moore (1985) a decade ago using data from a 1980 survey of Pennsylvania residents. Congruent with the residualist hypotheses they found that rural residents were less supportive than urban people of social welfare programming, even when the effects of various personal sociodemographic characteristics were controlled. This paper replicates the work of Camasso and Moore by reporting findings from a similar study carried out a decade later. Although the relative economic and social capital disadvantage of rural people has increased across time, they persist in being more likely than urban residents to express residualist views toward social welfare programming. Implications of these results are discussed.

Introduction

Residualism is an outlook on social welfare which maintains that assistance should be provided only when traditional means of meeting daily needs (e.g. family or the labor market) fail to satisfy the minimal requirements of life (Osgood, 1977). Social welfare is thus viewed as appropriate only as the last resort and only for temporary or emergency assistance (Sundet and Mermelstein, 1987). Residualists hold values that emphasize work, individualism, localism, and private rather than public solutions as being most appropriate to social welfare issues (Meenaghham and Washington, 1980). The support of residualism may be related to the belief, often held by welfare recipients themselves,

that socioeconomic disadvantage is somehow the individual's fault (Sundet and Mermelstein, 1987; Hendrickson and Axelson, 1985; Kluegel, 1987; Briar, 1966; Williamson, 1974; Moffitt, 1983; Goodban, 1985). While many citizens may feel that the residualist position is desirable and related to a system of beliefs that reflects rugged individualism, a core American value (Bellah et al., 1986), regardless of one's personal views in this regard, it seems likely that residualism leads to reduced support for the provision of social welfare programming, reduced participation in assistance efforts, and social stigma for those that do participate (Osgood, 1977). As such, attitudes may represent a significant obstacle for those charged with service provision and implementation.

Residualism in Rural America

Camasso and Moore's article "Rurality and the Residualist Welfare Response" (1985) explored the hypothesis that rural residents, more so than urban residents, hold residualist values. They documented that rural areas had a disproportionate number of poor and were disadvantaged relative to urban areas in regard to health and human services, housing, and job and educational opportunities. Nevertheless, utilizing data from a 1980 statewide Pennsylvania sample, they found that rural people gave lower priority ratings than did urban residents to a wide range of social welfare programs (including health services, income maintenance, housing, employment opportunities, social services, and education). Moreover, these residence differences remained even when respondents' sociodemographic characteristics (gender, age, education, income) were controlled.

Poverty continues to be more prevalent in rural than urban areas (Jensen and McLaughlin, 1995). Nonetheless, many human service programs are urban oriented and/or more effective in urban settings (Levitan, 1991; Hirschl and Rank, 1991; Rank and Hirschl, 1993). Jensen and Eggebeen (1994) determined that public assistance was less effective in ameliorating child poverty in nonmetropolitan than metropolitan places, though this gap has narrowed somewhat overtime. They also discerned that rural children's parents were more dependent on earnings and less so on welfare than their urban counterparts—a finding consistent with residualist values.

Poverty is a severe problem in any setting, but current research has shown that nonmetropolitan/rural residents, when compared to metropolitan/urban residents, suffer: higher underemployment and unemployment (Lichter and Constanzo, 1987); slower job growth (Killian and Beaulieu, 1995); lower wages and incomes for workers (Gorham, 1992; Deavers and Hoppe, 1992; Lichter et al., 1994); a proportionally larger dependent population, with more children, elderly, and disabled (Lichter and Eggebean, 1992; McLaughlin and Jensen, 1993); and less educational attainment (Wilkinson, 1987; Jensen and McLaughlin, 1995).

Rural and urban residents alike often erroneously assume that social problems are urban based and of little importance in rural America. However, the farm crisis in the mid-1980s raised public awareness and concern about the restructuring of rural economies and the accompanying levels of rural distress (Sundet and Mermelstein, 1987). The popular media have sporadically explored various aspects of the disadvantaged state of rural America, and there has been some support for rural development/rural revitalization efforts designed to enhance the quality of life of rural residents.

While the rural disadvantage continues proponents of the idea of the massification of society argue that national media coverage, extensive internal migration, and widespread interaction between rural and urban residents will reduce residential differences in attitudes, values, and popular opinions (Olson, 1963; Shils, 1975). Of particular relevance for this research is the possible leveling of rural-urban differences in acceptance of a residualism philosophy. The goals of this analysis were: 1) to describe the level of acceptance of social welfare programming among both rural and urban residents for two time periods, and to 2) determine the extent to which there are continuing differences between rural and urban residents in regard to their residualist response to social welfare programs over time.

Data and methods

Data for this study were drawn from two statewide mail surveys of Pennsylvania residents, collected in the first months of both 1980 and 1990. These surveys were designed to gauge public

perception of contemporary issues, public and private services, and general well-being. Both surveys employed the total design method of Dillman (1978), which incorporates a standardized timetable for postcard reminders and three waves of mailings of the survey instruments. This method has been shown to increase response rates in mail surveys while reducing response rate biases (Dillman, 1978).

The Citizens' Viewpoint 1980 (the data set used by Camasso and Moore) utilized the state's drivers' license file to draw a sample of 13,300 adult residents. The initial useable questionnaires were received from 9,957 subjects, representing a nearly 75 percent response rate (Camasso and Moore, 1985). The Citizens' Viewpoint 1990, replicated many of the questions from the 1980 survey. For the 1990 study, 7,500 names and addresses were selected from telephone listings. In Pennsylvania, nearly 95 percent of all residences have telephones. In the initial sample, 896 had incorrect or insufficient addresses, which resulted in post office returns of the survey materials. A total of 3,632 people returned usable questionnaires. This represented 55 percent of the valid addressees. Since neither sample accurately represented the true demographic and residential composition of the Commonwealth, a weighting scheme based on the populations of large regions was derived from the 1980 and 1990 decennial census and implemented.

Cities, boroughs, and townships are the local governmental units in Pennsylvania. They were initially defined in the state constitution to serve areas of different populations densities and sizes. The largest units were cities; the mid-level, boroughs; and the smallest units, townships. Across time these simple designations have been eroded somewhat by population shifts, growth and decline. Nevertheless, despite considerable variation within the categories, these distinctions continue to reflect the general density of the population served. Thus, townships are generally lowest in density and are typically thought of as "rural" in character, although they can contain population concentrations that meet the U.S. Census Bureau's definition of "urban." For this analysis, township residents who described their residences as open country or farms were classified as rural; villages and built

up areas within townships were classified as urban. Those respondents living in cities or boroughs also were classified as urban.

Camasso and Moore (1985) used a slightly different definition of rural residents. They defined rural residents as those who reside in places with a population of 2,500 or less, in villages, open country, or farms. Because these definitions differ and comparability would be compromised, analysis of the 1980 data was replicated using the revised definition. Substantively trivial differences are found when the 1980 analysis is replicated using the original and revised definition of rural residence.

Twenty-four variables were used to measure residualism in social welfare in both 1980 and 1990. These variables were classified into six major areas of social welfare programming consisting of: 1) health, 2) income maintenance, 3) housing, 4) employment, 5) social services, and 6) education (Camasso and Moore, 1985). Respondents were asked: "Compared to what is being done now, what priority do you want the following areas to have in the future." The answer categories utilized were: "lower," "the same," and "higher." The specific social welfare programs examined are shown on Table 1. It was assumed that those who responded "higher" priority for a social welfare program were supportive of additional efforts in this area. "Don't know" responses were treated as missing values.

For 1980 and 1990 both bivariate and multivariate logistic regression models were estimated. Included in the tables are the percent requesting "higher" priority for both rural and urban residents, and the predicted difference for both logistic regression models. The bivariate model includes only the rural/urban variable and the social welfare program under consideration. The multivariate model included controls also for gender, age (in years), educational attainment (by highest earned degree), and income level (in quartiles). Including these sociodemographic factors in the model controlled for the possible confounding influence of differences in the population composition of rural and urban areas. As Camasso and Moore (1985) noted, logistic regression coefficients are not easily interpreted. Therefore, the predicted percentage differences between rural and urban residents for each item is presented. For the bivariate model predicted differences are the same as the differences in the percentages.

Table 1

Means and logit models for the 24 social welfare programs.

		Percent requesting higher priority		Bivariate logit model	Multivariate logit model
Social Welfare Programs	Year	Rural	Urban	Predicted Difference	Predicted Difference
HEALTH					
Hospitals	1980	45.3	45.3	0.0	-2.5
	1990	41.5	40.4	1.1	.8
Family medical services	1980	55.3	57.3	-2.0	-3.2
	1990	44.0	47.2	-3.2	-2.2
Nursing homes	1980	58.7	67.6	-8.9	-9.0
	1990	57.0	65.4	-8.4	-6.4
INCOME MAINTENANCE					
Public assistance	1980	33.4	39.0	-5.6	-6.5
	1990	30.8	38.7	-7.9	-7.8
HOUSING					
Sr. citizen housing	1980	64.3	72.3	-8.0	-8.6
	1990	60.3	68.4	-8.1	-7.0
Moderate income housing	1980	49.6	58.3	-8.7	-6.4
	1990	38.7	53.2	-14.5	-15.1
Low income housing	1980	46.0	51.0	-5.0	-4.1
	1990	41.6	52.9	-11.3	-12.4
Repair of rundown homes	1980	69.0	76.5	-7.5	-6.9
	1990	55.7	66.8	-11.1	-10.5
EMPLOYMENT					
Youth job opportunities	1980	80.1	83.6	-3.5	-3.6
	1990	66.8	70.2	-3.4	-2.9
Adult job opportunities	1980	81.6	82.5	-.9	-1.1
	1990	64.7	67.6	-2.9	-4.0
Job/career counseling	1980	61.2	68.6	-7.4	-6.5
	1990	50.2	56.6	-6.4	-5.3
SOCIAL SERVICES					
Teenage drug/alcohol	1980	82.3	85.5	-3.2	-3.3
	1990	77.9	83.8	-5.9	-5.2
Mental health counseling	1980	48.8	56.3	-7.5	-8.4
	1990	36.1	41.8	-5.7	-3.2

continued

Social Welfare Programs	Year	Percent requesting higher priority		Bivariate logit model	Multivariate logit model
		Rural	Urban	Predicted Difference	Predicted Difference
Sr. citizen services	1980	63.9	70.2	-6.3	-8.5
	1990	54.5	60.1	-5.6	-4.9
Child/elder abuse	1980	78.7	83.5	-4.8	-5.1
	1990	64.7	72.8	-8.1	-9.0
Adult drug/alcohol	1980	64.3	66.8	-2.5	-3.9
	1990	66.6	70.6	-4.0	-1.9
Day care centers	1980	35.8	41.0	-5.2	-6.6
	1990	38.4	46.5	-8.1	-6.1
EDUCATION					
Marriage/parenting classes	1980	65.3	69.6	-4.3	-4.2
	1990	56.3	62.0	-5.7	-3.0
Libraries and book services	1980	35.8	40.0	-4.2	-4.5
	1990	30.5	32.4	-1.9	-3.0
Elementary schools	1980	31.4	36.7	-5.3	-6.2
	1990	39.2	40.9	-1.7	-1.8
High schools	1980	32.8	38.5	-5.7	-6.4
	1990	40.9	42.4	-1.5	-2.6
Vocation and technical training	1980	62.6	64.5	-1.9	-2.7
	1990	55.1	51.5	3.6	4.0
College and universities	1980	26.9	31.6	-4.7	-4.8
	1990	33.3	34.8	-1.5	-1.3
Adult and continuing education	1980	49.8	52.3	-2.5	-4.4
	1990	44.0	44.7	-.7	1.1

For the multivariate model, the differences between the rural and urban scores are adjusted for the effects of gender, age, education, and income.

As in the original analysis, test of significance were not included. Because of the large samples, almost every difference would be judged to be statistically significant. What is more important here was the replication of patterns in the support for social welfare programs, which attested to the substantive significance of the findings (Camasso and Moore, 1985).

Results

Table 1 presents the bivariate and multivariate logistic regression models for the 24 social welfare programs. The most striking finding was the overall decrease in support, regardless of residence, for most social welfare programs. In the decade between 1980 and 1990, for 18 of 24 programs (75 percent), the proportion of those responding "higher priority" for social welfare programs decreased for both urban and rural residents. Only programs for adult drug and alcohol counseling, day care centers, elementary schools, high schools, and colleges/universities had increases in support over the decade. For low income housing, rural support declined, while urban support increased.

Rural residents were somewhat less likely than urban residents in both time periods to give "highest priority" ratings to these programs, suggesting their greater acceptance of the residualist response to social welfare. In 1980, 23 of the 24 items showed such differences in the bivariate case; all 24 items patterned in the same way when the effects of gender, age, education and income were controlled. By 1990, 22 items in the bivariate case, while 21 in the multivariate analysis presented evidence of somewhat greater acceptance of residualist social welfare responses among rural than urban residents.

Health

Although the net differences between rural and urban residents' responses declined somewhat between 1980 and 1990, in both time periods, rural residents were less likely than their urban counterparts to indicate that higher priority should be given to nursing homes and family medical services. For hospitals, however, there was no residence difference in 1980, and in 1990, rural people were actually slightly more likely than urban residents to express support for giving greater priority to hospitals.

Income Maintenance

In 1980, just one third of the rural respondents and 39 percent of the urban subjects felt that higher priority should be given to public assistance. Support for giving higher priority to public assistance declined between 1980 and 1990 among both rural and

urban residents. However, the decline was greater for rural people, magnifying the rural-urban differences. Camasso and Moore (1985:404) noted that this issue is "unmistakably at the center of the general public's conception of social welfare." If true, the increased residential difference suggests a continuation if not a intensification of the rural residualist social welfare response.

Housing

Most respondents in 1980 and 1990 felt that higher priority should be given to senior citizen housing and repair of rundown homes; the percentage endorsing higher priority for moderate and low income housing was somewhat lower. In both time periods, there were sizeable differences between rural and urban responses, especially for the last three items and these differences increased substantially between 1980 and 1990. Housing-related social programs were clearly less supported in rural than in urban areas.

Employment

Although there were sizeable declines between 1980 and 1990 in the percentages of rural and urban respondents who indicated that youth job opportunities, and job/career counseling programs should receive higher priority in the years ahead, the majority of the study participants saw these as areas in need of higher priority. Rural people were somewhat less likely than were urban residents to support these issues in both time periods.

Social Services

Like income maintenance, Camasso and Moore (1985) have suggested that social services are central to the public's conception of social welfare. Support was high for programs dealing with teenage and adult drug/alcohol use, child/elder abuse, and senior citizen services, but the proportion of higher priority ratings were somewhat less for mental health counseling and day care centers. In all cases, rural people were less likely than urban residents to endorse programming in these areas. While support for most services declined between 1980 and 1990, the reverse was true for adult drug/alcohol programs and day care centers.

Education

Classes in marriage and parenting, vocational / technical training, and adult/continuing education, received higher levels of support than did traditional formal education (elementary schools, high schools, colleges/universities). However, both rural and urban people increased the priority given to the latter, while decreasing their support for the former. Residential differences remained for most items, with all but two showing clear residualist differences between rural and urban respondents.

Discussion and Concluding Remarks

This analysis provides empirical evidence of decreasing support for human service programs and increasing acceptance of a residualist orientation toward social welfare during the period from 1980 to 1990 in the Commonwealth of Pennsylvania. To the extent that the opinions and attitudes that Pennsylvanians hold can be extrapolated to the national level, these findings seem consistent with casual observations of the changing emphasis in American Society. After nearly three decades of anti-poverty welfare programming, poverty remains a persistent problem in this country and the citizenry, tired soldiers in the seemingly unwinnable war on poverty have shifted their priorities to other concerns.

The Reagan-Bush years emphasized reductions in social welfare programming, in favor of private efforts (Midgley, 1992). In fact, often their rhetoric suggested that government could not be trusted to administrate most social welfare programs (Midgley, 1992). Their elections, often with great majorities, suggested that there was strong support for cutting social welfare funding. Last, the national and state budget crises might have made many respondents reticent to support increasing any social welfare expenditures. Perhaps the lessening of support can be explained by Taylor-Gooby's (1986) finding that overall people were supportive of non-state forms of welfare but were more leery of supporting activities that were characterized by conservative politicians as income redistribution by the state.

It is also important to note, however, that many of the shifts toward a residualist position observed in the current data set were small, and that support for giving greater priority to these

programs in the future were not substantively altered. In general, programs which a majority of the 1980 respondents endorsed, were also supported by a majority of the 1990 respondents. Likely reflecting changing economic circumstances, some of the most dramatic shifts occurred in the areas of enhancing employment opportunities and housing. There were also sizeable declines in support for some social services. However, the proportion of persons indicating higher priority should be given to elementary and secondary schools and colleges/universities increased rather than decreased.

Congruent with the findings of Camasso and Moore (1985) a decade earlier, this analysis found that residualism in 1990 was, in general, more prominent among rural than urban people. For some issues, the differences between rural and urban residents' views were larger in 1990 than in 1980; more often the residence distinction declined suggesting a possible weakening of the relationship across time. Nevertheless, in the 1990 data, rural-urban differences persisted across a wide spectrum of social welfare program areas—health services, income maintenance, employment, social services, education. Moreover, these residence differences were not, in general, diminished by controlling for respondent differences in gender, age, education, and income.

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Coherency Among Substance Abuse Models

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Social policy decisions are often made based upon socially constructed models of human behavior. As such, understanding the social constructions in a given policy area is of utmost importance. This study examines three competing models within the substance abuse area: the moral model, the disease model, and the biopsychosocial model. Utilizing survey data from a random sample telephone survey of 1,019 residents of Delaware County, Pennsylvania, the study examines a) the degree to which individual models are internally consistent between beliefs about causes and beliefs about solutions, b) whether the assumptions in competing models are in fact different; and c) the level of support for each of the models. Overall, the findings support coherency among the models, and differences between the paradigms. The level of support for each model is similar.

Social policy decisions, such as those related to substance abuse, are typically made in the context of incomplete empirical information. Complicating the policy process even more is the fact that the problems we address are socially and collectively defined, evolving out of subjective perceptions and a larger process of recognition and legitimization (Blumer, 1971). We, as humans, have a tendency to seek simple, reductionistic answers to problems, even as the evidence indicates high levels of complexity, and these social constructions provide order in the face of this complexity.

Under such conditions, policy choices are often based upon political expediency and competing problem ideologies, or models about the given problem. As such, understanding the ideological models in a policy area is of the utmost importance. These ideological models provide important guidance for the individual and the society in the face of uncertainty, and guide much of policy.

Unfortunately, while the importance of ideological models as policy precursors is fairly widely acknowledged, the empirical study of the models themselves has been limited. A number of assumptions have been made about ideological models which are taken as given, but there is a lack of evidence supporting these assumptions. For example, it is widely believed that within a given model are a number of internally consistent, self validating assumptions about a variety of critical factors affecting the ultimate resolution of the policy problem. These consistent assumptions include certain beliefs about problem causality, human behavior, and problem resolution. These assumptions tend to develop into internally consistent models of the problem area, and again, provide guidance in uncertainty.

Rarely does a single ideological model exist for a given policy problem. Instead, there are often multiple, and competing ideological models. The area of substance abuse prevention provides an important case in point. Potential solutions to the problems of substance abuse are as varied as the problems associated with abuse. Political debates variously focus on such possible avenues as interdiction, treatment (by a multitude of methods), prevention (by a multitude of methods), and criminal sanctions. Each approach has vocal supporters and opponents, and as such the debate continues.

This study will examine the competing ideological models within the substance abuse area. Utilizing survey data from a random sample telephone survey of $n=1,019$ residents of Delaware county, Pennsylvania, this paper examines two of the assumptions scholars make about these ideological constructs. Specifically, it will examine a) the degree to which individual ideological models are internally consistent between beliefs about causes and beliefs about solutions, and b) whether the assumptions in competing ideological models are in fact different. To do this, hypotheses will be tested about the relationship between causal assumptions and beliefs about problem solutions in three substance abuse models: the moral ideological model, the disease ideological model, and the biopsychosocial ideological model. The paper also examines how widespread the support for these models are.

The importance in determining the consistency and difference among the ideological models is twofold. First, it adds to our empirical understanding about the nature of ideology by attempting to determine if ideologies are in fact coherent belief systems. Secondly, it will assist in understanding why policy choices about substance abuse tend to vacillate and/or reflect multiple problem approaches. The existence of competing ideological models among the general public may explain why substance abuse policy approaches are not consistent over time.

Literature Review

Blumer (1971), Lipsky and Smith (1989), Reinerman (1988) and many others have argued that social problems are not the product of a simple objective classification of an existing phenomena, but in fact are the product of competing ideological and stakeholder claims resulting in a common social definition. In essence, problems do not naturally arise with clear boundaries or dimensions, but instead they arise through a process of negotiation, power relationships, argument and finally social definition and recognition.

An important aspect of this process is that the emerging definitions of the problem contains a number of assumptions about a variety of critical factors affecting the ultimate resolution of that problem, including problem causality itself. In the absence of adequate objective evidence, or perhaps despite such evidence, the ideological positions of the stakeholders or the dominant social climate predominate in shaping the definition. As Reinerman (1988) has demonstrated, the meteoric emergence of the "drunk driver" as a social problem in the 1980's was linked to an affinity between the claims and definitions of Mothers Against Drunk Drivers (MADD) and the dominate social beliefs of the decade.

The policy implications of such a perspective are clear, although not always simple; in the seeds of a problem are found its solution. From the causal assumptions inherent in the definition flow internally coherent assumptions about problem resolution. If poverty, for example, is a problem of intemperance and morality as the Charity Organization Society volunteers of the 1880's believed, then the solution lies in realigning the moral beliefs

and behaviors of the poor (Ehrenreich, 1985). If the problem of alcohol lies in the behavior of those who use it (such as the drunk driver), the solution may be found in legalistic actions against the drunk driver.

It is entirely probable that humans cannot view an existing phenomena from outside a comprehensive ideological framework. It is also probable that humans will tenaciously hold onto a given framework despite its limitations and inaccuracies. Maintaining such a comprehensive set of beliefs gives personal control over an otherwise uncontrollable situation (Traun, 1993). Moreover, people tenaciously hold on to these beliefs, even in light of evidence that the structures are inadequate or incorrect (Traun, 1993).

Where understanding the issue of problem definition becomes most acute, however, is when there are competing definitions, explanations or ideological models, from which no one definition has emerged as predominate, and no one model has "proved empirically better than the rest in treating substance addiction" (Marlatt, quoted in DeAngelis, 1991, p.10). While the focus of this paper will be on substance abuse, the issue of health provides a good illustration of the general case. Tesh (1988), for example, argues that attitudes about disease prevention in general are rooted in beliefs about humanity, society, and epistemology. From her perspective, there are three competing views of disease causation: germ theory rooted in science; life-style theories which blame the individual; and biopsychosocial theories. Which each frame, there is a different focus on the responsibility for prevention. Placing the blame on the individual, for example, takes responsibility off of the society as a whole.

Substance Abuse Ideological models

A similar set of competing models exists for the problem of substance abuse. Several authors have provided summaries of models which have been utilized for understanding the problem. Traun (1993), in an important work discussing the constructs and their impacts in the area of substance abuse and reporting on an address given by Marlatt (1991) summarized four competing models as:

1. The *moral model*, where addiction is the responsibility of the individual, both in terms of cause and resolution. Here, the moral/personal character of the individual, and their will (or lack of will) become the most important variables.
2. The *disease model* (Jellineck, 1960; Drew, 1986; Finagrette, 1989), which variously argues that there is some genetic or otherwise biological component to the problem . . . leads to medical/professional resolutions.
3. The *spiritual or enlightenment model*, "which holds that people are powerless over their condition and must rely on a higher power for healing" (Traun, 1993, p.490). This provides the justification for 12 step programs.
4. The *biopsychosocial model*, which basically assumes that the people are not alone in blame for the problem, but have a bad habit which must be broken systematically" (DeAngelis, 1991, reported in Traun, 1993). Such habits may also be reinforced by the social context in which a person lives.

These various models affect policy choices in profound ways. Where the responsibility for the social problem is placed lies the seeds of the policy solution. But as multiple potential causes exist, multiple competing solutions may also exist. Treatment, interdiction, just saying no, and environmental change are just a few of the potential policy solutions which might arise from such different belief systems about substance abuse, and such different perspectives have all been reflected in social policy over the years.

For the purposes of better understanding the policy debates surrounding the substance abuse problem, and why policies tend to vacillate as they do, this paper tests the relationships between causal assumptions and beliefs about problem solutions in three substance abuse ideological models: the moral ideological model, the disease ideological model, and the biopsychosocial ideological model. The spiritual model cannot be examined because these data have limitations. The following hypotheses are tested:

- 1: Moral causative factors are positively associated with self-help solutions.
- 2: Moral causative factors are not associated with treatment solutions.

- 3: Disease causative factors are not associated with self-help solutions.
- 4: Disease causative factors are positively associated with treatment solutions.
- 5: Biopsychosocial causative factors are not associated with self-help solutions.
- 6: Biopsychosocial causative factors are positively associated with treatment solutions.

In addition, public support for the moral, disease, and biopsychosocial models will be examined.

Methods

Population

A stratified random sample of 1,019 citizens of Delaware County, Pennsylvania was selected through random digit dialing techniques. The telephone interviews were conducted between November 26, 1991 and December 12, 1991 for a county-wide alcohol and other drugs needs assessment. All calls were made during evening hours on Monday through Friday and throughout the weekend (day and evening hours). The interviews took an average of 15 minutes to complete.

The sample was stratified by gender and geographic area. The County was divided into four geographic areas based on the County's mental health catchment areas. Approximately, equal numbers of respondents were interviewed (between 251 and 261) for each geographic area. Additionally, males were over sampled so that approximately equal proportions of males and females were interviewed. The sample is representative of the Delaware County adult population with a sampling error of plus or minus 3%.

Demographic Characteristics of Sample

The sample represents a diverse cross section of Delaware County. About one third of the respondents have graduated from college and about 45% have a high school education or less. The majority of the respondents are married (57.3%) and slightly less than one in four have never been married (23.0%). About 51% of

the respondents are male and almost 41% have children living at home. About one in four have family incomes of \$25,000 or less and another 37.1% have incomes between \$25,000 and \$50,000. Almost 16% have yearly incomes in excess of \$75,000. The majority (53.4%) of the respondents are between the ages of 30 and 54, while another 24.8% are between 55 and 74 years of age. Only about 5% are over 75 years old.

Instrument

The questionnaire consisted of 26 closed ended questions about substance use and abuse within the residents' communities. Specifically, respondents rated on four point scales: their perceptions of the seriousness of community problems; the seriousness of substance usage in the community among six age and ethnic groups; factors that contribute to AOD problems, and their perceptions of the effectiveness of prevention and treatment efforts.

Measurement

Eleven variables from the survey are utilized in this article. Six of the items measure the respondents' perceptions of factors that contribute to AOD abuse and five items measure the respondents' perceptions of the effectiveness of various solutions or approaches to dealing with AOD problems.

Causative Factors. The six causative factors are grouped into three categories—individual, biological and environmental. For each item the respondents' indicated if the factor was (1) not a cause, (2) a minor cause, or (3) a major cause. For the analysis, the variables were recoded into dichotomous measures (0) Not a cause/minor cause and (1) major cause.

Lack of moral character and lack of will power were classified as individualistic factors. Genetic predisposition and family history were classified as biological factors. Life stress and relationship problems were classified as environmental factors.

AOD Solutions. The five solutions are grouped into two categories—self-help approaches and treatment approaches. For each item the respondents' indicated if the solution was (1) not at all effective, (2) mildly effective, (3) somewhat effective, or (4) very effective. For the analysis, the solution variables were recoded

into three point scales by combining the not effective and mildly effective categories.

Will power and detoxification were classified as self-help non-treatment solutions. Residential treatment, support groups and outpatient counseling were classified as treatment solutions.

Analysis

This study is based on a secondary analysis of existing data. The purpose of the study is to test a number of hypotheses about the internal consistency of substance abuse models. The hypotheses are tested by examining the associations between indicators of causative AOD factors and potential solutions. All of the variables used in the study are measured with ordinal scales. Cross-classification analysis is used to examine the associations between the causative factors and the perceived effectiveness of the various solutions. The significance of the associations are tested using the Chi-square statistic. An alpha level of .05 or less is used to accept or reject the proposed hypotheses. Cross classification is also used to determine the support for each of the models. Respondents who reported the highest levels of beliefs of both the causative and solution factors within each model are classified as being highly supportive of that model.

Limitations

The data were originally collected as part of a county-wide needs assessment. The variables included on the questionnaire were therefore not designed specifically for this study. The reliability and validity of the measures are also unknown.

Findings

Table 1 summarizes the hypothesized relationships and reports the significance of the associations between the indicators of the three groups of AOD causative factors and the indicators of the two groups of AOD solutions.

Individual causative factors are hypothesized to be positively associated with self-help type solutions and not associated with treatment approaches. As shown in Table 1, three of the four associations between individual factors have statistically significant positive associations with the self-help type approaches.

Table 1
Significance of Hypothesized Relationships

Causality	Self-Help		Treatment		
	Will Power	Detoxification	Residential Tx.	Support Groups	Counseling
Moral					
Moral Character	.001	n.s.	.05	n.s.	n.s.
Lack Will Power	.001	.01	n.s.	n.s.	n.s.
Disease					
Genetic	n.s.	.01	.001	.001	.01
Family History	n.s.	n.s.	n.s.	.001	.05
Biopsychosocial					
Stress	n.s.	.05	.01	.05	n.s.
Relationships	n.s.	n.s.	n.s.	.05	.05

Note: Associations examined using cross-classification analysis. Significance based on Chi-square statistic.

Conversely, five of the six associations between the individual factors and the treatment approaches are not statistically significant. Thus, eight out of the ten hypothesized associations between the individual causative factors and the AOD solutions were supported.

The biological factors are hypothesized not to be associated with the self-help approaches and to be positively associated with the treatment approaches. Three of the four associations between biological factors and self-help are not statistically significant. On the other hand, five of the six associations between biological factors and treatment approaches are statistically significant. Thus, eight out of the ten hypothesized associations between the biological causative factors and the AOD solutions were supported.

The environmental factors are hypothesized not to be associated with self-help approaches and to be positively associated with treatment approaches. As shown in Table 1, three of the four associations between the environmental factors and self-help solutions are not statistically significant. Conversely, four out of the six associations between the environmental factors and treatment approaches are statistically significant. Thus, seven out of the ten hypothesized associations between the environmental causative factors and the AOD solutions were supported. In summary, 80% of the individual and biological factor hypotheses and 70% of the environmental hypotheses were supported. Overall, 76.6% of the hypotheses examined in this study were supported.

In terms of support for each of the models, 24.0% reported the highest levels of support for the moral model, 22% reported the highest level of support for the disease model, and 25.5% reported the highest level of support for the biopsychosocial model.

Discussion

The findings among the hypotheses tend to support both the assumption of internal consistency among the models, and the assumption that different models with different belief structures exist. The high degree of association among the indicators of the various models, and the lower magnitude, or non-existent relationships among the indicators in the various models clearly lend support to the two assumptions commonly made about the policy models.

Further, high levels of support for any of the given models do not exist. This suggests a level of uncertainty among the general public which might contribute to the ambiguity and uncertainty among the policy makers themselves.

These findings should, however, be treated with caution. The variables included on the questionnaire were not designed specifically for this study. Therefore, the variables available for the analysis are limited, with unknown reliability and validity. Consequently, the indicators of the constructs used here are crude at best and limit the types of analysis that can be used to test the hypotheses. Although the measures appear to represent the theoretical constructs, their limitations must be taken into consideration in evaluating the findings reported here.

Conclusion

In the context of incomplete empirical information and due to a common tendency to overlook empirical fact in favor of ideology, social policy choices often appear irrational. But in fact decisions must be made as our society faces a given problem.

Under these conditions, policy analysis switches to understanding the assumptions that are made about the problems themselves. Social constructivist theory states that these assumptions are rooted in reasonably coherent sets of beliefs about the world, which may be thought of as ideological models.

This paper examined two assumptions of these models: a) the degree to which individual models are internally consistent between beliefs about causes and beliefs about solutions; and b) whether the models assumptions in competing models are in fact different. The findings lent support to both of the statements. But as noted, the findings should be treated with caution. The paper also examined how widespread the support for these models are. It appears that support for each of the models is similar.

This suggests several avenues for future research. First, the indicators used for a study of any given policy area must be more adequately conceptualized. Secondly, a systematic study of the models in several policy areas would be useful to lend further support to the findings here. Thirdly, it would be useful to examine the commonalties among the assumptions in models related

to a variety of policy areas. Is there consistency, for example, in peoples assumptions that problems are rooted in personal factors, or environmental factors, or values? Understanding this would go a long way toward understanding why and how entire classes of policy decisions are made.

Beyond these research questions, one issue requires additional scrutiny. It is clear from this research that multiple, and different ideological frameworks exist. Thus, the question remains, how does it become possible to make coherent policy in the context of multiple frameworks among policy constituents? These models are rooted in very different fundamental social beliefs. As such, support for a given policy direction will vary greatly depending upon its compatibility with a given ideological model. As different belief systems attain political ascendancy, policy directions are likely to change. Thus, long term, coherent policy directions will be difficult to forge unless commonalties across belief systems can be found.

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Book Reviews

Irving A. Spergel, *The Youth Gang Problem: A Community Approach*. New York: Oxford University Press, 1995. \$24.00 papercover.

Violent crimes including drive-by shootings, drug related offenses, and other criminal activities frequently attributed to youth gangs have contributed to an explosive and continuing increase in the number of youths incarcerated in the United States. This critical response of the criminal justice system, reflecting important elements of both de jure and de facto social policy, distinguishes corrections as a major growth industry. This in the face of cutbacks in federal and state funding for major social programs.

While Spergel does not explicitly deal with the issue of cost-benefit program comparisons, he cogently makes the case that the youth gang problem is complex, pervasive, and of such a magnitude that it cannot be ignored. Drawing extensively on his "four decades of observation of gang youths and gang problems in Chicago, Los Angeles, New York, and elsewhere in this country and abroad," he provides an in-depth examination of the problem of the youth gang in the United States and proposes a comprehensive community approach to combat the problem.

Organized in two parts, the first, "Description and Analysis," consists of nine chapters with titles including "Introduction: Comparative and Historical Perspectives," "Research Limitations," "Gangs, Drugs, and Violence," "The Structure of the Gang," and "The Ecological Context." The second part, "Policy and Program" (chapters 10–17), includes chapters on "Theoretical Perspectives," "Criminal Justice System: the Police," "Prosecution, Defense, and the Judiciary," "Social Opportunities: Education and Jobs," and a concluding chapter, "Local Community Mobilization and Evolving National Policy." A welcome part at the end of each chapter is a section on "Conclusion" which, in essence, summarizes the chapter.

In addition to the two main parts, the author provides three useful appendices and a glossary and discussion of many important terms appearing in the text. The appendices may be viewed as tools and guides for planning community responses in terms of matching selected strategic activities/structures with particular

settings/organizations. For example, varying activities involving the categories of suppression, social intervention, opportunities provision, organizational change and development and community mobilization are each listed differentially relative to the setting/agencies including the home, police, schools, prosecutors, and judges.

Much of what the author presents is by way of critically reviewing and drawing together a mass of material, in a clear and well-documented manner. Throughout the book there are the recurring themes of (a) There is no single theoretical explanation for the youth gang phenomenon, (b) There has been insufficient outcome research relative to program effectiveness, (c) There is both a lack of, and need for, a comprehensive multifaceted programmatic response to the youth gang problem, and (d) Youth gangs should be carefully viewed within broad and differing ecological contexts.

Chapters on "The Gang Member Experience," "Theoretical Perspectives," and "Prosecution, Defense and the Judiciary," provide excellent discussions that contribute substantially to the value of the book as a comprehensive text on youth gangs. Female gangs and the involvement of females in gangs receives scant attention in the book although there is evidence of increasing levels of female gang activity. In a section on leaving the gang, Spergel observes, "Again, perhaps because gang researchers usually do not sustain their observations for long periods, they tend to underestimate the socialization of most gang youths to conventional careers as they reach their adult years." Important social policy implications resonate about this conventional career socialization in terms of "targeting gang youths who can be assisted to either leave the gang or change their pattern of gang member behavior as they get older."

To explain youth gang crime, the author presents an integrated theoretical framework. In this context he discusses poverty-related theories (including strain theories, lower class theory, and currently influential underclass theory), social disorganization, racism, and personal disorganization.

Two connecting, organizing conceptual components presented by Spergel as a "promising approach for both reducing

and preventing the youth or street-gang problem" are (1) the provision of social opportunities, and (2) community mobilization, "that is, the concerting of organizational and citizen energies, including perceptions, definitions, communications, and actions in reference to particular gang problems." Spergel approaches social opportunities, focusing on education and jobs, from both macro-level and micro-level perspectives in which he considers large-scale federal and state plans (macro-level) and local community (micro-level) policy and program plans for job development and school improvement. He points out the need "to avoid socially isolating gang youths from mainstream educational, social, and career development opportunities."

In the chapter, "Planning for Youth Gang Control," Spergel asserts that successful models do not exist for dealing with youth gang problems. In this chapter, and throughout the book, the author stays true to a major thesis that empirical outcome evaluations and sustained research of program efforts have been lacking-and we pay the price for this shortcoming-and must, indeed, be a component of subsequent program efforts. "New institutional cross-agency and cross-jurisdictional arrangements must evolve, and new policies and programs must be developed and then rigorously and widely tested, so that we will know what truly works and what does not."

Doubtless, this book, replete with jewels of well-supported assertions and conclusions, has high value as a text and reference source providing critical reviews, historical information, broad theoretical and analytical presentations and discussions-all infused with a professional practice/application perspective. It is just this combination that richly enhances what would otherwise still be a valuable contribution to the literature on youth gangs in the United States. Consequently, it should be required reading in criminology and criminal justice as well as social welfare and social work programs. Nursing, law, and other professions will likewise find benefit in the knowledge presented and wisdom shared in this sterling volume.

James W. Callicutt
The University of Texas at Arlington

Eduardo Duran and Bonnie Duran, *Native American Postcolonial Psychology*. Albany, NY: State University of New York Press, 1995. \$16.95 hardcover.

In the field of Native American psychology, *Native American Postcolonial Psychology* presents a fresh, welcome perspective, and in providing the native perspective, it likewise provides the famed rose (red) colored lens with which psychology and related fields may view their work; hopefully yielding culturally appropriate assessment and treatment methodologies for Native American clientele.

This long overdue book is aimed at allowing for the reader a paradigm shift, to one that is PC (postcolonial, that is). The authors define the postcolonial paradigm as one that accepts knowledge from differing cosmologies as valid in their own right, without having to adhere to a separate cultural body for legitimacy. In this vein, this book is prefaced on "the logic of difference: the celebration of diverse ways of life as opposed to the commonplace logic of equivalence: comparing others to what they are not."

I share in the authors' implicit hope that postcolonial thought will eventually become "pc" for the future.

Among the book's contributions are the definition and validation of Native American cosmology (worldview); the call for a sociohistorical understanding of the Native American psyche, concurrent with the explicit recognition of the resultant intergenerational trauma; and the delineation of the honesty entailed in a respectful approach to "cross-cultural" psychology; all necessary for the healing that must occur.

The book is divided into two sections, Part one the Theory section, defines such basic terms as Native American cosmology, soul wound, etc.; and Part two, the Clinical Praxis, describes models of intervention for the areas of alcohol, family treatment, suicide and community intervention. Part two is followed by a sensitive epilogue summarizing the key points the authors hoped to convey.

Part One includes in chapter three a brief overview of the phases of trauma Native Americans have experienced which has led to the intergenerational post traumatic stress disorder from

which many individuals and communities suffer. The basic underlying theory presented is that it is necessary to keep a socio-historical context at the forefront of work with Native Americans. The authors offer that this recognition of the impact of history, combined with an honest and sincere addressing of any perceived therapist relationship to the ancestral oppressor (as remote as that relationship may be); can lead to the birth of an effective therapeutic process.

Chapter four seems the core around which *Native American Postcolonial Psychology* revolves. In this chapter, entitled "Theoretical Concerns," the authors seem to lean heavily on Jungian thought to present some support for their perceived journey to the outer limits of this limb. Here the Durans present a number of excerpts from Jungian works leading to the conclusion that Jung also believed in the need to recognize differing worldviews, and even in the bridging of the same. In this chapter the authors also present methodological suggestions for effective work with Native American clientele; based on the Native American worldview—a systematic, uncompartamentalized approach to being in the world—including such tools as symbols, myths, images, and finally phenomenology (the interpretation of dreams). By the end of this chapter (and the end of Part One), I found myself convinced by this work that there must be a better way to treat indigenous clientele than what typical western ideology has attempted, that traditional teachings provide some guidance and that I had no clue as to how to achieve this end.

The authors then perfectly timed their introduction to the clinical piece, and provided in Part two much insight, eloquent case scenarios, and lessons learned that should benefit both the clinically minded and the communities served. At times the psychological/medical terminology felt a bit heavy and difficult to digest, but nonetheless the impression was indelible . . . I was a student in need. Fortunately the wording in the case scenarios and the surrounding passages (the postcolonial discourse) was more palatable. This section of the book offers the "how to" I was yearning after reading Part One. The authors provide descriptive evaluation of some creative methodology, with the indigenization of treatment and the attendant subjectification of Native Americans as peoples capable of producing knowledge from within

their culture (knowing and acting) versus their objectification (being known, and acted upon) as their cornerstones. This I found simultaneously enlightening and challenging.

The authors see their work as counterhegemonic discourse—perhaps radical and subject to controversy in some of its points, yet necessary for a re-definition of psychology . . . and I think it works. *Native American Postcolonial Psychology* is a *must* for Native American mental health profession students, a tremendous resource for those courses purportedly advancing the understanding of human diversity, and highly recommended for all related professionals, educators, and scholars.

For this Native American reviewer, *Native American Postcolonial Psychology*, in its honest and necessary deviation from the Euro-western academic norm, achieves excellence as a tool for embarking upon new understandings, honesty, and acceptance of difference—the sort of things that may one day lead to world harmony. Thanks!

Dana Wilson Klar
Washington University

Madeline R. Stoner, *The Civil Rights of Homeless People: Law, Social Policy, and Social Work Practice*. New York: Aldine DeGruyter, 1995. \$38.95 hardcover, \$19.95 papercover.

The obvious outstanding feature of this text is its uniqueness. I know of no other single work in the fields of social work or social welfare which so thoroughly reviews the law and policy issues related to homeless litigation. Stoner takes the reader on a journey covering the the civil rights of the homeless. Her expertise encompasses critically important topics such as: the right to shelter; income maintenance litigation; public child welfare; mental health services; evictions; voting rights and education. Also covered under the general rubric of the right of free speech are rights concerning begging, loitering and sleeping in public. She also deals with various homeless arrest campaigns.

The book is logically organized and flows nicely from one chapter to the next. Stoner has a way of making each chapter interesting and the court cases relevant. But as the author notes,

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the timeliness of pending cases and the uncertainty surrounding existing cases makes any discussion of court cases necessarily incomplete. The text might have been made even more practicable if there were a concluding chapter on how social workers and other helping professionals can use the material to assist them in dealing with specific practice situations. Thankfully, Stoner does provide helpful hands-on sources at the end of each chapter.

Stoner's style is sufficiently readable for the undergraduate level yet it captures the complexity of this content, particularly in the policy area. This should also make the book highly suitable and welcome in graduate courses.

This book would be an excellent source in social policy and law or social problems. Interest for this book would also include providers in a number of fields including law, social work, mental health and public welfare.

Larry W. Kreuger
University of Missouri-Columbia

Cudore L. Snell, *Young Men in the Street: Help Seeking Behavior of Young Male Prostitutes*. Greenwood, CT: Praeger Publishers, 1995. \$39.95 hardcover.

Christopher Williams, *AIDS in Post-Communist Russia and its Successor States*. Brookfield, VT: Ashgate Publishing Co., 1995, hardcover.

The pathways leading to male prostitution are complex and multifaceted. Linear causality models ignore the experiences of those involved or simplify their experiences to a point where the models are neither descriptive nor explanatory. The motivators blend powerful forces of sexual expression, economic exploitation, psychosexual development, homophobia and bigotry along with complicated identity formation processes. As are the pathways to male prostitution diverse, the consequences too are a panoply ranging from relatively benign experimentation to exploitation of the vulnerable. HIV/AIDS is not the final consequence of risk, but an expression of under development of societies which fail to materialize human dignity and human rights of their most vulnerable populations.

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Cudore Snell has woven together a mixture of research and vignettes which capture the socially conscious reader's attention. He reports the results of an empirical study of this marginalized population, reviews related studies of the 1960's and 1970's, and examines this social phenomenon in light of their help seeking behaviors. It has been reported since the early 1960's that male prostitution is far wider than gay male sexual expression. Complex developmental, identity and economic incentives intertwine with the vulnerabilities of youth confronting homelessness, substance abuse and family abandonments. Humphreys in the early 1970's reported that patrons of male prostitutes are frequently not a part of an identifiable group and are often transient escapees of religious, familial and personal identity conflicts.

The current socio-political climate makes it more pressing to realize that those youth shut out of opportunities are finding homes on the streets, in jails, and finding existences characterized by risk, violence, drugs, and health threats. Snell's small sample of these youth draws a consistent picture of deprivation, risk, exploitation and need, and a picture of youth struggling to make sense, make order, and make money. Risk is paramount, risk is pervasive, and of risk reduction they often are ill-informed. The limited help available is inadequate and often not used. Allow Snell's immanently readable descriptive approach tell you why in the voices of these youth.

Christopher Williams' *AIDS in Post-Communist Russia and its Successor States* offers another prism in which to view how health and social support systems contribute to the vulnerabilities of those living through social and economic changes. Williams examines HIV/AIDS epidemiology in the former Soviet Union in what is a fascinating tour through not only a dreaded epidemiological outbreak, but the dynamic political, social and economic structures responding to changing public health concerns. For the novice in understanding the health care delivery system in the former Soviet Union, Williams provides an enlightening blue print through this maze which is shaped by the recent dramatic geo-political events.

Williams paints a portrait of hope and of despair—of risk and of opportunity. In a chilling description of an impoverished health care delivery system—many hospitals lack water, sanitation, food, and medical supplies. Sharing needles is necessary

if care is to be provided—even “if” contamination risks are calculable. Williams shows how the changing political and economic landscape impacts not only responses to epidemics and shapes the infrastructure necessary to impact public health. The infection rates of HIV are comparatively low internationally. The time lapse in the outbreak of the epidemic gives opportunity to alter its course. Yet Williams identifies social and political forces, not unlike many in the West, which make responses too little, too late, and with a tendency to estrange human dignity rather than protect public health.

Williams reports how the collapse of the prior Soviet Union has lead to greater governmental roles in the provision of human services. Yet economic pressures squeeze away the vitality of such efforts. Not unlike in the West, this has lead to a questioning of basic rights, services and care. The social development theme “if you want peace, work for justice” herein aptly applied is “if you want health, work for human rights.”

Ronald J. Mancoske
Southern University at New Orleans

Kenneth France and Michelle Kish, *Supportive Interviewing in Human Service Organizations: Fundamental Skills for Gathering Information and Encouraging Productive Change*. Springfield, IL: Charles Thomas Publisher, 1995. \$65.95 hardcover, \$36.95 papercover.

This book adds an useful dimension to the burgeoning literature on the “art and science” of professional interviewing. The strength of the book lies in its eclectic approach to the critical task of information collection, intervention planning and client involvement in implementing behavior change. While the authors have borrowed their concept from the Analytical, Humanist, Problem solving and Behaviorist schools, they have done an excellent job of integrating these together in a comprehensive and easy to apply practice framework which can be used both by the novice learner as well as the experienced practitioner in interactional counseling situations.

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The text supplies the reader with a plethora of examples, options and skills, adaptive to a range of styles and theoretical

orientations. The contentions for "Dos" and "Don'ts" in interviews are based on a sound investigation of empirical literature and stated with a logical rationale which the common sense of the reader cannot refute!

The book is divided into nine chapters, essentially focusing on four crucial areas of information gathering and interviewing skills: 1) Interpersonal attraction or relationship building; 2) Communication patterns: verbal, non-verbal and meta communication; 3). Intervention selection, active client participation in goal setting and 4) procedural and process oriented steps required in effective interviewing. For example, the authors offer multiple response patterns to a given stimulus, (as opposed to advocating a single desirable response); assess their strengths and weaknesses in various contexts, and provide models for giving positive and corrective feedback for evaluating each of these patterns.

An additional strength of this book is its recognition of human diversity issues, and how behavior change techniques may have to be modified to satisfy the cultural context of the client. For example, the authors suggest that in working with low income clients the worker may have to select intervention techniques based on the clients' expectation of immediate gratification and the impact on the client of institutionalized victimization. This is a considerable departure from traditional interviewing models which stress self-determination, postponement of gratification, fostering independence and self motivated behavior.

The book is an excellent text for both undergraduate and graduate students. It provides numerous opportunities for instructors to use innovative methods in designing a practice laboratory, in monitoring field instruction or in teaching a practice theory course. The book provides suggestions for incorporating modern technology, videotapes and interactive video in teaching interviewing and operationalizing concepts presented in the text. In essence this book is a fine compendium of the vast literature extant on the subject of interviewing and provides the reader with needed information under one cover.

Nazneen S. Mayadas
University of Texas at Arlington

James Midgley, *Social Development: The Developmental Perspective in Social Welfare*. Thousand Oaks, CA: Sage Publications, 1995. \$65.00 hardcover, \$21.95 papercover.

A growing interest in community-based, cost-effective and integrated social service systems has accompanied the recent rhetoric to reduce the role of federal and state government programs and to decentralize social and economic development. While community-based social development programs have long been targets of social planners in developing economies, with some notable exceptions, the social work profession in the United States has not played a significant role in either their conceptualization or implementation. There are few academic social work programs in the United States that are designed to prepare students for activity in their communities aimed at promoting people's welfare by mobilizing social services within the context of economic development. The inertia of social work education in this arena gives support to critics who see the profession as protectors of social and economic stasis instead of as proactivists for developmental social programs. Much of the profession's reluctance to become more involved in social development may well reflect the fact that there is little consensus of social development as a policy or practice method that can be translated into effective strategies for addressing the needs of socially and economically disadvantaged populations. Indeed, the concept of social development is the subject of much disagreement and debate.

This new work by James Midgley is a major contribution to furthering the understanding of the theory and application of social development. The book provides a long-needed comprehensive overview of social development within a political, social and economic context. Following an introduction which sets the primary thesis, there are chapters on: the definitions of social development; the historical context of how these definitions have been translated into policy; the dominant theoretical frameworks that have shaped policies; the various strategies that have been implemented; and his personal view on how to achieve social development.

While objectively explaining the variety of existing and

historical definitions of social development, Midgley's own perspectives on the appropriate focus of social development policies are based on a definition of social development as "a process of planned social change designed to promote the well-being of the population as a whole in conjunction with a dynamic process of economic development." The concept of social development as a policy process is critical to his perspective. As a process, social development is inextricably tied to economic development, interdisciplinary analysis and strategies, institutional intervention, universal coverage, and comprehensive social welfare.

After a thorough examination in the first four chapters of how social development has evolved throughout ancient and modern history, Midgley concludes by offering a compelling argument for what he refers to as an "institutional perspective" as a necessary prescription for achieving social development goals. The conceptual framework for the perspective is linked to the economic theories of Veblen, Keynes and Galbraith; the pragmatism of Dewey and James; and the welfarism of Beveridge and Titmuss. It encompasses an approach that "seeks to mobilize diverse social institutions including the market, community and state to promote people's welfare" using an activist administrative style known as "managed pluralism."

Midgley argues that the major problem facing developing nations and regions today is "distorted development" when economic growth is not accompanied by concurrent progress in social welfare for the entire population. Economic and social progress must be harmonized in three principal areas: 1) the creation of institutionalized formal co-joint social and economic policies, 2) economic investments that create employment or self-employment opportunities, and 3) policies and programs that generate and sustain human capital, including investments in education, health, housing, maternal and child welfare services.

Midgley's entreaty for promoting the wider potential of social development puts it in synch with the emerging focus on interdisciplinary and community-based service delivery systems, especially in the context of rural social and economic systems in economically developing nations and geographic areas, including specific regions of the United States. This text is a very welcome addition to the literature that should become a standard for

social development content in social work policy and community practice curricula.

Martin B. Tracy
Southern Illinois University at Carbondale

Bob Franklin (Ed.) *The Handbook of Children's Rights: Comparative Policy and Practice*. New York: Routledge, 1995. \$59.95 hardcover; \$17.95 papercover.

This book has four objectives: to explore the various contemporary debates concerning children's rights; to evaluate impact of British legislation on children's rights; to examine recent British policy initiatives intended to secure these rights; and to offer a comparative perspective on children rights in select countries. It accomplishes these tasks extremely well, providing the reader with an excellent comprehensive and insightful appraisal of recent developments in children's rights, now even more timely with an almost explosive acknowledgement worldwide of human rights documents, like the U.N. Convention on the Rights of the Child. Given the book's comprehensivity, a wide audience could benefit, including, but not limited to educators, social workers, social policy analysts, politicians, philosophers, psychologists, lawyers, juvenile justice and children's advocates in general.

After a moving preface by T. Hammarberg, a member of the U.N. Committee on the Rights of the Child and former Secretary General of Amnesty International, calling for implementation of the *vision* of the Rights of the Child, B. Franklin in Part I gives an overview of children's rights. Like the rest of this work, the scholarship in this overview is strong, giving a reasoned analysis of basic issues surrounding admittedly, a controversial area, which may include, for instance, the child's right to vote.

Part II discusses the changing legal framework of children's rights. T. Jeffs, decrying among other things, the increasing commercialization of education, makes compelling arguments for student participation in policy formulation for securing a child's basic human right to education. C. Lyon and N. Parton then consider basic provisions and the impact of the Children Act 1989, noting that ultimately children have now become reconstituted

social development content in social work policy and community practice curricula.

Martin B. Tracy
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Bob Franklin (Ed.) *The Handbook of Children's Rights: Comparative Policy and Practice*. New York: Routledge, 1995. \$59.95 hardcover; \$17.95 papercover.

This book has four objectives: to explore the various contemporary debates concerning children's rights; to evaluate impact of British legislation on children's rights; to examine recent British policy initiatives intended to secure these rights; and to offer a comparative perspective on children rights in select countries. It accomplishes these tasks extremely well, providing the reader with an excellent comprehensive and insightful appraisal of recent developments in children's rights, now even more timely with an almost explosive acknowledgement worldwide of human rights documents, like the U.N. Convention on the Rights of the Child. Given the book's comprehensivity, a wide audience could benefit, including, but not limited to educators, social workers, social policy analysts, politicians, philosophers, psychologists, lawyers, juvenile justice and children's advocates in general.

After a moving preface by T. Hammarberg, a member of the U.N. Committee on the Rights of the Child and former Secretary General of Amnesty International, calling for implementation of the *vision* of the Rights of the Child, B. Franklin in Part I gives an overview of children's rights. Like the rest of this work, the scholarship in this overview is strong, giving a reasoned analysis of basic issues surrounding admittedly, a controversial area, which may include, for instance, the child's right to vote.

Part II discusses the changing legal framework of children's rights. T. Jeffs, decrying among other things, the increasing commercialization of education, makes compelling arguments for student participation in policy formulation for securing a child's basic human right to education. C. Lyon and N. Parton then consider basic provisions and the impact of the Children Act 1989, noting that ultimately children have now become reconstituted

from welfare, to legal objects, whose voices need to be heard more in judicial decision making. B. Anderson then cites relevant criminal justice acts, reminding the reader through numerous examples "how few rights children in the criminal justice system possess." M. Freeman continues to cite select articles of the Rights of the Child, suggesting how English law and practice may be improved, for example, by funding voluntary-aided Muslim schools, not merely Church of England, Catholic, or Jewish schools.

Part III emphasizes implementation of children's rights in British settings. The first three chapters argue for Children's Rights Officers (CRO's) (S. Ellis and A. Franklin), a Minister for Children (J. Lestor), and a Children's Rights Development Unit (G. Lansdown). Roughly, a CRO would investigate children's reported problems and provide support, advice, and advocacy; a Minister, acting as a general overseer and policy coordinator could serve as a catalyst for social change; and a Development Unit could monitor implementation and raise awareness of the Convention on the Rights of the Child. Next chapters then give exact, but often disturbing, descriptions of lives and policies surrounding children who are often "elected" to act as caretakers for "loved" ones (J. Aldridge and S. Becker); children in their early years (i.e. before age 8), often victims of "poorly accommodated . . . staffed . . . and equipped" services, as evident in many day cares and playgrounds, for example (G. Alexander); and disabled children who, in contemporary times are arguably forced to deal with an "ideological legacy," from Germany's "respected" hospitals equipped with extermination facilities for people with disabilities (M. Kennedy).

Part IV gives comparative perspectives on children's rights sharing American (C. Cohen), Scandinavian (M. Flekkoy), Australian (M. Rayner) and Russian (J. Harwin) experiences. Noteworthy, is J. Harwin's admission of the growth of social problems due to economic restructuring in Eastern Europe and Russia, arguing that perhaps "Russian people may well look back nostalgically to the socialist era." P. Newell also discusses the child's right to physical integrity giving an assessment of some major worldwide initiatives to deal with physical violence against children. J. Ennew's essay on street children is most provocative as it

cites, for instance, the many limitations of the Rights of the Child, calling for other rights more appropriate for this population, such as the right not to be labelled, the right to have their own support systems respected, the right to control their own sexuality, and the right to be protected from secondary exploitation, which includes what the author calls "NGO voyeurism."

While this author would have liked more discussion of the reasons behind some of the structural causes of some of violations of children's rights, like the global maldistribution of wealth, or a prevailing "war," rather than "peace" culture, admittedly such issues, often referred to as solidarity rights, are still in the process of conceptual elaboration. Also, this book has a "euro-centric" quality, arguably, however, often characteristic of human rights publications in general. No chapter, for instance, deals substantively with an African country. Two other minor points are that this is not America. It is the United States *of* America. Also, copies of the U.N. Convention on the Rights of the Child and the Children Act 1989 would have been helpful in an Appendix.

If information is power as this book posits, then this handbook should well serve as an invaluable reference to anyone desiring to improve the lives of children by translating the social construct "human rights" into reality.

Joseph Wronka
Springfield College

BOOK NOTES

John E. Tropman, John L. Erlich and Jack Rothman (Eds.), *Tactics and Techniques of Community Intervention*. (Third Edition). Itasca, IL: F. E. Peacock, 1995. \$36.50 papercover.

Jack Rothman, John L. Erlich and John E. Tropman (Eds.), *Strategies of Community Intervention*. (Fifth Edition). Itasca, IL: F. E. Peacock, 1995. \$36.50 papercover.

In view of the overwhelming demand for instruction in clinical practice, it often appears that social work students are disinterested in community social work. It is encouraging, therefore, that a new journal in the field has recently been launched and that books on the subject continue to be published. It is also encouraging that demand for standard community organization textbooks, such as the two reviewed here, remains buoyant. Indeed, the publication of the 5th edition of *Strategies* and the 3rd edition of *Tactics* (both in 1995) suggests that community social practice remains a vital part of social work today.

Rothman, Erlich and Tropman's two books are now standard reference works in the field and will continue to serve as such for many years to come. Their major strength are the comprehensiveness of the topics covered and the way previously published material is made accessible to readers. Both books are augmented by original material and by the inclusion of new, up to date content. They are an excellent resource for students and practitioners alike.

Leila O. Schroeder, *The Legal Environment of Social Work*, Washington, DC: NASW Press, 1995. \$34.95.

This important book shows once again that social work practice does not take place in a vacuum. The idea that social work involves no more than counseling people with personal problems has, of course, previously been challenged. But Leila Schroeder effectively restates this point by showing the extent to which social workers operate in a legal environment which impinges on daily practice. As she demonstrates, social workers cannot ignore

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this environment. Indeed, her chapter dealing with the impact of law on social work practice reveals that those who ignore the legal context of professional practice do so at their peril.

Schroeder has written an extremely useful book which should be consulted by every social worker. It is comprehensive, easy to read and informative. It begins by introducing readers to basic legal concepts, and proceeds to cover the legal dimensions of many diverse fields of social work. As was noted earlier, the book contains a particularly useful chapter on the legal implications of social work practice. The book also contains specialist sections on the legal aspects of child welfare, social security, family life and the criminal justice system. It deserves to be the standard reference work on the subject and should be widely prescribed not only for social work students but practitioners as well.

David Gladstone (Ed.), *British Social Welfare: Past Present and Future*. Bristol, PA: Taylor and Francis, 1995. \$24.95 papercover.

The belief that governments should provide universal social services for the whole population is central to the welfare state ideal. Although this ideal has found expression in many countries, it was perhaps most thoroughly embraced in Britain where the principles laid down by Lord William Beveridge and his colleagues in 1942 were widely implemented.

However, as this useful collection of papers about the British welfare state reveals, these principles are no longer universally endorsed. Mrs. Thatcher may not have demolished the welfare state, but her regime successfully undermined its basic tenets. Gladstone's book reflects the new and depressing realities of social policy in Britain. Although written as a textbook for British undergraduates, it will be of interest to readers in other countries. By analyzing the new realities facing social welfare, it transcends the purely descriptive approach which has been so widely used in many other textbooks on British social policy. Although it is characterized by mood of resignation, it is highly informative. It should be widely consulted by those who seek current information about the state of the welfare state.

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With the increasing availability of communication and transportation technology, areas of the world that once seemed remote are today more accessible. The trend toward a 'global village' makes an international view of social work education a necessity rather than an option. Recognizing this need, the editors of this book have compiled a very useful resource document which presents an international overview of the field. Since social work is diverse enough to defy any simple account of its international dimensions, an attempt to synthesize international social work education is a formidable task. However, Watts, Elliott & Mayadas have addressed the challenge and have provided a comprehensive and informative account.

The book includes examples of social work education drawn from all regions of the world. These examples, which are anchored in a "developmental, comparative and international" (p. 4) orientation, include analyses of social work education in different nations and regions of the world. In addition to covering the major regions of the world, countries at different levels in the development of social work education are included. The various chapters also utilize a number of methodologies such as historical accounts of nations and regions, quantitative surveys, discussions of cultural influences and descriptions of particular systems. The book also includes an overview of the status of international and comparative content being taught in schools of social work. It will be an indispensable guide to international social work education for many years to come.

Michael Oliver, *Understanding Disability: From Theory to Practice*. New York: St. Martin's Press, 1996. \$39.95 hardcover, \$18.95 papercover.

The pursuit of beauty and physical fitness is today a consuming preoccupation for millions of middle class people. Promoted by the news and entertainment media, and a multi-billion dollar health, fitness and slimming industry, physical perfection has probably never been so highly valued as today. Those who do

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not fit the stereotype of the young, athletic, slim and attractive are discarded by an increasingly narcissistic society.

In this climate of self-indulgence, those who are physically impaired are particularly disadvantaged. In addition to being socially outcasted, they are denied opportunities to pursue their economic as well as social well-being. In addition, discrimination against disabled people is reinforced when they are regarded as the unfortunate victims of adverse traumatic events. By viewing disability as an individual problem, the wider role of social forces in labeling, stereotyping and victimizing impaired people is ignored.

The notion that disability is a societal rather than individual problem is the central theme of this important book by Mike Oliver, the first Professor of Disability Studies at a British University. Oliver's book is wide-ranging, discursive and reflective but its message is a powerful one. The problems facing disabled people cannot be resolved until attitudes are changed and a truly inclusive conception of humanity is institutionalized. Since it is highly unlikely that such changes will occur in the near future, the best option for those with disabilities is to challenge the existing order and campaign to improve their position. In view of the indifference, self-absorption and harsh social attitudes of our time, radical action of this kind offer the only viable option for disabled people.

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JSSW welcomes a broad range of articles which analyze social welfare Institutions, policies, or problems from a social scientific perspective or otherwise attempt to bridge the gap between social science theory and social work practice.

Submission Process. Submit manuscripts to Gary Mathews, School of Social Work, Western Michigan University, Kalamazoo, Michigan, 49008. Send *three* copies together with an abstract of approximately 100 words. Since manuscripts are not returned by reviewers to the editorial office, the editorial office cannot return them to the authors. Submission certifies that it is an original article and that it has not been published nor is being considered for publication elsewhere.

Reviewing normally takes 120 days.

Preparation. Articles should be typed, doublespaced (including the abstract, indented material, footnotes, references, and tables) on 8½ x 11 inch white bond paper with one inch margins on all sides.

Anonymous Review. To facilitate anonymous review, please keep identifying information out of the manuscript. *Only the title* should appear on the first page. Attach cover pages that contain the title, authors, affiliations, date of submission, mailing address, telephone number and any statements of credit or research support.

Style. Overall style should conform to that found in the *Publication Manual of the American Psychological Association*, Fourth Edition, 1994. Use in-text citations (Reich, 1983), (Reich, 1983, p. 5). The use of footnotes in the text is discouraged. If footnotes are essential, include them on a separate sheet after the last page of the references. The use of italics or quotation marks for emphasis is discouraged. Words should be underlined only when it is intended that they be typeset in italics.

Gender and Disability Stereotypes. Please use gender neutral phrasing. Use plural pronouns and truly generic nouns ("labor force" instead of "manpower"). When dealing with disabilities, avoid making people synonymous with the disability they have ("employees with visual impairments" rather than "the blind"). Don't magnify the disabling condition ("wheelchair user" rather than "confined to a wheelchair"). For further suggestions see the *Publication Manual of the American Psychological Association* or *Guide to Non-Sexist Language and Visuals*, University of Wisconsin-Extension.

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