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Establishing a Basis for Multi-System Collaboration: Systemic Team Development

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Reports of child sexual abuse require police, child protective services, forensic and medical evaluators, prosecutors, family court and treatment providers to negotiate complementary, overlapping roles with children and families. Administrators from these agencies in Kansas City, Missouri clarified this multi-system response by applying a theory-based model for team development previously studied in direct practice with families. This article presents that model and an exploratory case study of this effort. Findings suggest the model's efficacy for resolving inter-agency conflict and may contribute to constructing logic models in multi-system collaboration.

Key words: child welfare, collaboration, team development, sexual abuse, systems of care

Introduction

Investigation, evaluation, prosecution and treatment of child sexual abuse are conducted within legally mandated roles and timelines. Law enforcement, child protective services, forensic and medical evaluators, prosecutors, family court and service providers share complementary, sometimes overlapping responsibilities. Though guided by separate funding, policies, training, supervision, and evaluation, the efficacy of each agency's role is dependent upon the efforts of other participants. For example, law enforcement and child

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protective service agencies share mandated responsibilities for investigation of child sexual abuse. The quality and timeliness of their co-investigation influences prosecution of the case as well as family court decisions that must be made within tight legislated timelines. Some or all of these actions may influence the provision or acceptance of social and material supports for the child and family (Bell, 1999; Newman, Dannenfelser, & Pendleton, 2005; Pence & Wilson, 1994).

Based upon the experience of Huntsville, Alabama in the 1980s, child advocacy centers (CACs) emerged as a national model to facilitate a centralized, comprehensive, non-repetitive, multi-disciplinary team response to reports of child sexual abuse. Guidelines developed from this experience suggest that CACs serve as child-friendly, multi-disciplinary settings where forensic interviews can take place in a culturally competent manner with a single entity responsible for program and fiscal operations of the CAC (National Children's Alliance, 2006). Advantages of such settings were noted in a survey of 239 child welfare agencies (Sheppard & Zangrillo, 1996). However, literature on collaboration in child abuse investigations and interventions remains primarily descriptive, relying upon survey research with few outcome studies (Newman, et al., 2005). Similar limitations are noted regarding which aspects of community preparation are related to later program success (Fixsen, Naoom, Blase, Friedman, & Wallace, 2005). In fact, those authors strongly argue that until core implementation components are better defined and examined, it may be premature to evaluate outcomes.

Kansas City, Missouri's Child Protection Center (CPC), an accredited CAC, was established in 1996 to avert duplication of investigative efforts and to improve response to children and families when reports of child sexual abuse were made. In keeping with CAC standards (National Children's Alliance, 2006), it provided high quality forensic evaluations, and encouraged law enforcement, child protective services, prosecutors, family court and treatment agencies to participate in "collaborative case reviews" as a means to share information and coordinate efforts. This case-by-case approach to collaboration functioned adequately until trust was damaged by reductions in state funding, resultant staff turnover, and by highly visible

cases in which children were seriously harmed during lags in multi-system communication and response. Despite participants' shared values of protecting children and minimizing service duplication, the collaborative case reviews lacked both structure and power to address timely information sharing and decision-making concerns highlighted by these cases. With staff turnover, they also lacked the familiar relationships through which previous cases had been coordinated. Mired in conflict, the case collaborative reviews nearly stopped. No guidelines for resolving such conflict were readily available from the CPC's accrediting organization nor are they available today (National Children's Alliance, 2006).

This situation was further complicated by an earlier decision to move CPC from within the fiscal structure of the city's children's hospital to within the fiscal structure of Jackson County Family Court. This move made CPC part of a government agency, without 501C-3 non-profit status and oversight by a board of directors. To address program issues and to keep CPC activities independent of Family Court practice policies, administrators from the Jackson County Children's Division of the Missouri Department of Social Services (child protection agency), Prosecutor's Office, Family Court, and the Kansas City Police Department's Special Victims Unit, met quarterly as a governance group. Without a forum to address interagency collaboration in child protection, the breakdown of the case collaborative reviews became a primary topic for this governance group. Using a parliamentary format for discussion and decision-making, concerns would be addressed and seemingly resolved in one meeting only to arise again in subsequent agendas. Whether the issue was timely co-investigations by law enforcement and child protection or sharing information from that co-investigation within mandated timelines with the courts, this inability to resolve differences at an administrative level exacerbated inter-agency conflicts.

To resolve this impasse, the CPC governance group engaged me as a consultant. I suggested use of a theory-based model for building collaborative teams that was articulated through merging results from my exploratory research on school-based mental health team approaches (Malysiak, 1997, 1998) that was later amplified and expanded in Center

for Mental Health Services grants (Bertram & Bertram, 2003; Malysiak-Bertram, Bertram, Malysiak, Rudo, & Duchnowski, 2000) by building upon developmental disabilities research on team development (Anderson, Russo, Dunlap, & Albin, 1996; Eno-Hieneman, 1997). However, these studies had examined direct practice with families. This situation in Kansas City provided opportunity to evaluate this model's utility through an exploratory case study of administrators seeking to improve multi-system response to the same client population.

Research questions included whether core constructs that defined this model in direct family practice would generalize to an administrative, multi-system effort, and whether application at this level could contribute to practical achievements. The following theory-based constructs guided administrators' efforts and were evaluated through observation of team process and productivity and through semi-structured participant interviews.

Systemic Team Development

- Team composition affects assessment, intervention and outcomes. The power and challenge of collaborative models of practice is that they bring together differing perspectives and resources. Effective engagement of differing perspectives and resources requires clear team structure.
- Team efforts are best structured through four sets of inter-related agreements. Cohesion in these agreements contributes to desired results: (1) Overall goals; (2) Rules of operation; (3) Ecological assessment of assets and constraints culminating with a summary on current status; and (4) Plan development, implementation & evaluation.
- Teams are not static. When team composition changes, or when new information dictates, the structural agreements must be re-examined and adjusted.

Team Composition

Team composition influences team assessments, interventions and outcomes. Those with the most relevant information or those who influence use of resources necessary to accomplish team goals should be fully engaged. Their differences of perspective and different resources are potential levers or

constraints for change (Bertram & Bertram, 2003; Eno-Hieneman, 1997).

Team Structure: Four Sets of Inter-related Agreements

Collaborative teams need clear structure to harness the power of participants' differing perspectives and resources. This structure is derived from an evolving, inter-related series of four agreements. The first two of these agreements, ultimate goals and rules of operation create a basis for collaboration in assessment, planning, and interventions (Bertram & Bertram, 2004; Eno-Hieneman, 1997; Malysiak-Bertram, et al., 2000).

Ultimate Goals. Establishing shared overall goals clarifies team purpose and direction. It establishes a shared, higher ground above the immediate concerns and conflicts (Cohen & Bailey, 1997; Eno-Hieneman, 1997).

Rules of Operation. Before formal assessment and planning, participants must agree upon what information is necessary to achieve their common goals, how to share that information, how to resolve conflict and how to make decisions, especially when they cannot agree. These rules of operation comprise the second set of structural agreements necessary for collaboration (Bertram & Bertram, 2004; Eno-Hieneman, 1997; Korsgaard, Schweiger, & Sapienza, 1995).

Without these two sets of evolving, inter-related agreements, participants tend to coordinate or cooperate with each other based upon what seems most meaningful from their perspective or most prudent for their individual agency. Simply stated, collaboration between differing perspectives requires common direction or purpose and the rules to support achieving it. When participants establish and work within shared rules that are directly linked with shared goals, there is a basis for more comprehensive assessment and planning (Bertram & Bertram, 2004; Eno-Hieneman, 1997; Malysiak-Bertram, et al., 2000).

Ecological Assessment and Summary of Current Status. Comprehensive assessments are ecological and include assets and competencies, constraints and challenges within and between all relevant or engaged systems. But such detailed assessment in and of itself does not contribute to cohesive plan development. Team participants have different perspectives

of the meaning of the assessment. They “make meaning” of the current situation in different ways. To ensure full support of a team’s plan of action, participants must form a third agreement that summarizes their assessment and makes common meaning of the current situation (Bertram & Bertram, 2004; Eno-Hieneman, 1997).

Plan Development, Implementation and Evaluation. Then, as a basis for plan development, the team uses this summary statement of the current situation with its ultimate goals to prioritize targets and devise strategies for intervention. To develop its plan of action the team asks, “We believe we are here (summary of assessment) and we wish to get there (overall goals). Therefore, which challenges and constraints should first be addressed using which assets and competencies as levers for change?” To the extent that the current status agreement describes patterns of interaction within and between systems or sub-systems that allow a well-defined problem to continue, this approach to assessment and planning is similar to Multi-Systemic Treatment (Henggeler, Schoenwald, Borduin, Rowland, & Cunningham, 1998). This is a deeper form of planning than simply matching needs with assets in strategies. Shared within co-developed rules of operation, it helps bring unspoken assumptions about why the problems exist into team discussions. Without this step, these assumptions might not be discovered, yet could still influence participant investment in the ensuing plan of action.

Continuous Structural Adjustment. Finally, data gathered from evaluating plan implementation and outcomes is used to inform refinements to team composition and structure (Bertram & Bertram, 2004; Eno-Hieneman, 1997). Through such adjustments, team cohesion and collaboration are enhanced even as circumstances change and better or more relevant information becomes available.

Case Study Method

Participant Interview Findings

Administrators from the CPC governance group were interviewed, including the captain of the Kansas City Police Department’s Special Victims Unit, the regional director of

Jackson County Children's Division of Missouri's Department of Social Services, the chief juvenile attorney of Jackson County Family Court and an attorney from its Prosecutor's Office who acted as liaison with these agencies. Also interviewed were the CPC director, the director of social work at Children's Mercy Hospital and the director of community programs for Heart of America United Way. The Heart of America United Way participant was engaged to tap her knowledge of the establishment of CPC and of community efforts to respond to the highly visible politicized cases that contributed to inter-agency conflicts. The director of social work at Children's Mercy Hospital had been similarly involved, but was also engaged because that hospital played an important role in medical evaluation of sexual abuse reports.

In a period of three weeks I engaged all seven initial participants separately in semi-structured interviews to baseline their previous efforts to improve multi-system response to child sexual abuse. Each was asked their goals in working with CPC, what structures were used for identifying issues, gathering information and decision-making, as well as perceptions of causes and nature of their impasse. Interviews were recorded verbatim and read back to the participant to confirm accuracy. All interviews were then analyzed for similar or divergent perspectives and organized according to issue or theme as suggested by Miles and Huberman (1994).

Results revealed divergent and conflicted perspectives about individuals and agencies. Much emphasis was placed upon the co-investigative responsibilities of law enforcement and the Children's Division, yet there were clearly similar issues regarding sharing information in a timely manner for Family Court and the Prosecutor's Office, as well as concerns about timing and information-sharing in forensic and medical evaluations. These issues and concerns were clearly systemic and not confined to a single case.

Administrators reported similar values of protecting children and providing non-repetitious investigation, evaluation, and prosecution of reported abuse cases, but no explicit goals for working together through CPC. All participants agreed that since the highly publicized cases and staff turnover, case or agency information was not readily shared. Among

administrators in the CPC governance group (law enforcement, Children's Division, family court and prosecutor's office), none could identify a means of decision-making other than talking to perceived consensus or voting. There was a common perception that they were unable to agree or follow through with decisions. There was a distinct pattern of identifying a single person or agency as being primarily responsible for their lack of progress in resolving these concerns.

Each of these discussions took less than one hour and the administrator was simultaneously oriented to STD and prepared to define shared goals and rules and to use these as a basis for collaborating in an ecological assessment and developing a plan of action to resolve their impasse. My role in those meetings would be twofold: first to facilitate discussions establishing initial structural agreements, then to step back and observe their efforts within this structure. Most participants were skeptical that a group with years of unresolved conflicts could become cohesive, chart common direction, and implement an action plan. As a result, in their initial six meetings, I was often asked procedural questions about specific steps in STD.

Observations and Products of Team Meetings

As these seven administrators worked, I observed and recorded verbatim notes that were later compared for accuracy with the group's own summaries of their discussions and agreements. At initial meetings participants specifically defined their shared client population and goals for working with them through CPC. This included all reports of child sexual abuse and serious physical harm to children under the age of six. They defined related rules of operation that included what information was necessary to accomplish those goals and how to share it, as well as decision-making and conflict resolution rules to structure their efforts. This initial commonly defined structure of goals and rules was completed in two meetings and established a basis for engagement in assessment and planning in the next four meetings.

Eventually identifying themselves as the Child Protection Network (CPN) to distinguish their responsibilities from those of the CPC's governance group, they stated their goals and

rules as follows.

CPN Goals. Participants agreed that the reason they were working together through the Child Protection Center (CPC) was to provide timely, efficient, co-investigation of child abuse allegations with their target population and to work with CPC to inform decisions each of the agencies must make to support children and their families in these cases. As stated this neatly reflects accreditation standards (National Children's Alliance, 2006), however, the question was whether these goals were achievable, and if so, how to make these administrative goals outcomes of their staff members' efforts in every case.

CPN Information Sharing Rules. To support such an assessment, the administrators initially agreed upon broad information-sharing rules, emphasizing that the information should be shared freely, honestly and respectfully. As agency conflicts were more openly explored, they determined that to achieve their goals it was necessary to share information not solely about practice with families, but also about agency policy, resources, and projects related to their target population. Later rule additions included identifying if participants were sharing actual data or anecdotal impressions. Perhaps most used in averting conflicts were revisions that sought to clarify topics for discussion by whether or not the information was confidential to the team, whether it was simple information sharing or whether it was an exploratory or a decision-making discussion. Finally, they added it might be necessary to agree to disagree; and if so they would determine what information or persons might help resolve differences. This transition from broadly stated agreements to greater specificity is a typical pattern as cohesion and trust develops in team structure (Eno-Hieneman, 1997).

CPN Decision Making Rules. Initial decision-making rules were similarly broad and primarily relied upon voting when discussions did not bring consensus. Later revisions created a screen for decision-making, including whether it was their decision to make, whether those most affected were present, and whether a decision actually had to be made immediately. Other changes included development of a decision-making menu so that, based upon topic, participants could select the most appropriate way to decide. Initial agreements to talk until there was consensus or failing that, to vote, were revised

to include the possibility of making a temporary decision until others were present or more information was gathered, or allowing those most affected or with most responsibility for implementing the decision to decide. However, dissenting perspectives were recorded with the understanding that if the chosen course of action did not work, they would first revisit dissenting viewpoints because those with a different perspective "may have been onto something." This particular revision was often observed to facilitate participants' relinquishing insistence upon consensus. Administrators also created a step-by-step procedure for conflict resolution to guide actions and clarify positions in the most contentious discussions. Importantly, the pattern again emerged of initial broad agreements leading to greater specificity in structure as participants developed sufficient cohesion to explore more complex topics in greater detail.

CPN Assessment and Action Plan. STD is a dynamic process. Movement from one set of agreements to another is not linear. The administrators in this case study would discuss a particular case situation to highlight issues of concern in their assessment only to find they needed access to other information that was not forthcoming under their current rules of operation. In light of their overall goals, they would then reconsider and revise rules to ensure continued contributions and ultimately to make decisions or resolve conflicts that naturally emerged from their differing perspectives of the same issue.

The administrators' assessment process lasted through two meetings that examined three levels of shared activities or interests in regards to their target population. They identified composition, roles and responsibilities, sources of information needed, assets and constraints within or between the child and family case level of their agencies' interactions, the multi-system administrative level from which they should establish guidelines for that practice, and a community level of advocating for changes in laws and funding. This strengths-based multi-system assessment was accomplished with relative ease, and later participant interviews would reveal that in eight years of attempted collaboration, they had never conducted such an assessment.

Most team planning processes move quickly from

assessment into creating plans of action (Bertram & Bertram, 2003; Eno-Hieneman, 1997). However, STD asks participants to pause to agree upon a summation of their assessment. Still operating within co-developed rules, administrators explored assumptions or ideas about why there were problems in their response to child sexual abuse despite obvious assets and good intentions. Each participant verbally grappled with the incongruence of previous ideas that one agency or personality was primarily responsible for their lack of progress. After thoughtful consideration they instead concluded that:

We lacked clarity for our different levels of activities. This contributed to confusion on roles and responsibilities. We lacked shared means to ensure systematic, efficient information gathering as well as shared guidelines for decision making. This compromised our best intentions to enhance our assets and address constraints.

This shared summary of their current situation stood in stark contrast to baseline interviews when most viewed personalities or agencies as cause for conflict and inaction. This status agreement was then used with their goals to develop a plan of action. In the course of two more meetings, they decided to clarify and to refine their agencies' direct practice with children and families, as well as their own responsibilities as administrators to guide and evaluate the quality and timeliness of their staff's interaction with each other. This plan included:

1. Define preferred case flow or best practice from initial report, through investigation, forensic evaluation, and collaborative review for prosecution and referral for treatment.
2. Write specific protocol that defines each agency's role and timelines for fulfilling those responsibilities within this preferred case flow.
3. Write a shared manual that provides detailed guidance for enacting these roles and responsibilities.
4. Provide joint training to present these new

guidelines for staff performance.

5. Identify key quality assurance data points within this best practice protocol that administrators would review together on a regular basis from a shared database to evaluate fidelity of implementation and to inform further multi-system refinements.
6. Write and sign a new inter-agency agreement reflecting commitment to continuous quality improvement through this structure.

Despite changes of team composition when a police captain was promoted, and despite a potential fiscal crisis when the new Governor threatened to no longer fund CPC and other child advocacy centers, all six steps in their action plan were completed within one year. Writing the shared protocol for best practice required debate and revisions in several bi-monthly, then monthly meetings that initially focused on the responsibilities of Children's Division and law enforcement investigators, who shared legal mandates to investigate reports of child sexual abuse. However, the deeper their differing perspectives about the two systems were explored, the more obvious it became that what one agency did or did not do affected later decisions by other systems in the case which could adversely impact children and their families. Administrators detailed timelines for each agency's activities as well as what information was needed and how to share it. In the process of writing such a detailed protocol, administrators continued to revise and learned to work within their rules of operation, and continued moving beyond previous conflicts toward greater cohesion and accomplishments. Moreover, with a shared definition of client population and shared protocol for best practice, they established a multi-system logic model, a theory of change to integrate and enhance service to their target population, which could later become the basis for evaluating multi-system model fidelity (Fixsen, et al., 2005; Hernandez & Hodges, 2003).

Before these guidelines could be presented in joint training, some administrators noted that the composition of the CPN team lacked representation from law enforcement agencies in the east suburban and rural parts of the county. Many administrators strongly believed these law enforcement

agencies should be engaged as CPN team participants before a joint training or evaluation of practice protocol implementation could be conducted. Others expressed concern that team expansion could slow progress in completing their plan of action which they saw as a beta version of what an expanded CPN team could later refine. When discussion could not achieve consensus, a majority of participants voted to inform these smaller law enforcement jurisdictions of CPN efforts and invite them to contribute at least two representatives to the CPN team. Dissenting votes were duly recorded per CPN rules of operation.

Though this decision did slow progress on completion of the action plan, the addition of more representatives from outside the old conflicts brought a fresh perspective. In keeping with constructs of STD, new participants were invited to examine and if needed, to reshape the CPN structure of related agreements on goals, rules, assessment and status summary, and action plan. Representatives for suburban and rural law enforcement shared the ultimate goals and agreed that the rules of operation would help them more fully participate. Nevertheless, in reviewing the CPN team assessment, they identified overlooked facts, assets and issues that ultimately contributed to protocol revisions that made it a more realistic guideline for best practice. Despite pausing for two months to expand team composition, the entire CPN action plan was completed within one year, including co-authoring a shared manual and providing joint training to all agency staff.

By the end of that year, a university internal grant was secured to support development of the CPN practice protocol database that would track and time over forty points of agency action in every reported case of sexual abuse. Aggregate monthly reports from this database would provide CPN administrators a means to evaluate fidelity of their efforts to achieve multi-system best practice. Information gathered and lessons learned could then inform adjustments within or between specific agencies, revisions to protocol, or lobbying for changes in law and funding. As data and lessons emerge from that effort, they will be presented in a subsequent article.

Follow-up Participant Interviews

This second grant also provided funds for conducting and analyzing a series of semi-structured follow-up interviews with CPN administrators, including those who left the team after changing jobs (n=10). Interviews were conducted over six weeks and questions explored administrators' experience and perspective both before and after STD was applied. Questions also sought to determine if each of the theory-based constructs studied and found useful in team efforts with families were evident and functioned similarly in team efforts with administrators from multiple systems working with the same client population. As with baseline interviews, participants' responses were recorded verbatim and read back to the interviewee to confirm accuracy. Results were analyzed by identifying shared perspectives of all participants or clearly divergent perspectives, by comparison with baseline data, and by whether participant comments affirmed or disconfirmed similar application and function of STD constructs in multi-system administrative collaboration.

Though minor variations of perspective were noted in regards to whether a participant was more or less optimistic in nature or pessimistic in regards to what an assessment might produce, overall the responses of participants were remarkably consistent. This consistency was a divergence from baseline interviews conducted a year earlier. Shared perceptions are summarized below.

Follow-up Interview Results

- Each participant reported increased clarity from developing shared overall goals for their work with a well-defined target population. It helped them begin to find common ground or higher purpose above the fray of individual cases.
- All participants agreed that trust and the sense they could influence another agency emerged from development of shared goals and rules for working together.
- Participants uniformly reported that creation of shared goals and rules provided direction and structure necessary to even consider mutual assessment, plan development and

implementation. Prior to development of overall goals and rules, all feared that a mutual assessment process would be fraught with conflict, and reported that since CPC's inception, no multi-systems strengths-based assessment had been conducted. This gave many previously pessimistic administrators hope and a realization that there was something from which to build.

- Participants stated that culminating this assessment with an agreement on current status forced them to consider why despite so many assets, they had reached an impasse, and that this step negated previous assumptions about causes for their conflicts. Diverging from pre-STD perspectives, all agreed that their impasse was clearly not the result of personalities or of one agency's position or actions.
- They uniformly stated that using this status summary with their shared overall goals to prioritize steps and strategies in a plan of action definitely contributed to a personal sense of ownership of that plan. This ownership helped carry them through difficult months of defining specific activities and timelines in the shared best practice protocol, a process that all found to be tedious and ripe for conflict.
- Participants who joined the CPN effort during its plan implementation (when Kansas City law enforcement captains changed positions and when the team expanded to include other law enforcement agencies) were appreciative of the team halting current tasks to review and reshape structural agreements on goals, rules, assessment and status, as well as the plan of action. They stated that this quickly and fully oriented them, and gave them the sense "it was their team, too." These newer participants noted that in other multi-system group efforts, this process did not occur, and its absence limited their participation for months as they absorbed the political and practical nuances of the group effort.
- Finally, all participants agreed that this sense of cohesion or ownership and the evolving structure provided by shared goals and rules contributed to successful plan implementation, despite each agency having separate funding streams, supervisory structures, and policy mandates. All agreed that prior to applying STD, they would never have agreed

to establish a shared database to evaluate actions taken or not taken by all agencies.

Conclusions and Implications

Data from this case study suggest that core constructs of STD articulated and studied in team efforts with families (Bertram & Bertram, 2004; Eno-Hieneman, 1997) do appear to generalize to administrators from multiple systems working with the same client population. These new findings support extending the STD model.

Furthermore, despite changes in participants that had previously stymied collaboration, and despite contentious details and differences of perspective about what was necessary or even possible, CPN administrators agreed upon specific timelines and actions each agency should accomplish so information and services were timely and better integrated. They co-authored a manual for this best practice protocol, jointly trained their staff in these new expectations, and agreed to share a database to evaluate agencies' abilities to accomplish protocol timelines and activities. Such practical products and shared activities were not believed possible before administrators worked within this theory-based model for team development.

This shared database will provide a subsequent test of the applicability of STD in multi-system administrative efforts. Data points regarding time and process of co-investigation, evaluation, prosecution and treatment within each case are now stored for CPN review in aggregate monthly reports. Will CPN's evolving goals and rules continue to provide sufficient basis for collaborative exploration of breakdowns of practice within the shared protocol? If to achieve their goals the CPN recommends that an agency consider re-allocation of resources to address these breakdowns, will that agency administrator concur or will CPN practice revert to baseline patterns and conflicts? Will a new set of contextual or fiscal challenges overwhelm administrators' attention and compromise further collaboration despite structures provided by this model for team development?

These questions are important. To evaluate the long-term

adoption of new practices, future research should seek answers to them. If the collaborative structure developed using STD can withstand and address such challenges, then results from further study of STD in multi-system administrative applications may contribute to discourse about core implementation components and fidelity in a logic model for a collaborative system of care (Fixsen, et al., 2005; Hernandez & Hodges, 2003). Measures of fidelity for these core community implementation components could then be developed and validated. Only then should these components be examined in an evaluation of child and family outcomes.

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African American Grandmothers Providing Extensive Care to their Grandchildren: Socio-demographic and Health Determinants of Life Satisfaction

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The article explores the relationships between grandmothers' socio-economic and health characteristics in relation to life satisfaction. Reasons for caregiving, assumption of the caregiver role, and grandmothers' attitudes and experiences in custodial caregiving were discussed qualitatively from data gathered in detailed interviews of a convenience sample of 99 custodial African American grandmothers caring for one or more grandchildren younger than 18 in North Carolina. Most grandmothers in this sample reported mixed feelings toward custodial caregiving, both as a burden as well as a blessing. They also reported a weak support system and relied on their faith more than family and friends to continue in their caregiving roles.

Key words: *grandparents, caregiving, surrogate parents, kinship care, grandchildren*

Over the past few decades, the number of grandparents raising grandchildren in the U.S. has increased dramatically. The number of grandparents living with children under 18 was 2.3 million in 1980, 3.3 million in 1992, 3.9 million in 1997, and has increased to 6 million in 2000 (U.S. Bureau of the Census, 2000). This constitutes a 52% increase in the number of grandparents who are primary caregivers for their co-resident

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grandchildren (U.S. Bureau of the Census, 2001, CH-7). Of the coresident grandparents in 2000, 2.4 million (42%) had primary responsibility for raising grandchildren under 18 in the United States (U.S. Bureau of the Census, 2001, QT-2). It is estimated that one-third of these homes have neither parent present.

Since 1990, the most rapid increase has been in the "skipped generation" households (Bryson & Casper, 1999; Minkler & Fuller-Thomson, 2000; Fuller-Thomson & Minkler, 2001) in which grandparents are the primary caregivers. The majority of grandparents who live with grandchildren (62% in 1997) are grandmothers (Bryson & Casper, 1999). The trend toward grandparent maintained households began in the 1970s and has continued to be of interest to policymakers, researchers, and program developers.

A number of factors may help to explain the increase in grandparent-headed households, including teen pregnancy, substance abuse, AIDS, incarcerations, unemployment, and policy changes that prefer kinship care as opposed to other placements (Burnette, 1997). A growing body of research shows that African American grandmothers assume responsibility for the care of their grandchildren and great-grandchildren in the case of drug abuse (Burton, 1992; Minkler, Roe, & Robertson-Beckley, 1994; Roe, Minkler, & Barnwell, 1994; Ruiz, 2004a); incarcerations (Dressel & Barnhill, 1994); and HIV/AIDS (Burnette, 1997; Caliandro & Hughes, 1998; Honey, 1998). Changes in the family formation of African American families have also been correlated with an increase in poverty. Low-income families have a higher percentage of single-female-headed households, and an increase in non-marital childbearing (Nichols-Casebolt, 1988; Darity & Meyers, 1984; Wilson, 1987). The cocaine epidemic, incarcerations, and HIV/AIDS, along with poverty, are all interrelated. These factors will most likely continue to present serious problems for vulnerable populations, and for grandmothers, who must care for ever-increasing numbers of crack babies, children whose mothers are incarcerated, and both mothers and babies with AIDS. In spite of the increased research and policy focus on custodial caregiving, little attention has been given to the impact of caregiving on life satisfaction.

Although studies of custodial caregiving and life

satisfaction are scant, existing research reveals a strong relationship between caregiving, in general, and quality of life of the caregiver (Pruchno, Patrick, & Burant, 1997; Miltiades & Pruchno, 2002). In their study of 741 white and 100 African American women caring for adult children with chronic disabilities, Pruchno, Patrick, and Burant (1997) found that white respondents reported higher levels of caregiving burden and lower levels of caregiving satisfaction than did African American respondents.

Proctor (1995) theorized that religion helps African Americans accept burden, but not necessarily reduce it. Religious coping is often observed among African Americans as a positive uplift (Miltiades & Pruchno, 2002). Religion alone, however, is not enough to deal with the tangible financial and health burdens associated with caregiving. Caregiving demands, along with socioeconomic and structural factors, contribute to ongoing stress and burden. Religious coping reduces only the magnitude of burden. Examining the relationship between race, religion, coping, relationship quality, and caregiving appraisal in a sample of aging mothers who reside with adult children with mental retardation, Proctor (1995) found that African American women were more likely to employ religion as a coping strategy. Religious coping was associated with higher levels of caregiving satisfaction, but was not associated with lower caregiver burden. African Americans also experienced higher levels of caregiving burden because of poor health (Minkler & Roe, 1993; Whitley, Kelley, & Sipe, 2001; Kelley et al., 2000). Rosenthal (1986) offered a plausible explanation for the disconnect between religious coping and burden—caregiving demands outweigh cultural factors in reducing caregiver burden.

Life satisfaction among elderly African Americans has been correlated with: hope (Adams & Jackson, 2002); self-rated health; adequacy of income, gender, religiosity, and family involvement (Coke, 1992); socioeconomic status (Rao & Rao, 1981); and health and social support (Martin-Combs & Bayne-Smith, 2000). The research trend in life satisfaction literature is to emphasize resilience and adaptability (Jackson, Chatters, & Neighbors, 1982; Taylor, 1985). The role of social networks as a buffer remains one of the most important factors in reducing

stress during episodes of crisis among older African Americans (Adams & Jackson, 2002).

In spite of the growing number of grandchildren being cared for by grandparents, and increased research and policy interest, as well as evidence relating life satisfaction with caregiving, few studies have focused exclusively on the impact of caregiving experiences and life satisfaction among custodial African American grandmothers. Among the factors studied in this population are stress and psychological well-being (Bullock, 2004; Crowther & Rodriguez, 2003; Goodwin & Silverstein, 2001; Pruchno & McKenny, 2002; Sands & Goldberg-Glen, 2000; Waldrop & Weber, 2001). A few studies have explored the impact of health and socioeconomic status on quality of life (Minkler & Roe, 1993; Ruiz, 2004; Ruiz, Zhu, & Crowther, 2003; Kelley et al., 2001).

In their study of African American grandmothers raising grandchildren resulting from the crack-cocaine epidemic, Minkler and Fuller-Thomson (1999) found that their health worsened after assuming care of their grandchildren. The effect of health on life satisfaction has been observed in non-custodial elderly African Americans as well (Coke, 1992; Levin et al., 1995). Although research reveals that raising grandchildren increases financial problems, restricts role responsibilities, results in isolation, and causes depression—all contributing to lower life satisfaction—there are also aspects of caregiving that result in higher life satisfaction (Bullock, 2004; Ruiz, 2004a).

Many African American grandmothers welcome the role of grandparenthood, whereas others view it as an untimely burden. Surrogate parenting has presented economic, physical, emotional, and educational problems for African American grandparents. A small group of studies have investigated psychological, social and economic problems and needs of grandparents who are primary caregivers of their grandchildren (Burton & DeVries, 1993; Minkler & Roe, 1993; Ruiz, 2000; Ruiz, 2004a).

Burton and DeVries (1993), Ruiz (2000), and Ruiz (2004a) reported that African American grandparents see their role as necessary for the survival of the family. They take pride in providing a stable environment for their grandchildren, as well as teaching them important values for survival. Their role as

guardian, caregiver, and conveyer of traditional values reflects the strengths of grandmothers and the resiliency and adaptability of African American families (Ruiz, 2004a). Historically, a very important value in African American families was that of addressing the needs of the family and community. For example, it is not uncommon for African American mothers and grandmothers to put the needs of their family above their own; satisfying the needs of the family is consistent with the satisfaction of their own needs. In fact, the needs of the family are intricately connected to their own identity (Burton & DeVries, 1993; Ruiz, 2000; Ruiz, 2004a). Placing the needs of children above their own is a familiar theme in historical and contemporary African American literature. The strength and survival of African American families is dependent, in large part, on the commitment and unselfish acts of grandmothers.

Although grandmothers are committed to their grandchildren's happiness and well-being, their grandparenting roles were not always gratifying (Burton & DeVries, 1993, Ruiz, 2004a; Ruiz, 2004b). Some grandparents expressed dismay because of the vast array of problems associated with providing care for their grandchildren. Concerns involved the permanence of childcare, school suspensions, lack of financial support, respite care, the psychological health of the grandchild and their own physical health (Ruiz, 2004a; Ruiz, 2004b). Additional problems involved stress related to multiple childcare responsibilities and job-related issues for the employed grandmothers. It was also reported that grandmothers did not have time for themselves (Burton & DeVries, 1993; Ruiz, 2004a). The childcare demands placed on African American grandmothers have left many of them socially isolated and lacking in social support (Ruiz, 2004a).

Traditionally, African American families have been characterized as extended family networks with much cooperation and support, although some contemporary studies have shown that African American grandmothers are not receiving consistent and reliable support (Burton, 1992; Ruiz, 2000; Ruiz 2004a) from family members. Other studies show a rich support network (Minkler & Roe, 1993); however, social isolation is seen among some of the younger grandmothers who are experiencing role conflict caused by being employed and

having childcare responsibilities (Minkler & Roe, 1993; Ruiz, 2004a). Other psychosocial responses include feelings of guilt and shame because of drug or alcohol use of their children. Raising grandchildren with special needs, (U.S. Senate Special Committee on Grandparents, 1992; Burton, 1992; Minkler & Roe, 1993) as well as caring for adolescent children who have their own unique set of needs (Kee, 1997; Ruiz, 2004a), both present social and psychological discomfort for African American grandmothers.

In their studies of African American grandmothers, Minkler and Roe (1996) and Ruiz (2004a) have identified consequences of surrogate parenting in the areas of health problems, economic difficulties, and the lack of government support. A number of health problems, such as depression, insomnia, hypertension, back and stomach pain, and other problems associated with the physical and emotional demands of childcare have been reported (Minkler & Roe, 1996; Ruiz, 2004a). In their study of grandmothers raising grandchildren as a result of the crack-cocaine epidemic, Minkler and Roe (1993) also found that grandmothers tended to minimize the severity of their own health problems in an effort to show that they were capable of taking care of their grandchildren. Other studies have found changes in social behaviors, such as increases in cigarette smoking and alcohol consumption (Burton, 1992; Minkler & Roe, 1996; Ruiz 2000).

Demographic and social trends have significantly altered the structure and function of American families. Changes have occurred in the roles of grandparent caregivers as well. These changes have incited the interest of researchers and policy makers. However, in spite of the increased interest, there has been very little research focusing on custodial African American grandmothers who are confronted with difficult types of caregiving experiences and how they may be related to life satisfaction. The goal of this paper is to extend existing literature by exploring the factors influencing life satisfaction among custodial African American grandmothers. The analysis will: (1) examine demographic characteristics of custodial African American grandmothers; (2) determine the extent to which custodial grandmothers are satisfied with the quality of their lives; (3) measure the satisfaction grandmothers gain from

raising their grandchildren; and, (4) determine the predictors of life satisfaction associated with raising grandchildren.

Methodology

Sample

A cross-sectional research design was used to examine demographic characteristics, physical health, and psychological well-being among African American grandmothers who were primary caregivers for at least one grandchild. The study population consisted of grandmothers who resided in the Triangle and Piedmont areas of North Carolina. Grandmothers who were eligible for the study met the following criteria: (1) were the primary caregivers for one or more grandchildren or great-grandchildren under age 18 and non-institutionalized; (2) resided in the Triangle or Piedmont areas of North Carolina; and (3) viewed themselves as being in a permanent grandparenting relationship with the grandchild.

Data Collection

Five North Carolina counties were involved in the study. These included Durham, Guilford, Mecklenburg, Orange, and Wake counties. A number of organizations and persons provided assistance in identifying grandmothers who met the study criteria: North Carolina Division on Aging, Durham County Social Services, Durham County Housing Authority, Orange County Housing Authority, senior centers support groups, community nurses, mental health centers, family social workers in public schools, and juvenile detention facilities were among the agencies involved. The study also used word-of-mouth recruitment through local African American churches, cultural community organizations, and grandparent participants. After a list of grandmothers had been identified, those who expressed an interest in the study were pre-screened to determine their eligibility for inclusion. Once the inclusion criteria were satisfied, an appointment was made by the principal investigator to meet with the grandparent at a location convenient to the subject. Most of the interviews took place in the subjects' homes, with the exception of a few who were interviewed at support group meetings.

The data collection instrument was pre-tested using a focus group of 10 grandmother caregivers to eliminate any difficult questions and to make the protocol more understandable and relevant to this sample. All interviews were conducted by the author. Most interviews took 2 to 3 hours each to complete. In a few cases where the interview was interrupted or became too long, a follow-up interview was scheduled. These were instances where the grandchild may have returned from school and needed the attention of the grandmother or the grandchild's parent may have entered the interview setting and the grandmother did not wish to discuss her childcare burdens in their presence. The demanding schedules of some grandmothers made telephone interviews necessary.

The instrument consisted of approximately 350 questions, both quantitative and qualitative. All survey instruments were approved by the Institutional Review Board of Duke University Medical Center. The major issues in the questionnaire included the following 12 components: demographic characteristics; household composition; economic resources; family competing demands; reasons for providing care; church and social support; value orientation and family relationships; religiosity; physical health and chronic conditions; life satisfaction; depression; and stress symptoms. This analysis will focus primarily on the effects of caregiving, socioeconomic characteristics, and health on life satisfaction of custodial African American grandmothers.

Measures

Life Satisfaction. Life Satisfaction Index-version A (LSIA), originally constructed by Neugarten, Havighurst, and Tobin (1961), was administered to assess general morale and satisfaction with life among the grandmothers in this sample. The LSIA is a 20-item questionnaire that covers general feelings of well-being among older adults and has been widely used as an index of quality of life (Adams, 1969; Liang, 1984; Hoyt & Creech, 1983; McDowell & Newell, 1987) and has demonstrated validity in studies of stress, coping, and illness among older women (Haley et al., 1995; Lohr, Essex, & Klein, 1988). Each item was measured on a five-point Likert scale, with response categories of strongly agree, agree, not sure, disagree,

and strongly disagree. Twelve positively-worded items were coded as 1 for responses of strongly agree or agree and 0 otherwise; eight negatively-worded items were coded as 1 for responses of strongly disagree or disagree and 0 otherwise. The higher the score, the higher the degree of life satisfaction is assumed to be.

Demographic and social characteristics. Age, education, marital status, employment status, family income, home ownership, religiosity, social support, and grandmothers' caregiving situations were included in the analysis. Religiosity was measured by the number of times per month grandmothers usually went to a place of worship and whether she received any help from her place of worship for taking care of her grandchildren. Social support was measured by the number of people grandmothers reported they could rely on for help. Grandmothers' caregiving situation was measured by the number and age of grandchildren in care and years of care provision.

Physical Health. This measure consisted of the number of chronic conditions the grandmother might have. These included arthritis, cancer, stroke, diabetes, breathing problems, high blood pressure, circulation problems, heart problems, glaucoma, and kidney disease.

Sample characteristics

Detailed description of the sample characteristics is reported in Ruiz (2000a). The grandmothers ranged in age from 38 to 88, with an average age of 58. Seventy-four percent were younger than 65. The average grandmother in the sample had finished 11.5 years of schooling. Thirty-six percent were high school graduates and 38% did not finish high school. Almost three-quarters of the grandmothers (74%) were not married and were heads of household; the other 26% lived with their spouses. More than half of the grandmothers were retired. Twenty-nine percent of the sample was employed full-time and 9% were employed part-time. The average family income of this sample of African American grandmothers was \$21,100, with a median income at \$17,500. A third of the grandmothers in the sample had household incomes below \$10,000, 24% between \$10,001-20,000; 15% between \$20,001-30,000; 11% between \$30,001-40,000; and 16% greater than \$40,000.

Many grandmothers received their incomes from multiple sources. Fifty-four percent of the grandmothers received their incomes from wages and salaries, 43% from social security, 15% from disability payments, 23% from retirement pensions, 13% from Supplemental Security Income (SSI), and 38% from welfare payments/Work First. Six percent of their incomes came from relatives or other sources. Just over half of the grandmothers (57%) owned their own homes. Most of the homeowners lived in mobile homes in rural North Carolina. More than half of the sample were Baptist (56%), 11% were Methodist, 25% reported affiliation with other religions. Only a small number were not church members (8%). However, regardless of church membership, all grandmothers said that their spiritual beliefs were very important in providing care for their grandchildren.

Grandmothers reported an average of two chronic conditions. Almost two thirds of the grandmothers (62%) reported having high blood pressure, 44% reported having arthritis, and a quarter of grandmothers reported having problems with breathing, diabetes, or circulation. On average, they cared for 2 grandchildren for about 7 years. The average age of the custodial children was 8 (range 6 months to 25 years); almost half (46%) were between ages 6 and 11.

Analysis

The investigation examined life satisfaction of grandmothers by socio-demographic and physical health characteristics and tested differences between groups using analysis of variance (ANOVA). We then examined sources of satisfaction the grandparents reported. Variables that were significantly correlated with grandmothers' life satisfaction were entered in an ordinary-least-squared regression equation to examine the independent effects of each variable on grandmothers' life satisfaction. Variables that were no longer statistically significant at 5% were dropped from the final regression model. The Stata program was used for computations.

Results

The mean score of LSIA in this sample was 12.0 (s.d. = 3.5).

Bivariate analysis (Table 1) indicated life satisfaction was significantly positively associated with grandmother's age ($p=0.05$), education level ($p=0.01$), and family income ($p=0.02$). Life satisfaction was significantly negatively associated with the number of chronic conditions the grandmothers have ($p=0.01$) and number of grandchildren ($p=0.05$). There was a trend to significance between life satisfaction and home ownership ($p=0.09$), and years of care provision ($p=0.09$). Grandmothers' marital status, employment status, social network, frequency of attending church, and age of grandchildren were not associated with life satisfaction scores. Consistent with other studies, Chronbach's alpha was 0.81, suggesting satisfactory internal consistency of the scale (Wallace & Wheeler, 2002).

Table 1 reports grandmothers' sources of satisfaction. Almost all grandmothers (98%) believed that compared to other people her age she made a good appearance (Question 15). The great majority (95%) also reported that she expected some interesting and pleasant things to happen to her in the future (Question 8). The perception of life being better in the present than in the past has been associated with life satisfaction (Morris, 1988). Expecting great things is related to their strong religious beliefs. Typical responses included, "prayer keeps me going," and "without God, I don't know what I would do." They believed that their belief in God helped them to discipline their children better, and stated often that, "my spiritual beliefs give me more patience." Older African American women have traditionally played major roles in the African American church. Patience is among the important spiritual values accepted by older African American women. If one is not in a position to make one's life better, the only thing left is to wait until it gets better. More than 80% also reported that looking back on her life she was fairly well satisfied.

The most common sources of dissatisfaction included the fact that most of the things the grandmother did were boring or monotonous (80%) and that compared to other people she got down in the dumps too often (80%). Question 3, stating this is the dearest time of my life, received the lowest percentage (19%) of responses. This is consistent with their lack of satisfaction about taking care of their grandchildren at this point in their lives. Many grandmothers stated that they had not

anticipated being parents all over again in later life. Satisfaction with life as a custodial parent took on different meanings for this population. Dissatisfaction originated from a number of sources as seen in the responses below. One grandmother who cares for four young grandsons, stated:

There is never a free moment to do anything for myself. Both parents of the children are on drugs and are not married. They take no interest in their children. My health is not good. If I get sick, who will take care of them?

Another grandmother is dissatisfied with custodial caregiving for fear that she will have permanent responsibility for their care and well-being:

I truly love my grandchildren, but I never wanted to become a mother all over again. I feel that I have taken on more than I can bear. It's as if I have lost my life. If I had to make the choice to do it all over again, I don't think I would. This is not the way I planned my life at this point. I am very resentful that I am in this situation. I do not want to take care of my grandchildren. It has caused me to become depressed as well as put me in poverty. It's difficult to take care of a child on \$72 a month. I feel torn between letting them go into foster care and keeping them. I don't want to take care of them, but I think it's my obligation.

A 48-year-old grandmother, who has taken care of her granddaughter since birth, assumed immediate responsibility because of the consistent emotional problems and neglect by the child's mother. Although taking care of her grandchildren is an added responsibility for her, she takes pride in knowing that they are safe:

I feel good because I know they are being taken care of well. I know where they are and what they are doing. At first it was difficult, but I've gotten comfortable now. They still get on my nerves, but I am fine generally.

She continues to explain her dissatisfaction with caregiving by expounding on the difficulties, obstacles, and conflicts of being responsible for her grandchildren. She adds:

I have no social life and no desire to take care of myself. I have no freedom, and when I have to leave them, I feel guilty. I have to work too hard to take care of them. The demands of taking care of my 10-year-old granddaughter, who has cancer, conflict with my work. I am concerned that I cannot be at home when they come from school. I'm having problems keeping up with my own health. I don't like having to spend most of my money on them instead of myself.

A 54-year-old grandmother shares her small dwelling with four grandchildren. She assumed care of her grandchildren because their mother is using drugs and neglecting their needs. She, like the vast majority of grandmothers in this sample, did not want her grandchildren to go into foster care. The role of custodial caregiver has presented a number of problems and concerns for her. She states:

Two-hundred and seventy one dollars a month is not enough to take care of my grandchildren. I had different plans for my life. I am not able to do the things I want to do, after raising my own children. I have to put what I want to do on the back burner. I am concerned about the health of my two grandsons (ages 7 and 12) who have serious emotional problems. My seven-year old grandson weighs only 47 pounds. I have to dress him for school and he cries every morning. I have to tell him everything he has to do, and he bothers other kids constantly. He runs through the house constantly. He has had emotional problems since birth. Both boys have a bad temper. My health has gotten worse because of them. I feel helpless. I cannot get essentials for myself because of the expense for my grandchildren. I need a break.

Custodial caregiving among African American grandmothers was observed to be a burden as well as a blessing. While a majority of the grandmothers in this study (approximately

Table 1. Percent of Affirmative Answers on Sources of Satisfaction (n=99)

Question	Source	Percent
1	As I grow older things seem better than I thought they would be.	66.7
2	I have gotten more of the breaks in life than most of the people I know.	64.6
3	This is the dreariest time of my life.	19.2
4	I am just as happy as when I was younger.	55.6
5	My life could be happier than it is now.	28.3
6	These are the best years of my life.	58.6
7	Most of the things I do are boring or monotonous.	79.8
8	I expect some interesting and pleasant things to happen to me in the future.	94.9
9	The things I do are as interesting to me as they ever were.	70.7
10	I feel old and somewhat tired.	56.6
11	I feel my age but it does not bother me.	55.6
12	As I look back on my life I am fairly well satisfied.	80.8
13	I would not change my past life even if I could.	56.6
14	Compared to other people my age I've made a lot of foolish decisions in my life.	52.5
15	Compared to other people my age I make a good appearance.	98.0
16	I have made plans for things I'll be doing a month or a year from now.	49.5
17	When I think back over my life I didn't get most of the important things I wanted.	44.4
18	Compared to other people I get down in the dumps too often.	78.8
19	I've gotten pretty much what I expected out of life.	55.6
20	In spite of what people say the lot of the average man is getting worse, not better.	29.3

60%) reported they enjoyed caring for their grandchildren, grandmothers were nonetheless concerned about inadequate financial support, poor health, the need for respite care, being saddled with permanent childcare responsibilities, and inadequate housing. Twenty percent of grandmothers had mixed feelings about having responsibility for their grandchildren's care. Another 20% did not enjoy being a grandparent caregiver, felt trapped in the position, and felt angry about grandchildren's care being thrust onto them by either the children's parents or by Social Services (Ruiz, 2004b).

In spite of their mixed feelings and persistent problems, however, grandmothers in the study generally assumed care and remained in the role of caregiving for a number of reasons including: (1) a deeply felt sense of obligation to their grandchildren; (2) the need to keep their grandchildren out of the system; (3) the need to control the "proper" upbringing of the child; and (4) the need to care for others (Ruiz, 2004a; Ruiz, 2004b). Further, many grandmothers felt that raising their grandchildren was special, and they enjoyed the time spent with them. Many took pride in continuing their traditional roles as guardian, caregiver, and conveyers of African American family values and felt blessed in many ways to have their grandchildren live with them.

Table 2. Predictors of Life Satisfaction (LSIA) among African-American Caregiving Grandmothers (n=99)

Variables	Coefficient	Standard error
Age 65 or older = 1	2.06***	0.734
Less than high school education = 1	-1.51**	0.745
Income less than \$20,000 = 1	-1.83***	0.670
Number of chronic conditions	-0.53***	0.195
Years of providing care to grandchild	0.19***	0.067
Constant	13.35	0.783

Note. **significant at 5% level, *** significant at 1% level.

An ordinary-least-squares (OLS) regression model was conducted to examine the independent effects of each variable on grandmothers' life satisfaction (Table 2). The results show that older age ($p=0.006$), higher education ($p=0.04$), higher income ($p=0.008$), fewer chronic conditions ($p=0.008$), and

more years of care provision ($p=0.006$) were associated with positive life satisfaction. Home ownership, number of grandchildren under grandmothers' care, and frequency of attending church were not statistically significant and were dropped from the model.

Discussion

This study explored the relationship between sociodemographic characteristics and life satisfaction in a sample of African American grandmothers who were mobile and generally healthy, with few debilitating problems. The primary reason indicated for assumption of care for grandchildren was drug and alcohol problems of grandchildren's parents (45%). Other reasons included parents' neglect of the grandchild's needs (38%), need of parents to work (23%), teenage pregnancy (18%), parent's emotional or mental problems (17%), parent deceased (10%), and parent incarcerated (12%). Sixteen percent indicated other potential reasons, including taking care of grandchildren because of divorce, parents needing a break, parent's illness (AIDS or physical disability), mental and sexual abuse of child by parent, and school. Almost one-third (30%) of the sample reported taking care of their grandchildren for reasons other than those in the questionnaire. These other reasons included economic problems and housing (Ruiz, 2004a; Ruiz, 2004b).

Two patterns of caregiver role assumption emerged from open-ended qualitative results: *immediate assumption* and *gradual assumption*. Immediate assumption, which was observed in about 75% of the sample, was reflected in reports of grandmothers who were thrust suddenly into the custodial caregiving role without previous warning. Examples included the biological parent (typically the mother) leaving the child in the grandmother's care and failing to return, intervention by Social Services because the mother neglected the child's needs, discovery by the grandmother that the child was unattended for an unreasonable period of time, and incarceration of the parent. *Gradual assumption*, which was observed in the remaining 25% of the sample, referred to grandmothers who had previous, and sometimes regular, experience caring for

grandchildren. Examples included caring for grandchildren when at least one biological parent was living in the grandparents' home sporadically, or caring for grandchildren while a parent was receiving drug or alcohol treatment. These seemingly temporary situations could become permanent once a parent moved out and left children with grandparents, or if the parent was unable to maintain sobriety (Ruiz, 2004b). Results show that grandparents considered custodial grandparenting a burden as well as a blessing, and were not consistently satisfied in the role of primary caregiver for their grandchildren.

The mean score of LSIA in this sample was 12.0, similar to those obtained from other populations using the 20-item scale and two-point responses (Adams, 1969; Neugarten et al., 1961; Neugarten et al., 1991). Consistent with other studies, low levels of income and education, and poor physical health (higher number of chronic conditions) are associated with lower levels of life satisfaction (Neighbors, 1986; Tran, Wright, & Chatters, 1991; Utsey et al., 2002).

In addition to these variables known to influence grandparents' life satisfaction, results in this study also found that years of providing care to grandchildren was positively associated with grandmothers' life satisfaction. This result is consistent with the notion that despite the multiple stresses that caregiving grandparents face, grandparenting has many rewards, yields greater life satisfaction, and provides a positive influence on other generations within the family. Grandparents with higher education and higher income had higher life satisfaction than grandparents with lower education and income. DeGenova (1992) found in a study of 122 elderly persons that education was the area they would change if they could live their lives over again. Hull (1990), in a literature review, found that health, income, education, and social support all contributed to life satisfaction. Morris (1988) found that good health, satisfactory income, and interaction with others were directly related to life satisfaction.

In addition to length of caregiving, education, and income, age of the grandmother was also a determinant of life satisfaction. Grandmothers in this study, aged 60 and over, reported higher life satisfaction than younger grandmothers. One 88-year-old grandmother states:

There is nothing difficult about raising children. When you love children, nothing is hard. I have raised 45 children and this is what I do best. I feel like a sparrow in a tree.

Another elderly grandmother states, "I am a sparrow in a tree. I watch over my grandchildren." Grandparents over age 60 were significantly more grounded in traditional values.

Although placing a grandchild with the parents of the biological parent might seem to be the most likely alternative, many grandparents are old, frail, and ill-prepared to care for grandchildren (Ruiz, 2004b). Consistent with prior studies, results of this study suggest custodial grandparenting for African American grandmothers was often unexpected and involved a long-term commitment (Fuller-Thomson, Minkler, & Driver, 1997; Pruchno, 1999). Fuller-Thomson and colleagues (1997) found that more than half of the caregiving grandparents in her study provided custodial care for three years or longer, and 20% took care of their grandchildren for more than 10 years. Pruchno (1999) reported that grandparents provided primary care for an average of seven years. Consistent with these results, the current study found that grandmothers cared for their grandchildren for about seven years (Ruiz, 2004b). Not only are some grandparents caring for grandchildren for protracted periods of time, they also are caring for grandchildren under circumstances which policy makers, program developers, and researchers do not fully understand. Longitudinal studies comparing different levels of caregiving across ethnic and racial groups are needed to determine the psychological and physical health effects on custodial grandmothers who occupy the caregiver role for long periods of time. These studies would be particularly useful in cases where grandmothers are dissatisfied with their roles as custodial grandmothers, experiencing stress or depression, and where their situations are aggravated by poverty, crack-cocaine use by the children's mother, incarceration of the children's parents, and AIDS among children and their parents.

Reports of providing care because of parents' drug and alcohol problems are consistent with other research findings

(Burton, 1992; Minkler & Roe, 1993; Roe, Dressel & Barnhill, 1994; Ruiz, 2004b). In cases where grandmothers are primary caregivers because of drug use, abandonment, AIDS, or incarceration of the parent, placements were more likely to be permanent. Many of the grandmothers had assumed care of grandchildren from birth or shortly thereafter.

In spite of financial hardships, these grandmothers have been the steady, supportive influence as well as the connecting link for grandchildren. Although the burdens are great, African American grandmothers' love for their grandchildren and devotion to family were the deciding factor for them in assuming care of their grandchildren. In spite of the lack of financial support, Francis, a grandmother, says, "I want to raise my grandchildren. They are my company. I would feel bad if they were not here. I enjoy family time, conversations with them, and taking them out." Another grandmother, Beth, said of her grandchildren, "They are a burden as well as a blessing. I enjoy being there for them. They make me feel like I can do anything. I feel good about myself. I like the idea of getting parenting right this time."

Most of the grandmothers in the study have a weak support system and rely on their faith in God more than friends or family (Ruiz, 2004b). Beth adds, "I use the scriptures instead of punishment. Faith gives me patience and helps me to be a better person." Almost all grandmothers in the sample relied heavily on their spirituality to get them through the day. The strengths of these grandmothers lie in their reliance on traditional values, such as love and devotion to children, strong commitment to family, and spirituality.

This study's findings must be considered in light of its limitations. Results are exploratory and descriptive. The sample is regional, small, and nonrandom. Consequently, findings may not generalize to other custodial grandparent caregivers. This sample included only grandmothers who were mobile and generally healthy; we do not know what differences there might be among custodial caregivers who are less mobile with more severe health conditions. The sample does not represent a broad range of income, education, and occupational differences. However, in spite of these limitations, there are specific characteristics in this sample which are similar to national data

(Bryson & Casper, 1999; Fuller-Thomson, Minkler, & Driver, 1997; Szinovacz, 1998). Despite these limitations, study findings may serve as useful baseline data for further exploration into the experiences of custodial African American grandmothers. For example, the reasons that grandmothers reported for the assumption of their caregiving role may guide future explorations with a larger sample and a more rigorous study that seeks to predict as well as describe outcomes for custodial African American grandmothers. In addition, longitudinal studies are needed to get a closer look at the long-term effects of caregiving on African American grandmothers.

In conclusion, the role of African American grandmothers may not have changed as much as their involvement in the care and responsibility for their grandchildren. This study's results suggest the circumstances under which grandmothers provide care have changed from one involving a more voluntary role responsibility to one involving a more involuntary role responsibility. This involuntary role responsibility may also have an impact on the level of satisfaction grandmothers receive from their grandparenting experience. This study's findings, like prior studies, also indicate that contemporary grandmothers are frequently thrust into the caregiving responsibility for grandchildren because of social problems (e.g., high rates of incarceration, AIDS, drug and alcohol use). Alleviating the caregiving burden of custodial grandparents will require not only informal support from families and community institutions, but also from legislation designed to protect vulnerable children and families.

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Policy Mandated Collaboration

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This exploratory study examined the collaborative strategy used by Tri Cities Partnership (TCP) to facilitate the collaborative process required by the United States Department of Housing and Urban Development (HUD) to receive Continuum of Care funding. The study examined partner perceptions of TCP's leadership, organizational structure, benefits and drawbacks of participation, and relationships with partners. A follow-up survey and key informant interviews explored themes related to organizational affiliation with TCP, benefits and drawbacks of participation, relationships with partners, challenges impacting the ability of TCP to facilitate collaboration and strategies for involving key stakeholders. The study also identified factors that motivate and limit organizational involvement in community partnerships formed in response to policy and funding mandates for collaboration.

Key words: collaboration, motivation, participation, organizational capacity, policy

In an effort to expand local resources and improve social service delivery efficiency, social policies may mandate collaboration as a requirement for funding (Snaveley & Tracy, 2000). Yet, these policies often do not provide specific guidelines on how to implement the collaboration component at the local level. This can pose a challenge for communities if they

do not have a history of collaboration or the knowledge and skills necessary to initiate and sustain relationships between organizations. Often, the guidelines for implementing social policies do not take into account the varying degrees to which the service providers are connected to one another and how those relationships may impact their ability to collaborate (Chaskin, 2001; Chaskin, Brown, Venkatesh, & Vidal, 2001; Foster & Meinhard, 2002; Mulroy, 2003). When community partnerships are formed in response to policy requirements and funding mandates, issues related to capacity and commitment may emerge that will influence the extent to which the participating organizations work together. This paper will report the results of a study of Tri-Cities Partnership (TCP), a collaborative partnership of homeless service providers in a mid-Atlantic city that was created to develop an annual application for U.S. Department of Housing (HUD) Continuum of Care funding. The pitfalls associated with partnerships that are created in response to policy requirements will be discussed.

Homelessness: The Role of Collaboration in Service Delivery

Homelessness is a pervasive social problem in the United States. The diverse and complex needs of homeless persons require different, although complementary, services. It is often difficult for one group or organization to provide all of the services needed by homeless persons. Most communities have found that in order to address a problem as complex as homelessness, it is necessary for groups and organizations to form partnerships in order to expand their ability to develop an effective and efficient system of service provision. Government agencies, nonprofit organizations, the faith community, and individuals are among those entities that provide assistance to homeless persons.

According to the 1996 National Survey of Homeless Assistance Providers and Clients, it was estimated that there were 40,000 homeless assistance programs in the United States at 21,000 service locations (Burt et al., 1999). Food pantries were the most frequently identified type of program, followed

by emergency shelters, transitional housing, soup kitchens and other distributors of prepared meals, outreach programs, and voucher distribution programs. Other programs included physical and mental health programs, alcohol and drug abuse programs, HIV/AIDS programs, drop-in centers, and migrant housing. Most programs (49%) were located in urban areas, 32% in rural areas, and 19% in suburban areas (Burt et al., 1999).

In addition to direct services to meet the pressing needs of homeless clients, providers and consumers have often worked together to organize and advocate for increased funding and improved services for the homeless population. Advocates and activists began developing coalitions to coordinate services and developed improved systems of care for homeless persons during the 1980s (Hambrick & Rog, 2000). Organizations such as the National Coalition for the Homeless and The Low-Income Housing Coalition were created to pressure members of Congress to pass legislation that would serve the interests of the homeless community, foster a network of assistance providers within and across states, and provide information to the general public about current issues and basic facts about homelessness.

Now, in an era of diminishing resources and a demand for increased efficiency and accountability in social service delivery systems, organizations are faced with the challenge of doing more with fewer resources. In order to do so, communities have found it necessary to develop partnerships and collaborate with others in order to develop and strengthen the ability to problem solve. However, a constant challenge for organizations is deciding when it is best to preserve their self-interests or when to work toward collective goals (Bailey & Koney, 2000; Chaskin, et al., 2001; Gray & Wood, 1991; Pfeffer & Salancik, 1978). Exchange transactions are likely to occur as organizations weigh the costs and benefits of their participation within a network or collaborative partnership as they seek to achieve their agency's goals.

Exchange Theory

Exchange theory assumes that individuals, groups, and

organizations will choose among alternatives from which they expect to receive the most profit or benefit. Rewards of their effort may be in the form of economics, status, or attention (Blau, 1974). Resource dependence–independence theories clearly articulate the exchange involved in collaboration. These theories posit that even though organizations seek to maintain their independence from other organizations, they will develop interorganizational relationships in order to achieve stability in an uncertain and changing environment.

When organizations work together to advance a shared vision or problem-solve, the organizational characteristics (such as size, age of the organization, services provided, etc.) of the individual partners may influence their roles, participation and level of influence in the collaborative process. For example, larger organizations are more likely to collaborate with other agencies because they have more resources (such as available staff) than smaller organizations (Foster & Meinhard, 2002). If smaller organizations perceive the process as a way to advance their goals, they may continue to participate because the benefit of achieving their goals will outweigh the cost of their dependence on the other organizations. Collective influence, access to additional resources, and the exchange of information and knowledge are potential benefits gained from inter-organizational collaboration. Possible costs to an individual agency for these benefits may include the loss of some autonomy and control, the time and resources (such as staff time off from performing the task of their individual organization) necessary to coordinate the effort, and potential damage to reputation if the collaboration is not perceived as successful (Chaskin, Brown, Venkatesh, & Vidal, 2001; Huxam, 1996). In addition to diverse motives for participation, partnerships reflect varying degrees of capacity and involvement when policy requirements initiate their development and/or expansion. The Tri-Cities Partnership (TCP) is an example of how these factors can affect a partnership's process and outcomes.

The Tri-Cities Partnership

This study examined the collaborative strategy used by an organization called TCP located in a southeastern city.

TCP is a broker organization (Chaskin, Brown, Venkatesh, & Vidal, 2001) that was created in 1998 to mediate and nurture relationships among partnering organizations in order to facilitate the collaborative process required by the United States Department of Housing and Urban Development (HUD) to receive Continuum of Care funding. HUD's model of the Continuum of Care planning is comprised of five steps: (1) organizing an annual Continuum of Care planning process; (2) conducting a needs assessment; (3) determining and prioritizing gaps in the Continuum of Care Homeless System; (4) developing an action plan comprised of both short-term and long-term strategies to address service gaps; and (5) identifying action steps to implement the plan (HUD, 1996). TCP receives funding from local governments, United Way Services, foundations and individual and corporate donors to facilitate the planning process (TCP, 2002a, p. 4). Since TCP is a regional effort, its service area includes four metro counties. When the data were collected, the organization was staffed by four full-time and one part-time staff members and a twenty-one member board (TCP, 2002b).

TCP has worked to position itself as the expert and authority on homelessness in the community by serving as the central location for information about homelessness. In its role as a broker organization, it facilitates relationship development among organizations in the community (Chaskin, Brown, Venkatesh, & Vidal, 2001). TCP also provides technical assistance to the funding community when they make decisions pertaining to homelessness, monitors funding announcements, assists service providers in preparing grant proposals, and develops public awareness campaigns to dispel myths and stereotypes about homeless persons.

TCP's Planning Process: The Role of Collaboration

In order to prepare the application for Continuum of Care funding to HUD, TCP initiated a problem solving process designed to promote service and system integration, work with local government, and incorporate the concerns of local citizens. As part of the needs assessment process, TCP identified 194 organizations within the geographic area that provided services to homeless persons. Of these organizations, 136 are

considered by TCP to be partners. TCP's criterion for identifying organizational partners is very broad because TCP did not want to exclude any entity that provides services to homeless persons from the Continuum of Care system. TCP wanted to be inclusive of the different types of services that ranged from food pantries in small churches to the more formal, established social service programs that serve this population. According to TCP staff, any organization that has requested information from them, attended an event or meeting, or has planned an event with them is included on their contact list as a partner even though the number of organizations that consistently participate in meetings and on subcommittees is much smaller (Leslie, 2003).

An important component of the Continuum of Care planning process is stakeholder involvement. Although HUD provides guidelines for designing local Continuum of Care processes, it is up to the local initiative to determine how to implement the guidelines. As a result, communities have a lot of latitude in developing their organizational structures. According to Leslie (2003), TCP designed its current process based on: (1) how they envisioned such a process could work in the community despite their large partner network; and (2) feedback they received from other communities that had implemented a Continuum of Care planning process.

The planning process is implemented through workgroups, task forces, and the United Way Homeless Action council. Participation in these groups provides a mechanism to incorporate the perspectives of service providers, local governments, the faith community, the business community, local universities, neighborhoods, and homeless and formerly homeless individuals in the decision-making process. The workgroups serve as a way for organizations to become involved in TCP's planning process by identifying issues and strategies used to address needs within each area. In an effort to involve organizational leaders and their staff in developing the Continuum of Care system, workgroups were created that utilized the expertise and experiences of executive directors and agency staff. The workgroups also provided organizational representatives with the opportunity to assume leadership roles within the collaborative. These groups evolved over time

and were disbanded once the need for them was met or new groups formed in response to emerging issues.

When the data were collected, TCP was in the middle of year three of a five-year work plan. During that time, TCP created the vision statement and mission of the organization, completed a community needs assessment/asset mapping, and identified priority service areas. TCP was also in the process of working with their partners to develop a substance abuse program for men that would provide temporary housing, medical care, job training, and counseling.

The collaborative process used by TCP to partner with other groups and organizations that work with, serve, and advocate for homeless persons was the focus of this study. Analysis was focused on answering the primary research questions: (1) Is there a relationship between organizational characteristics and how partners perceive TCP's planning process? and (2) Do perceptions of TCP's planning process influence partner motivation and level of participation?

Method

This study examined the organizational characteristics of TCP's partners, perceptions of the planning process, and the influence of these factors on their motivation to become active participants in the process. A two-phase study design was selected in order to gain a full perspective on TCP's collaboration. Previous studies that have examined dimensions of collaboration have used a variety of methods such as surveys, focus groups, and interviews to collect data (Foster & Meinhard, 2003; Fountain, 2002; Harbert, Finnegan, & Tyler, 1997; Mizrahi & Rosenthal, 2001; Mulroy, 2003; Mulroy & Shay, 1998). A cross-sectional survey and key informant interview design was used to collect observations on TCP's collaborative partners.

The Sample

Prior to data collection, the researcher consulted with the primary contact person at TCP to develop the list of organizations that would be recruited to participate in the study. Since TCP did not have a formal system of identifying partners,

developing a list of partners proved to be a challenge. Initially, the researcher asked TCP to include the representative from each participating organization on their contact list. Although TCP was able to identify the organizations that are considered to be partners in the Continuum of Care system, it was not always possible to identify a single individual at each organization, since TCP may have been in contact with more than one person over time. In an effort to identify a specific person at each organization, TCP was asked to include the person who has most actively participated in the planning process and would be able to draw upon those experiences in order to best respond to the questionnaire. Since 19 respondents indicated through phone, email, or in writing that they did not consider themselves to be partners, they were excluded. Once these organizations were removed, 117 organizations comprised the final sampling frame.

Questionnaires were completed by representatives of 44 organizations—which included advocacy, community-based organizations, medical facilities, community development corporations, and government agencies—for a response rate of 37%. Most of the organizational representatives were in leadership positions in their organizations; 55% ($n = 23$) of the respondents were executive directors and 30% were program managers. The respondent organizations represented the range of services provided to the homeless population. Housing, mental health/mental retardation, food distribution, and meals programs were the most frequently listed services partners provided to the homeless population. More than half (54.5%) of the respondents represented large organizations. These organizations were also older, established organizations with an average age of 45.1 years and a median age of 21.5 years.

Organizational size for 501(c)(3) organizations and government agencies was assessed by the financial information (revenues) contained on the IRS form 990 filed during 2001 and 2002 and fiscal year budget reports. If revenues were less than \$500,000, the organization was considered small, revenues of \$501,000-\$999,999, were categorized as medium organizations, and revenues of \$1 million or more were categorized as large (Foster & Meinhard, 2002). Congregation size was based

church membership. Churches with fewer than 100 members were categorized as small, church memberships of 101 to 400 were medium-sized congregations, and church memberships of more than 400 were categorized as large (Hodgkinson & Weitzman, 2003).

Phase One: Cross-Sectional Survey

The *Questionnaire for Organizational Partners*, a 68-item instrument developed by the Center for the Advancement for Collaborative Strategies in Health (Weiss, Anderson, & Lasker, 2002), was used to assess the degree to which partners believed the planning process exhibited factors promoting successful collaborative efforts: relationships among partners, leadership, administration and management, resources, benefits and drawbacks of participation, collaboration, efficiency, and challenges facing the partnership. Validity and reliability were established by the developers of the instrument. Prior to the start of the study, the questionnaire was pilot tested with two key informants for feedback about the instrument. No changes to the instrument were recommended and study approval was granted by the Institutional Review Board (IRB) at the university.

Follow-up Survey

Of the 92 non-respondent organizations, 19 reported that they did not consider themselves to be partners with TCP even though they were included on TCP's partner list. This unanticipated finding raised questions about how these organizations would characterize their relationship with TCP, what benefits and drawbacks they had experienced as a result of their "unofficial" affiliation, and to what extent they would want to become more involved in TCP's planning process. A short, six-item survey, comprised of open-ended questions about their affiliation with TCP and anticipated drawbacks and benefits of participation was sent to these organizations to collect the additional information.

Phase Two: Key Informant Interviews

A list of the organizations that did not respond was forwarded to TCP staff to confirm that the appropriate persons

were on the list as the organization's representative. Phone calls were made to 28 organizational representatives to invite them to discuss their experiences with TCP. A standard recruitment script identifying the researcher, the purpose of the focus group, and the date, time, and location was used. Six representatives agreed to participate and one representative indicated that she was interested in participating but would not be able to commit herself until the day of appointment. Despite the fact that seven organizational representatives were interested in participating, only four confirmed their participation. Written consent was obtained from the participants before the discussion began and responses were audio-taped and later transcribed. The key informants ($n = 4$) were asked about the benefits and drawbacks their organization experienced as a result of participating, the relationships among partners, the effectiveness of the TCP's planning process, challenges facing the partnership, and partner recruitment and retention. The follow-up survey and key informant data were analyzed qualitatively using an open coding process (Strauss & Corbin, 1998).

Data Analysis

SPSS Version 11 was used to score and analyze data. Descriptive and inferential statistics were used in the data analysis. Frequencies on sample demographics and responses were run to provide a descriptive overview. Univariate descriptive statistics were examined to ensure that the data from the surveys were entered correctly into the data set and the categories were appropriately labeled.

The "benefits of participation" variable was created by adding the number of benefits respondents indicated they had received from their involvement with TCP. The possible number of benefits received ranged from 0 to 12. The "importance of benefits" variable was formed by re-coding the scale responses into two categories of "important" and "not important." The "exchange of benefits and drawbacks" variable was created by re-coding the scale responses into two categories of "benefits exceed the drawbacks" and "drawbacks exceed benefits."

Results

Cross-Sectional Survey

Benefits and Drawbacks of Participation. The organizational representatives were asked to indicate the benefits and drawbacks of participation they had experienced or anticipated experiencing. Twelve possible benefits were listed on the questionnaire; the average number experienced by the representatives was 7.5 ($SD = 3.6$). Enhanced ability to address an issue important to their organization, acquisition of new knowledge and/or skills, and a heightened public profile were among the benefits partners experienced. The increased use of their organization's expertise and services and an increased awareness about the community were also frequently mentioned by the respondents, along with the development of valuable relationships, increased ability to meet client needs, ability to have a greater impact on the issue, and making a contribution to the community. Acquisition of additional funding, increased ability to affect public policy and ability to meet performance goals were the benefits partners were least likely to have received.

The average number of drawbacks experienced by the representatives was 1.54 ($SD = 2.3$). Diversion from other priorities/obligations (36.34%, $n = 16$) and frustration/aggravation (34.1%, $n = 15$) were the two most frequently mentioned drawbacks. Regression analysis was performed on participation as the dependent variable with the importance of benefits to the organization, the number of benefits experienced, and the exchange between benefits and drawbacks as independent variables. A test of the full model with these predictors against a constant-only model was statistically significant, 0, $F(3, 34) = 3.833$, $p = .018$. Two variables, the number of experienced benefits and the importance of the benefits, contributed significantly to the prediction of participation (Table 1). The beta weights for these variables suggest that the number of benefits experienced by the organization ($\beta = .37$, $p = .03$) had the greatest influence.

Table 1. Standard Regression Analysis of Participation Benefits to Predict Participation*

Predictor	B	SE B	β
Experienced benefits	1.17	.515	.367*
Benefits outweigh drawbacks	1.16	6.44	.038
Importance of benefits	-20.5	8.41	-.491*

Note. $R^2 = .25$, Adjusted $R^2 = .19$

* $p < .05$

Follow-up Survey

In the follow-up survey of the 19 organizational representatives who did not identify themselves as TCP partners, organizational representatives ($n = 11$) were asked what factors influenced their decision to not be active in the planning process. One representative indicated that although the organization would like to participate, they were not sure how they might fit in the overall process. For other respondents, lack of participation was attributed to being involved in service provision that did not include the geographic boundaries of the service area or they did not specifically work with homeless persons. Having the time and capacity to participate in the process were also factors that limited participation. One respondent indicated that their organization had never been asked to participate in TCP's efforts. Another said that their organization has not been more active because they do not see a direct benefit.

The organizations' representatives were asked to identify potential benefits and drawbacks to participation. Of the eight who responded, information about available services, opportunities for joint ventures, increased influence, coordination of services, and the use of their organization's skill and expertise were identified as benefits they could receive from being active with TCP. Five respondents identified drawbacks related to the capacity of their organization to participate. One representative expressed concern about how involvement with TCP might impact their organization's mission because "our program does not focus on homelessness [and] we could get lost in missions outside of our agency's scope of work." Three

respondents did not indicate any potential benefits or drawbacks they anticipated their organizations would experience.

TCP's current structure for engaging partners is a fluid one in which partners become involved when they are needed to fill a service gap. For some, this is an advantage because they are able to remain affiliated with TCP but do not have to commit their time to the effort for a sustained period. Other organizations may be interested in becoming more involved but because of the informal structure, their contribution may not always be clear to them, which may lead to their lack of participation or frustration with the planning process.

Key Informant Interviews

Benefits and Drawbacks. The findings revealed that when organizations received benefits from their involvement they were more likely to remain active over time. Increased networking opportunities and the ability to use their organization's skills and expertise to have a greater impact on the issue were identified as benefits of participation. These organizational representatives perceived their organizations as independent components of a system working together to address issues related to homelessness. The key informants felt that the opportunity to network with other service providers and share information was a benefit their organizations had experienced from being involved with TCP's planning process. TCP was credited with providing organizations with data, research, and other information that informed them about the demographics of the population and their changing needs. Given the multiple issues facing homeless persons, the participants agreed that it is impossible for one organization to effectively serve this population. They felt that TCP had played a critical role in bringing groups together that might not have interacted or worked with one another in the past.

Although the key informants recognized the benefits their organizations had received from participating, TCP's complex planning process was mentioned as a drawback to participation. One participant shared her frustration with the time it took to understand how the different components worked together to form a complete system, why her organization was considered to be a partner, and how her organization fit under

TCP's umbrella as an affiliate. However, over time, the connections between organizations became clear. As the roles of organizations were being defined within TCP's partnership, one participant recalled being frustrated with the process of working with organizations from other services areas because of their different perspectives on the issue.

The key informant findings suggest that the degree to which organizations experienced these drawbacks is related to their participation in the planning process. For example, one key informant felt that her participation with TCP was a win-win situation because she was contributing her expertise to developing a central intake system that would improve her organization's ability to match clients with appropriate services. In her situation, any drawbacks related to time were minimized by the benefits her organization received or anticipated receiving. Most of the survey respondents appeared to share a similar perspective. They felt the benefits they experienced from participating were important and the benefits exceeded the drawbacks experienced. For organizations that did not consider themselves partners, the organization's capacity to participate limited their involvement. For these organizations, the exchange of time and resources for potential benefits was not enough of an incentive to participate, especially if serving homeless persons was not their primary service domain.

Limitations

Since the sample for this study was not randomly selected, the collaboration experience of TCP may not represent other collaborative partnerships. However, the findings yielded valuable information about TCP's experiences in facilitating a collaborative process with diverse organizations with varying levels of involvement; this may be useful for other efforts with similar characteristics.

Conclusion

Community practice models assume that when organizations form collaborative partnerships, all of the organizations possess the capacity to participate. This study found

that even when organizations were interested in participating, they sometimes lacked the time and understanding of their role within the partnership to become involved. Community associations may want to consider that partners come in different types at different levels. According to Mandell (2003), collaborative efforts can be more effective if the expectations of the partnership and the realities of the interorganizational environment are congruent. When social problems such as homelessness require system-wide changes, it may be difficult to determine the number and type of members that need to be involved and the extent of their involvement. Cooperative relationships lend themselves to a limited degree of involvement among partners and allow organizations to become active when it is convenient for them without a major impact on the overall effort. Coordinated efforts are more formal relationships, but for the most part, organization membership remains limited and organizations continue to function independently. For these types of efforts, the costs and risks of involvement are offset by the benefits the organizations receive. Complex collaborative efforts require a long-term commitment of time and resources from the individual organizations involved. When organizations such as TCP facilitate collaborative efforts that bring multiple, diverse organizations together to focus on a single issue, the constraints and challenges facing the partnering organizations must be considered to ensure meaningful participation.

TCP's collaborative process reflects the challenge of implementing collaboration mandates that result in meaningful participation. When collaboration is required for funding, most applicants are able to easily identify existing and potential partners and obtain letters of support. However, when organizations implement their work plans, it can be a challenge to develop a planning process that is inclusive but will also facilitate goal achievement. This study revealed that TCP's planning process is primarily facilitated by a small, active group of organizations instead of the broad cross-section of the community that was described in their Continuum of Care funding application. It appears as if organizations that have the capacity to fully participate are able to do so while smaller organizations with fewer resources to devote to the effort are not fully

engaged in the planning process. Thus, when responding to a collaboration mandate, an organization's ability to participate must be assessed in order to establish a planning process that will encourage "real" participation. Without an initial assessment of capacity, it will be a challenge to initiate a collaborative effort that is truly representative of the broader community.

Organizational partners may come to a collaborative effort with different skill and knowledge sets and levels of commitment, motivation, and time. As a result, it may be important to have multiple types of affiliate statuses so that everyone can be involved, but with differing expectations. This has implications for the relationships between organizations and within partnering organizations. Broker organizations like TCP must work with organizations to develop a structure that will enable organizations with limited capacity for intense involvement to remain connected to the effort. It is also important for administrators within partnering or affiliated organizations to be aware of their organization's readiness to engage in collaborative partnerships. As part of the readiness for collaboration, the following need to be in place: the level of commitment the organization is willing to give to the collaborative effort and the persons who will serve as the organization's representatives need to be identified; a mechanism for communicating the decisions made by the partnership to the individual organizations should be established; and the relationship between potential benefits and drawbacks that may be experienced from participation should be examined prior to joining a collaborative partnership.

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Rethinking Social Work's Role in Public Assistance

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This article presents an argument for revisiting social work's relationship to public assistance in the wake of 10 years of welfare reform. Three case studies drawn from a mixed-method study of the quality of life of former TANF recipients illustrate the range, depth and complexity of the needs of persons while they are on the welfare rolls, transitioning off and living without cash relief. The article briefly traces the history of social work's commitment to and provision of social services for this population and argues that it may be time to revisit the profession's role in public assistance. In light of history and a review of welfare "leaver" studies and the authors' research, the article suggests interventions that could improve service to the poor, both on and off cash relief. The role of social work in advocating for changes in welfare policy, program and practice contexts is also discussed.

Key words: *public assistance, quality of life, TANF, advocacy*

Social work is no stranger to public assistance, although we have been estranged from it from time to time in our history. Our predecessors in the Charity Organization Society (COS) began as welfare reformers in the last decades of the nineteenth century, attempting to reduce dependence on public relief and to provide interpersonal service that would mitigate the

personal inadequacies thought to cause the need for assistance. After the passage of the Social Security Act of 1935, when government assumed responsibility for public assistance, social workers willingly relinquished the relief role. Already in the 1920s, caseworkers in the New York Charity Organization Society were emphasizing "service only" over relief and preferring to concentrate on "emotional problems formerly submerged beneath health, economic and other difficulties" (Charity Organization Society, 1927-1928, p. 24).

At the end of the 1930s, social workers not only willingly relinquished the relief role that they had been forced to re-emphasize during the Great Depression but, to a very considerable extent, gave up services to the poor as well, particularly those who were economically dependent. In this article we provide some later examples of the relationship between social work services and relief, give examples of the need to rethink social work's role in public assistance that are drawn from our own research and that of others, and conclude with some suggestions for social services in this post-welfare-reform era.

Literature Review

During the post-Depression decades, social workers were said to have "disengaged" from the poor, serving instead a clientele more responsive to the particular brand of social casework that predominated in the 1940s and 1950s (Cloward & Epstein, 1965). In making their judgment of disengagement, Richard Cloward and Irwin Epstein drew heavily on a report of patterns of services in family casework agencies (Beck, 1962) that found agencies tended to refer lower-income clients to public agencies rather than to provide ongoing services to them. The Community Service Society of New York, one of the outstanding family service agencies in the country at the time, took the position that "emphasis in the direct service programs not be placed on the disadvantaged family but on the family likely to respond to casework treatment" (Community Service Society of New York, 1960; Goldberg, 1980).

Social work's brief re-engagement with relief came in two forms in the 1960s. The 1962 Amendments to the Social Security Act—the social services amendments—provided

federal funds to the states for professional training of public assistance workers on the premise that such social work services could reduce "chronic dependency" (Steiner, 1971; Axinn & Stern, 2004). For reasons unrelated to the social service experiments, relief rolls exploded in the years following enactment of the 1962 amendments (Piven & Cloward, 1993; Goldberg & Collins, 2001). Whereas the 1960s began with a policy to increase social work services in public assistance agencies, it ended with a government decision to discontinue the social service approach. In 1969, federal regulations ordered the separation of money payments from social services, a decision approved by the National Association of Social Workers (Axinn & Stern, 2004) which wrote at the time:

1. Service, when offered within the context of eligibility investigation, tends to become a condition for obtaining financial assistance....
2. There is no reason to assume that financial need, in itself, necessarily calls for the provision of services. (NASW, 1967)

Writing between the passage of the 1962 amendments and the decision to separate money payments and services, McEntire and Haworth held that "the fundamental logic of combining social services with public assistance" included the idea that "people who must depend on this 'last resort' source of income are reduced to that extremity by some personal or familial defects..." (1967, p. 24).

The nation's latest bout with welfare reform has passed its first decade. Though it has spawned much research on both its effect and its effectiveness, the results of its impact are at best mixed. Numerous studies have reported that, at most, about 60 percent of welfare leavers are working (Parrot & Sherman, 2006; Bernstein & Greenberg, 2001; Jindal & Winstead, 2002; Moffit, 2002; Sawhill, 2001), leaving a substantial minority without work. According to the Urban Institute (2006), one in five former welfare recipients lacked cash welfare or disability benefits, a job, or a working spouse in 2002 and could not even be tracked by the system because they were not receiving assistance. There are roughly one million poor single mothers—

with two million children—in an average month who fall into this “no work, no welfare” group (Parrott & Sherman, 2006). For those former recipients who are employed, wages tend to be low, in the range of \$6–\$8 an hour (Loprest & Zedlewski, 2006; Bernstein & Greenberg, 2001; Acker, Morgen, & Gonzales, 2002).

Evidence suggests that numerous factors impact the capacity of former and current recipients to get and keep their jobs, let alone maintain themselves and their families. In addition to the availability of employment and the level of wages, these include mental health (Lee, 2005; Stromwall, 2002), substance abuse (Nam, 2005; Dunlap, Golub, & Johnson, 2003), emotional well-being (Sullivan, 2005), interpersonal and community violence (Kennedy, 2006), physical health (Nam, 2005; Seefeldt & Orzol, 2005), public transportation (Nam, 2005), child care (Teitler, Reichman, & Nepomnyaschy, 2004) and other persistent personal and family challenges (Seefeldt & Orzol, 2005). Nonetheless, 60% or more of former welfare recipients think they are better off than when they were on welfare (Eberhard & Moon, 2000; U. S. Department of Health and Human Services, 2006; Rockefeller Institute of New York, 2002), a finding that reflects the fact that quality of life is about more than income or economic security (Sen, 1999).

A number of these findings have implications for social work practice and for some rethinking of our relationship to public assistance. In this article, we illustrate the need for services to current and former recipients by providing excerpts from three case studies, part of the authors’ larger mixed method study of 100 persons who left the welfare rolls in a suburban New York county between 1999 and 2001. Following presentation of the case studies, we identify some of the social work interventions that could ease this transition from welfare to work and help these families to maintain independence from cash relief or perhaps contribute to decisions to exempt vulnerable families from work requirements and time limits. In drawing inferences from these findings and other welfare reform studies, we are cognizant of the history of the profession’s relationship to relief and of what social work services can and cannot do.

Methods

The study from which these cases were excerpted used an exploratory, sequential, mixed method research design to assess the quality of life of 100 former assistance recipients in one suburban northeast county. Qualitative research methods were used first to explore the experiences of 12 former recipients in depth.

The 12 women who participated in the intensive interviews were randomly drawn from former public assistance clients who had been off the rolls less than 30 months. The interviews with the three women whose cases are reported here illustrate the range, depth and complexity of the problems experienced by persons in this and the larger sample.

Following Institutional Review Board (IRB) approval, participants' informed consent was obtained. Interviews were then conducted by one or both of the principal investigators (authors). Eleven were completed in the homes of the participants and one was completed at a neutral site. Based on an interview guide, the sessions were conducted as purposeful conversations, led primarily by the former recipients, and were tape-recorded. Interviews and observational field notes were then transcribed. Interview participants received a \$30 stipend for their participation.

The goal of the interview was to understand participants' perceptions of their present quality of life, their experience in the public assistance system and their experience since leaving and their knowledge of, access to and use of support services, resources and benefits during their transition off welfare.

Qualitative interview data were analyzed according to the protocol of Glaser and Strauss (1999). The findings presented here represent instrumental use of the case study approach (Creswell, 2002; Stake, 2000). They were drawn as selective examples to represent the themes generated from analysis of the study's qualitative data.

Findings: Three Case Studies

Ms. A.—“I'm going to get my caboose back on track ...”

Ms. A., off cash public assistance for three years, may best

typify the extreme vulnerability of some former public assistance clients. The interviewer's field notes describe what she encountered after Ms. A. greeted her:

She opens the door and I immediately smell a sharp, foul odor. Hundreds of loaves of bread and boxes of cakes, cookies, etc. lie on the stairs going up. She asks if I know anyone who could use it, as it is surplus from a food pantry she sometimes volunteers at. We go upstairs and she apologizes for the mess, explaining that she's having a very bad time right now and it's not usually this messy. She tells me to turn left into the kitchen, through three rooms that reek of the terrible odor of animal feces. I observe half-eaten food strewn about, dirty clothes and other things piled high. I try not to look about; I feel embarrassed....

An obese African-American woman of 41, Ms. A. has never married; she has a high school diploma. Things began to unravel several months ago when Ms. A. went off her psychotropic medication, had one of her three children removed for residential treatment, got in a fight with her boss and lost her job. Her hope and intent were to find another job, but there are limits to her ability to do so.

Ms. A. receives Medicaid, food stamps, Low Income Rental Assistance (Section 8) and, while employed, the Earned Income Tax Credit. Still with her in this household are her seven-year-old-son and her 18-year-old daughter, recently home after being in state custody through a PINS petition for truancy. Her seven year old son, born with significant birth defects, has learning disabilities and Attention Deficit Hyperactivity Disorder (ADHD), is on medication and is receiving supportive services from a local family service agency. Ms. A.'s 15-year-old son was recently removed from her care due to his "crazy behavior."

Ms. A. herself has a history of mental illness and substance abuse. Once addicted to crack cocaine, she has been clean for 18 months. Diagnosed with depression several years ago after attempting suicide, she was being treated with Prozac when, inexplicably, she stopped taking it. She had been managing her household on cash from her job until she was fired. Ms. A.

was working at a local elementary school 25 hours per week, making \$7.49 an hour, with no fringe benefits (making an annual salary, based on a 40-week year, of \$7,490). Although Section 8 pays Ms. A's housing bill, she is still responsible for mounting utility charges and part of her food costs. In addition, \$1,500 of her "tax money" (EITC) was recently recouped because she was overpaid when her child was in state custody.

Despite its minimal financial rewards, Ms. A. is very positive about working and supporting herself:

I feel proud, I feel better about myself...my children see me going to work everyday and we are not waiting for the welfare check or for the money to come on the benefit card...it is still a good feeling that this is my paycheck.

Ms. A. received her last paycheck from her job the day before the interview. However, Ms. A. is determined not to go back to the county for help:

...because they [sigh] look down on you when you go on, you know, when you go on. They, I know...if...I guess they make you feel that they are better than you are or...that because of your past mistakes, or whatever, you know, that is why you have to come crawling back for help.

When asked what she thinks of recent attempts to reform welfare, Ms. A. replied:

The welfare reform, that's cruel. As far as I'm concerned, it's cruel. Like I said, you are going to take a woman with six children, very little education and tell her she has to work. You know, she could be fighting more than, like, you know, substance abuse. Um, depression, you know, the way I am, you know, it could be, or you know, her child might be, you know, an unmanageable child, she might have a couple of unmanageable children, whatever, but to tell this woman that she has to get off of social services, her time is up, she has to get a job...it doesn't make any sense. It's cruel to me, it really is. And the children will really, really suffer.

What she is really saying is that this has been her experience. When asked what she sees as the key to self-sufficiency, Ms. A. noted:

People really need to know what services are available to them...It took me years of being on public assistance, um, after years of being on public assistance to find out one of the services that I really needed for my family was available but I didn't know about it. People need to know...I'm just wondering, is there any possible way for them to make, for these agencies to let people know what services are available?

Still, despite the many things that seem to be crashing all around her, Ms. A., remains determined, "...you know, but I'm going to get my caboose on track and it'll be all right. I'll get things back together." Her metaphor is striking, suggesting that she sees herself being pulled along at the end of the train, devoid of self-determination or efficacy.

This case highlights the need both to rethink the goals of welfare reform and revisit the historic splitting of public assistance and social services provision. Ms. A. had many needs for social services before leaving public assistance that were exacerbated by the strain of the forced transition and that illustrate both the ethical and fiscal deficiencies of welfare reform. Ms. A.'s case suggests a number of service interventions.

She and her children could benefit from intensive home-maker services to help her not only manage the filth and disarray of her current home environment, but to prepare her to manage the household on her own in the future. Help with financial management of the household is also needed. Ms. A. is clearly in dire need of psychosocial support to manage the treatment of her severe clinical depression. Engaging her in a community mode of mental health treatment such as the clubhouse model would be particularly attractive to someone with her history and needs. Helping Ms. A. to maintain her nascent drug-free lifestyle would also be important, and supporting her efforts to remain drug free is an essential part of the cycle of long-term change. Finally, while her two sons are currently receiving treatment for their own emotional and behavioral

issues, it is naïve to think that either child-focused agency is serving the psychosocial needs of Ms. A. Complementary services tailored to meet her needs as a parent are called for, such as parent support and education, child behavior management and related family life skill development.

Ms. B.—“I’m going to have to have them the rest of my life...”

Ms. B. perhaps best exemplifies someone who may not be in as great crisis as Ms. A. but who will probably always need significant formal and informal support to survive off cash assistance. A 41-year-old African-American woman, she graciously accepted the interviewer’s request to speak with her. Following are excerpts from the researcher’s field notes:

The street is full of poor quality, older, single family dwellings. All the yards are mostly dirt, and there is significant garbage/litter about... The house is neat, but the spare furnishings are worn. Drawers are missing, seat cushions torn. The rug in the living room is very filthy. She invites me to come on in and sit down...

In this household reside Ms. B. and her two daughters, ages 15 and 16. Her third child, a son, also 16, lives in a group home due to “acting silly.” She later reported that a series of school suspensions and delinquent charges led to his removal from her custody over one year ago.

Ms. B. had been on public assistance from the time her 15-year-old was born until about three years ago, when her earnings exceeded the limit for assistance. At the time of the interview, Ms. B. worked as a school monitor/aide at a nearby elementary school, six hours a day, five days a week, 44 weeks a year, making \$7.91 an hour with no benefits and no pay for two months during the summer when school is out (for an annual income of \$10,451), more than 25 percent below the poverty level for the three people currently in her home. She has a significant job history, having worked at numerous low-paying, part-time jobs.

Ms. B.’s household expenses include \$161 monthly for her three bedroom Section 8 rental housing, monthly payments for water, electricity, phone, cable, any uncovered medical

expenses (she recently had to pay \$14 for a special bottle of cough syrup) and food to supplement her food stamp allotment (\$97 monthly). She continues to receive Medicaid for her daughters and herself. However, she was not aware of the Earned Income Tax Credit, and when asked, replied that DSS had not told her about this benefit that, with her supporting two dependent children, could add as much as 40 percent to her income. Owning no car, she either rides with a friend or walks to work. She uses a nearby food pantry on a regular basis.

Throughout the interview, Ms. B. expressed weariness and looked depressed. She is obese and reported herself to be in poor health overall. She suffers from high blood pressure and speaks with a slight impediment, the effect of an untreated hearing impairment. Overall, she gave the impression of being beaten down by the demands of her life, though proud of what she is daily able to accomplish:

Well, hem, as far as things going, well, I'm struggling. I am. Because my boyfriend died. I was with him, and he was helping me out...paying the bills together, dividing them, but he got sick and was in a nursing home, and he died back in August. So now it's just one income coming in, and it's really hard...just trying to get out of here and get the kids out of here for school, you know it's a lot. But I've been doing the best I can... I have to do what I have to do, you know, I don't have no money left after I pay everything, but hey, at least my bills are paid.

Despite discontent with her occupation and her paycheck, Ms. B. likes working and is determined to be off public assistance: "... I like what I do. I like everybody there I work with. I've been there five years, so I got the hang of everybody; all the kids know me...Like I said I don't want to be on public assistance all my life."

Ms. B. reflected on her work and career aspirations at one point, but then quickly downplayed the likelihood of her ever achieving more than what she now has:

I've had section 8 for a way long time...but it's not like

I'm going to be on it forever. You know that's why I have to go out and go to school and do something so I can get a trade you know, go to college or something...I want to make something better, but...you got to have at least two years of college...and it's far from here; there's no bus.

When the interviewer suggested that perhaps a car would be key in helping her get the transportation she needed to get to college and moving ahead, Ms. B. hesitated: "Yeah. They've come up to me now; I'll see the car for \$200. I say, 'Oh my God, \$200!' I ain't got it...and you gotta have your license, the insurance and a lot of things...."

Ms. B. has had a serious hearing problem most of her life, remedied recently with two hearing aids. "I should have went and had my ears done years ago. I just had these done...if I take these out I can't hear nothing. If I don't want to hear...I turn them off. But I'm going to have them the rest of my life." This passage seems a metaphor for Ms. B.'s life—her dependence on public assistance and ongoing need for other formal help. At times, she can make less or more use of them, but without them, she would be in desperate straits.

Ms. B.'s case highlights the need to rethink the mission and structure of public assistance as we now know it. Significant concrete needs stand in the way of Ms. B.'s longer-term self-sufficiency, and burgeoning psychosocial needs could upset the fragile balance of work and family life she has worked to achieve. Ms. B. needs a car or a shift in residences that would allow her to tap into educational and social service resources that could help her realize her goals for a better life. She has no equity in a home; rising crime in her community impacts her quality of life; she barely has sufficient furnishings to get by. Worse, she was not even aware of the EITC to which she is entitled. Her emotional need to resolve issues of loss and grief related to her partner's recent death are starting to overwhelm her. Her son's school suspensions and delinquency highlight her need for understanding her child's problems, for increased parenting resources and skills. Thousands of persons like Mrs. B. are trying to manage the realities of welfare reform, and had she been provided with some of the services she needs

while on welfare, she would be better able to leave the rolls. Providing social services to ease the transition would be resources well spent.

Ms. C.—“I feel like I’m kind of stuck...I feel like I can do more and do better.”

Ms. C. is a former public assistance recipient who seems likely to succeed in remaining independent of cash assistance. Off the rolls for six months, due to sanctions imposed when she refused work activities (because she was already employed), Ms. C. believes that higher education is her key to economic security. However, there’s a “catch-22.” Due to her good employment history, DSS will not help her to get the education that could help her to secure a better job and more income.

Ms. C. is a 37-year-old African American woman. Never married and the parent of one teenage daughter, she has a GED and is currently studying a health care specialty at a local community college. She and her daughter reside in a Section 8 apartment for which she pays \$410 a month. Her daughter’s father pays child support when he is working, which is from time to time. She is ineligible for Medicaid and has applied for Child Health Plus for her daughter but has not heard whether she’s accepted. Working in the health care field, in medical records at a large medical center, she makes \$7.50 an hour, 30 hours per week (\$11,700 annually, *if* she works 52 weeks and even so, just about 10 percent below the poverty level). Expenses include her monthly rent, utilities, food and a credit card balance. Ms. C. chose not to receive medical insurance from her employer because she could not afford her contribution. Since leaving public assistance she got behind in rent and other bills, is about to have utilities cut off and thinks she might be using a food pantry, soup kitchen or other forms of charity soon. Ms. C. admits that things are “very difficult” right now: “How am I going to make it? I’m going from check to check and still find myself short! Do I pay my cable? Do I pay my phone? Do I pay...that kind of thing!”

Ms. C. recently re-applied for assistance, hoping desperately for food stamps, at least. She spoke of the difficulty with the “transition”:

They told me that there was a transition period...but I never saw that transition period. Felt like it just went right to...I didn't get the full transitional benefits; the only thing they kept me on was the medical coverage because they wanted to wait the three months, and I don't even take the medical coverage at work because I can't afford it...I was paying \$199 for rent when I was on public assistance, now I'm paying \$410! That's a big dramatic jump...

When asked how she was making ends meet, Ms. C. replied, "I'm not...":

I was already late last month, so...I didn't pay my rent until April 30th, so I'm paying rent and then I'm paying late charges on top of it. So it's becoming like these last couple of months—this month and last—have been traumatic.

Ms. C. relies a great deal on her parents for emotional, and sometimes financial support, regretting having let them down years ago by quitting high school. Despite having only a GED, Ms. C. has an extensive job history, working mostly as a para-professional for social service organizations, but, she says, "I could just kick myself for never having gone to college right out of high school." She finds her work history works against her in the long run and is desperate for education for a career:

I feel like I'm kind of stuck, you know, I'm looking at it right now that I'm trying not to get depressed over it because it could be worse. Where you don't have a place to live and you know, but I'm kind of stuck because I'm trying to decide whether I go back to school or do I do the part-time job and just work to pay rent pretty much...I feel like I can do more and do better...I want to feel that I'm doing something worthwhile, and I don't feel like that fetching records, because that's pretty much what I'm doing—it doesn't take any skill whatsoever to do that job, and it kind of hurts.

What helped Ms. C. most in her transition was a mentor, a woman formerly on public assistance herself who offered her

concrete and emotional assistance, "If I just need to vent, I can call her; she's there."

Ms. C. is a good example of the need for social workers to advocate for investment of resources for capable and motivated welfare "leavers." Ms. C. wants education and professional training to sustain her and her daughter for the long term. Since leaving public assistance, her rent has more than doubled, and her income has increased just enough to keep her from qualifying for Medicaid but not enough to pay her portion of employer-provided health insurance. She could become depressed or relapse into substance abuse as she faces possibly her most challenging life stage with an adolescent daughter, overwhelming debt and a dead-end job. Ms. C. needs and wants professional intervention.

Discussion: Implications for Social Work

These case studies and other research on welfare reform point to the need for social work to revisit its commitment to the poor, both those working and those on welfare. Two types of implications for social work are considered: advocacy for and with economically disadvantaged families and direct services for families receiving public assistance and making and sustaining—where professionally indicated—the transition from welfare to work. By no means exhaustive, our suggestions center around improving conditions of the working poor: encouraging occupational mobility based on realistic educational and vocational expectations; facilitating access to benefits and services that supplement wages and support families in the workplace; delivering public assistance while maintaining client self respect and encouraging self-esteem; and providing services to present and former welfare recipients with such problems as mental illness and substance abuse.

Reforming Welfare Reform

In revisiting social work's historic roots and focusing its vision for the future, we urge the profession to reconsider welfare reform in its current incarnation. As many in the profession have recognized, both in opposing the policies of the Personal Responsibility and Work Opportunity Reconciliation

Act of 1996 and in advocating improvement in it, it is not enough to view the goal as simply reducing welfare rolls or to focus on the ever elusive notion of "self-sufficiency" (Hawkins, 2005; Pearce, 2004; Goldberg & Collins, 2001). The time is ripe for innovative, expansive ideas of what welfare reform should come to mean and of what role we as social workers can play in meeting our ethical obligations to the most beleaguered populations. We urge more professional dialogue on the goals of public assistance in this country and our commitment to the poor. Should building clients' capacities for economic independence be the goal of public assistance? Should it be its *only* goal? What would policies and structures that support preventively-oriented, professionally staffed, family-based public assistance look like?

We disagree with former Health and Human Services Secretary Donna Shalala that "any job is better than welfare" (Cherry, 2007). Yet, despite the many problems faced by the working and near-working poor, the experience of employment itself can have important social rewards (Edin & Lein, 1997; Newman, 2001; Cherry, 2007). In our study, although they wanted more socially and economically rewarding work, all three women, especially Ms. B., felt better for working and being off assistance.

While our work with individual clients cannot change the rewards and working conditions of the fast-growing, low-wage occupations, we can endorse and join campaigns for living wages and a higher minimum wage and contribute to the empowerment of poor women by encouraging their participation (Luce, 2004). Since unionized women earn more and have better benefits than those who do not belong (Mishel, Bernstein, & Allegretto, 2007), we should support enforcement of the labor laws and worker organizations like our predecessors in the settlement movement (Chambers, 1963; Flexner, 1975).

Some leavers may be able to improve their education and become part of a "career-resilient" workforce that can continually upgrade its skills (Carnahan & Austin, 2004; Bok, 2004). This is probably true of Ms. C., who with more education, seems capable of improving her career prospects, but she is currently acquiring vocational training at considerable

cost. All three case studies illustrate the need for realistic vocational counseling geared to personal capabilities and labor market opportunities. Recipients need to be informed about costly, for-profit vocational programs that do not necessarily lead to better jobs and of the preferable alternative of community colleges that offer vocational training (Fenster, 2004; Cherry, 2007). Such programs also need to be expanded. Some rules should be changed, such as the catch-22 that denied Ms. C. higher education while she was on welfare because of her good employment record.

Revisiting Public Assistance Delivery

Despite economic, social and psychological vulnerabilities that place them on the cusp of homelessness, joblessness and further risk for mental health, substance abuse or parenting problems, participants in this study expressed enormous relief at being off public assistance. Ms. A. made it clear that the independence and esteem she gained through her work were direct results of escaping the stigma, degradation, loss of freedom and mistreatment she experienced at the hands of the public department of social services. For her and others, it was not so much that life off welfare is good as it is that life on welfare was worse (Laakso & Drevdahl, 2006; Kissane, 2003; Altman & Goldberg, 2007).

Welfare recipients not only feel demeaned—even abused—by public assistance workers (Laakso & Drevdahl, 2006); they also complain that they have not been informed of government programs that would “make work pay” or facilitate employment, illustrated here by Ms. B.’s ignorance of the Earned Income Tax Credit. It should be quite clear that despite the buzz word “self-sufficiency,” former welfare recipients are only free of cash public assistance but are by no means able to subsist without other cash and in-kind benefits, for example, Food Stamps, the Earned Income Tax Credit and subsidized housing and child care. The cases of Ms. A. and Ms. B. are not atypical. A recent review of welfare reform studies found that participation rates in Food Stamp, Medicaid and other transitional assistance programs were low (Bernstein & Greenberg, 2001). According to the Center on Budget and Policy Priorities (Parrott & Sherman, 2006), program

participation in cash assistance has fallen sharply among poor families, many of whom may be welfare leavers but are unaware of their rights.

Social work has been referred to as “an example, par excellence of the liaison function, a large part of its total activity being devoted to putting people in touch with the community resources they need but can hardly name, let alone locate”(Wilensky & Lebeaux, 1965, p. 286). We, as social workers, stand indicted for every client who does not know about benefits for which she or he is eligible—benefits that would staunch hunger, cure or prevent illness, reduce burdensome shelter costs or augment earned income. Every school of social work, every social agency, every association of professional social workers has a duty to advertise these benefits and to advocate for wider promulgation of this information at all levels of government.

We understand that limited resources, financial deficits, and the overwhelming challenges facing the hard-to-employ strain public assistance departments' capacities to offer even minimal services well. Still largely in the eligibility business, some public agencies have nonetheless adopted service innovations related to fostering employment, but too little time is spent fostering an in-house culture of professional service and care or in developing the creative partnerships with community service providers essential for effective service delivery to a diverse population. Yet, evidence of innovative attempts to do just that can be found (Austin, 2004; Lepler, 2007).

Where once the idea of combining social services with income support was met with disdain by the profession as a “blame the victim” approach (McEntire & Haworth, 1967), today social workers lead the effort in finding ways to meld the two creatively. Louise Skolnik, Director of Human Services in Nassau County New York, and one of the chief planners of *No Wrong Door*, a program that integrates the county's social services, including eligibility determination, under one roof (Lepler, 2007). Dr. Skolnik maintains that offering a range of services in addition to public assistance does not assume that personal deficiencies caused the need for relief (personal interview, April 30, 2007). She believes that the historic separation of services from relief amounted to “throwing the baby out

with the bathwater."

San Mateo County, California provides another recent example of integration of services and income maintenance. Despite serious reservations about some of the assumptions of the 1996 welfare reform, Maureen Borland, director of the county's Human Services Agency, nonetheless saw it as "an opportunity to shift from a very bureaucratic system of eligibility determination to a more community-focused system." She and her colleagues "proceeded to open up...[their] organizations to new ways of thinking and doing...and began experimenting with new approaches to support services" (Austin, 2004, xii).

Workforce Professionalization

Public assistance agencies that demean their clientele and fail to put them in touch with the benefits that would put food on their tables and roofs overhead are particularly ill-equipped to provide services to the growing numbers of leavers in their caseloads with mental and physical health barriers to employment (Loprest & Zedlewski, 2006). This is perhaps the principal reason why social workers must re-engage with relief by infusing public assistance agencies with a social work ethos and finding ways of providing services to those who leave the welfare rolls.

Professionalizing the public assistance workforce was a call heard in the 1960s. Forty years later, we have begun spending millions of federal, state and local dollars to professionalize the public child welfare workforce—one arm of the public assistance system in the early 1960s. Developing the communication and problem solving capacities of all frontline staff is called for, given the range and depth of problems many of those now coming through the agencies' doors—not to speak of the common decency and humanity of treating people already battered by life with courtesy and compassion (Lindsey, Kropf, & Carse-McLocklin, 1995). But what if they were all assisted by professional social workers? Ms. C. was headed down a path toward a brighter, more independent and secure future, yet demonstrated a need for professional social work support and intervention. She wanted someone who could direct, support,

and encourage her as she aspires toward a professional career. Staffing county public assistance agencies with people changers, instead of people processors (Hasenfeld & English, 1974) could yield significant effects, particularly in light of the evidence of the effectiveness of many short-term models of change that are at our disposal but were not available to caseworkers in the early 1960s (McGuire, 2004).

Other Practice Innovations

Regardless of whether we advocate for change of welfare reform, revisit the historic splitting of public assistance eligibility from social service delivery or pursue professionalization of its workforce, we should at least be prepared to take advantage of opportunities for social work practice innovation within our current structure. Evidence suggests that creative, integrative programs of service delivery can make a difference (Austin, 2004). One local staff received training in identifying and referring clients with needs for substance abuse or mental health services, then pursued co-location of mental health and substance abuse services to make it possible for a client to apply for and receive both financial aid and services. Activities such as these could have assisted Ms. A. in her struggle to remain "clean," employed and in good mental health.

Other service activities that could be integrated include: parenting and family life skill development and job-readiness; teaching clients about patterns of addiction and treatment; teaching workers how to recognize, screen and engage in treatment persons with poor mental health; providing transportation and child care for those needing treatment for substance abuse or mental illness, and counting treatment hours toward the hours of work required for those on TANF. For example, Ms. B.'s capacity could have been enriched with professional social work support and intervention to help her deal with her grief over her boyfriend's death and her depression.

Data in this and other studies bore witness to the importance of mentoring in the lives of some of these low-wage workers struggling to make ends meet (Ferguson, Ritter, DiNitto, Kim, & Schwab, 2005). By expanding the social network of those transitioning from welfare to work, mentors can offer access

to new goals, ideas and resources that can be invaluable, as we saw clearly in the case of Ms. C. Mentoring relationships can be critical to the establishment and further development of social exchange relationships and provide rich resources for the working poor to draw from as they struggle to meet demands that employment can bring. This kind of benefit was reported by many of the interview participants in our larger study, and was well illustrated in the case of Ms. A. Social learning theory posits that human beings tend to emulate the behavior they see in others they care for and admire. In the study reported here, many of the participants referred to the assistance of one particularly stellar role model in their community, a woman who overcame substance abuse, domestic violence and numerous bureaucratic challenges to leave public assistance and gain meaningful employment. As one participant in the study stated, "Mentors are what's important—someone who can stand as experience, strength and hope, to help you believe that you can do it, too." Social workers could take the lead in the development and support of mentorship programs.

Summary

This article presents an argument for revisiting social work's relationship to public assistance and the role of social work with the working poor. We have reviewed the historic arc of social work's commitment to and provision of public social services for this population and illustrated current case complexities. The suggestions made here are intended to spur debate within the profession over the design of better services to the working poor, who can best perform them and where they should be located.

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Racial/Ethnic Differences in Religious Congregation-based Social Service Delivery Efforts

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The current study utilizes Swidler's (1986) cultural toolkit theory to explain racial/ethnic differences in American religious congregations' provision of social service programs. This study suggests that black Americans' reliance upon structural tools to assess poverty contributes to their congregations being more heavily involved than majority white congregations in the provision of social services that attempt to make a longer-term impact on community life (i.e. academic tutoring and job training). In contrast, white Americans' greater reliance upon individualistic tools to understand poverty arguably contributes to their congregations being more heavily involved in the provision of programs that have a shorter-term impact on community life (i.e. food, thrift, and shelter). While majority Latino congregations are less likely than are black congregations to provide longer-term impacting programs only, majority Asian congregations tend to be less heavily involved in the provision of both longer and shorter term impacting programs.

Key words: *race, religion, social service delivery*

Introduction

The current study assesses racial/ethnic differences in the social service programs that American religious congregations provide. Since this country's founding, American congregations have involved themselves in community work. In the absence of a federal welfare safety net up until the New Deal

Era, houses of worship and other religious organizations were key to the provision of emergency services, housing assistance, and other forms of social service (Hall, 1994; Holifield, 1983; Jeavons, 1994). At the same time, blacks were often denied service from white religious organizations in many Northern and Southern cities up until the civil rights era (Phillpott, 1991). This led many black congregations, as under-resourced as they were, to act as informal social service agencies in many black communities (Mays & Nicholson, 1933; Myrdal, 1944; Frazier, 1963; Philpott, 1991). While blacks are no longer excluded from private or public social services, they remain far more likely than whites to live in impoverished communities in which churches are often one of few non-governmental organizations committed to community development (Billingsley, 1999; Gronbjerg, 1990; Lincoln & Mamiya, 1990). This study contends that the disparate social economic experiences of blacks and whites have contributed to their congregations adopting differing cultural approaches in understanding and subsequently responding to poverty.

By religious culture, this study is referring to a set of norms, values and beliefs agreed upon by church members that voluntarily join or associate with a specific religious group (Emerson & Smith, 2001; Swidler, 1986). This is not to deny the possibility of contested points of view or beliefs within a given religious group. Overall, however, there is a commitment to a predominate schema of social reality. Consistent with the cultural toolkit thesis, symbols, stories, beliefs, and rituals are utilized by members to gain an understanding of social reality (Swidler, 1986). In essence, culture allows group members to develop a common understanding of social reality and to develop agreed-upon solutions to concerns.

The fact that white Americans are far more likely than are blacks to live in communities with relatively low levels of poverty, high levels of middle class residents, and local governments that are, more or less, able to adequately fund city services likely contributes to whites maintaining a more individualistic orientation in understanding poverty (Bishaw, 2005; Massey & Denton, 1995). That is, whites are more likely than are blacks to believe that poverty results from individuals not trying hard enough (Kinder & Sanders, 1996). This

freewill individualist orientation is based on the premise that individuals exist independent of structures, institutions, and even history (Stark & Glock, 1969). From this perspective, everyone has natural freedom and autonomy such that each individual has the power to improve his or her status, due, in part, to their creator, which allows humans to develop a free market system and laws that protect individual rights (Emerson & Smith, 2001; Stark & Glock, 1969). This is not to suggest that predominantly white congregations reject their moral obligation to care for the poor. Rather, due to the extent to which such congregations provide social services, it is plausible that they invest more resources than do black congregations in programs that assist individuals recover from poor decisions that lead to temporary misfortune.

In contrast, the historical memory of and continued experiences of racial discrimination along with the disproportionate amount of poverty-related ills within black communities contributes to blacks maintaining a more structural approach in understanding poverty. That is, blacks are more likely than are whites to believe that poverty results from racial discrimination, a lack of livable-wage jobs, and quality education (Kinder & Sanders, 1996). This approach does not suggest that predominantly black congregations deny the role that agency plays in the persistence of poverty. However, black congregations tend to adopt a prophetic theology in which greater weight is placed on the sinful nature of institutions that constrain the choices and life chances of marginalized groups. That being said, it is plausible that predominantly black congregations are more likely than are predominantly white congregations to provide programs that attempt to make structural changes in their communities.

The cultural toolkits available to the social service efforts of congregations outside of the black-white landscape are not readily apparent. The fact that Asian and Latino communities maintain a relatively high proportion of first generation immigrants may contribute to their congregations maintaining a greater commitment to helping members assimilate than in providing for the physical communities that surround their congregations. The current study attempts to add clarity to our understanding of the social service efforts of American

congregations by assessing differences in the social service programs that predominantly black, white, Asian, and Latino congregations provide.

Race, Resources and Social Service Strategies

Almost all prior studies on congregation-based social service delivery suggest that black congregations tend to provide more social services than do white congregations (Cavendish, 2000; Chaves & Higgins, 1993; Chaves & Tsistos, 2001). However, it is not clear which programs black congregations are actually more likely to provide. As stated above, this study contends that the more individualistic cultural approach of predominantly white congregations may contribute to them being more likely than black congregation to provide programs that provide temporary relief. In contrast, the more structural orientation of black congregations may contribute to these congregations being more likely than white congregations to provide programs that attempt to address the root causes of poverty, such as educational and job skills training. Tsistos's (2003) national study of congregations is the only one to date that assesses the program types that congregations provide by the proportion of blacks that attend such congregations. Consistent with the racial toolkit thesis, he finds that the more blacks that attend a congregation, the more likely it is to provide the long-term impact educational and mentoring programs and the less likely they are to provide the shorter-term impact programs and clothing. However, by not directly comparing black to white, Asian, and Latino congregations, the relationship between race/ethnicity and the types of programs that congregations provide is not completely clear. This study attempts to build upon Tsisto's (2003) study by doing so.

The above cultural distinctions along racial lines are not to suggest that cultural differences among white or among black Christians' understanding of the persistence of poverty do not exist. Mainline Protestant and Catholic Church leadership tend to maintain a more structural approach to their assessment of poverty than do Evangelical Protestant leaders. The social gospel and justice traditions of Mainline Protestant and Catholic theology respectively tend to emphasize the dignity

of earthly existence, which calls for the eradication of economic and political barriers that limit life chances of marginalized populations (Findlay, 1993; McGreevy, 1996). Since the mid-1960s, both the United States Conference of Catholic Bishops (USCCB) and the National Council of Churches (NCC) have established offices committed to reducing poverty (USCCB, 2007; NCC, 2007). Similarly, a majority of Mainline and Catholic clergy in this country believe that social justice is the Lord's work (Jelen, 2003; Smidt et al., 2003). And, it is this commitment to social justice that largely drives their civic activism (Jelen, 2003; Smidt et al., 2003).

In contrast, Evangelical Protestants tend to maintain more of an individualistic orientation than do Catholics and Mainline Protestants (Emerson & Smith, 2001; Hinojosa & Park, 2004). That is, white Evangelical Protestants place greater emphasis than do others on the freewill given to individuals by God to make decisions that can aide or hinder their social mobility (Emerson & Smith, 2001). Unlike Mainline Protestants and the USCCB, few Evangelical denominations maintain national or regional offices committed to eradicating poverty. Distinctions among white Christians in their approaches to poverty are apparent in Hinojosa and Park's (2004) study on denominational differences in accounting for black poverty. Their study indicates that white Catholics and Mainline Protestants are more likely than are white Evangelicals to believe that blacks are disproportionately poor because they do not have access to quality educational systems or to racial discrimination. Conversely, white Evangelicals were more likely than were white non-Evangelicals to believe that blacks are poor because they do not try hard enough.

In contrast to white churches, black churches associated with historically black denominations tend to maintain similar cultural orientations in assessing poverty in the U.S. Sandra Barnes's national studies of black churches suggest that virtually no denominational differences exist in the commitment of black congregations affiliated with historically black denominations to a prophetic theology (Barnes, 2004; 2005). McDaniel's (2003) study of black clergy affiliated with the historically black protestant denominations of the African Methodist Episcopal (AME) and Church of God in Christ (COGIC) reached similar

conclusions. His study indicates that vast majorities of both AME and COGIC clergy recognized that the pervasiveness of black poverty called for government bodies providing health care for the uninsured, helping poor blacks, and addressing unemployment.

While intra-group distinctions among white Protestant Churches exist in their cultural approaches to understanding poverty, strong inter-racial differences also persist. That is, Hinojosa and Park (2004) found that even when blacks and whites affiliate with similar denominational bodies, blacks were more likely to believe that blacks are disproportionately poor due to structural forms of inequality, such as racially unequal access to a quality education. Conversely, when accounting for denominational affiliation, whites were more likely than were blacks to believe that black poverty is a result of blacks not trying hard enough. While the above study is confined to assessments of black poverty, blacks are more likely than any other ethnic group to be poor and to live in poor communities (Bishaw, 2005). Moreover, their study points to alternate cultural approaches to assessing the causes of concentrated and inter-generational poverty among the most social-economically disadvantaged ethnic group in the U.S. It is conceivable that the differing cultural approaches in understanding poverty along racial lines inform the social service programs that black and white congregations provide.

The Social Service Efforts of Asian and Latino Churches

It is not at all clear how individual versus structural cultural toolkits influence the social service delivery efforts of majority Asian and majority Latino congregations. The immigrant status of Latinos and Asians is a key factor that distinguishes their congregations from those of black and white Americans. To be clear, Asian and Latino Americans are both ethnically diverse. In the 2000 Census, Asian Americans identified with twenty-five different Asian ethnic groups and Latinos identified with twenty-three different Latino ethnic groups. Nonetheless, a plurality of Asians and Latinos are first generation immigrants to the U.S.: forty percent of Latinos and sixty-nine percent of Asians are first generation immigrants (Lien, Pei-te, Conway,

& Wong, 2004; Ramirez & de la Cruz, 2003). As communities of immigrants, predominantly Latino and predominantly Asian congregations are likely serve as assimilation centers in some capacity where newcomers can join friendship networks with those who share their native culture and language (Ebaugh & Chafetz, 2000). Such networks have the potential to provide individuals with both emotional support and practical information, such as recommendations for jobs, accessing English as a second language classes, information about housing, and other quality of life information (Ebaugh & Chafetz, 2000; Espinosa, Elizondo, & Miranda, 2003; Cnaan, Wineburg, & Boddie, 1999; Conway & Wong, 2004). It is plausible that these informal forms of church-based social support take precedence to providing formal programs for the broader physical community that surrounds their congregations (Ebaugh & Chafetz, 2000). As such, majority Latino and majority Asian congregations may be less likely than majority black congregations to provide broader social services. This leads to the following hypotheses:

1. White congregations are less likely than are black congregations to provide social services with a longer-term impact on quality of life (i.e. education and job-skills training).
2. White congregations are more likely than are black congregations to provide programs that have a shorter-term impact on quality of life (i.e. food, thrift, and cash assistance).
3. Asian and Latino congregations are less likely than are black congregations to provide both longer- and shorter-term impact social services.

Sample

Carl S. Dudley and David A. Roozen of the Hartford Institute coordinated *The Faith Communities Today Survey* in 1999 and 2000. The project represents a joint venture of researchers and forty-two denominations and faith groups. Each religious group was responsible for surveying a representative sample of their congregations using a common core questionnaire. Once the findings from these surveys were

combined into a single dataset, it contained information on a total of 14,301 congregations via surveys of the senior clergy. In total, the survey maintained a 57 percent response rate. For the purpose of this study, however, only predominantly black (e.g. 51% or more of the congregation is of this racial group), white, Asian, and Latino congregations are included in the sample. In total, there are 12,904 congregations in this study of which 78.5% are white, 17.85% are black, 1.99% are Latino, and 1.67% are Asian. Because of the all-group-aggregate data, weights have been applied to the data set to adjust for the otherwise disproportionate-to-denomination/group-strata size.

Measures

Dependent Variables

Long-term benefit Congregation-based Social Service. Congregation-based provision of long-term programs are assessed by two dichotomous questions. The questions ask senior clergy whether or not their congregations have directly provided or assisted in the provision of; tutoring/literacy programs for children and teens and employment counseling/placement/ training programs in the past twelve months.

Short-term benefit Congregation-based Social Service. Congregation-based provision of short-term programs are assessed by three dichotomous questions. The questions ask senior clergy whether or not their congregations have directly provided or assisted in the provision of the following: thrift store/thrift store donations, food pantry or soup kitchen, cash assistance to families or individuals programs.

Independent Variables

Congregational Racial Composition. The racial composition of congregations is a nominal measure of predominantly black, white, Asian, and Latino congregations. Black congregations serve as the comparison category.

Control Variables

Because of the importance of congregational resources to congregation-based civic activism (Billingsley, 1999; Chang et al., 1994; Cnaan, Wineburg, & Boddie, 1999; Light, 2001;

Lincoln & Mamiya, 1990; Tsitsos, 2003), this study controls for a number of commonly established congregational resources. These include the following: number of congregants, educational status of congregants, paid staff, the financial health of congregations, the full time status of clergy, and the educational status of clergy. Past studies have also found a connection between the theological orientation of churches and their social service behavior (Barnes, 2005; Dudley & Roozen, 2001). To that end, the social justice orientation of congregations is also taken into account. Social justice is measured by a ten point index that encapsulates clergy beliefs on how well social justice characterizes their congregation and how often clergy preach on social justice. An odds ratio of over one indicates the positive impact a congregation's social justice orientation has on their social service delivery efforts. In order to reduce the impact of social-environmental contexts on the analyses, this study also controls for urbanicity, employment and educational rate and the racial/ethnic representation within the census block on which the congregation is located. This study also controls for region.

While denomination affiliation provides an important indication of the agenda and mission of churches, it has been excluded from these analyses because of its high level of multicollinearity with the racial characteristics of local congregations. The denomination and race variables have an average variance inflation factor of 4.69. Additionally, congregations affiliated with Black Protestant denominations and predominantly black congregations maintain a .911 factor loading on the same factor. Finally, no predominantly white, Asian, or Latino congregations affiliate with historically black denominations. As such, including both race and denominational background in the analyses compromises the validity of the results. For this reason, denominational affiliation has been excluded.

Missing values for all variables were replaced with an imputed regression score. Newly constructed variables were recoded to reflect the distribution of the original variables. The analyses presented below were not significantly or substantively altered by this technique.

Results

Bivariate Analyses

Race and Social Service Delivery. In support of the first hypothesis, the bivariate analyses presented in Table 1 suggest that black congregations are, on average, more likely than are white congregations to provide the longer-term impact programs of tutoring and job training. There is some support for the second hypothesis, as white congregations are, on average, more likely to provide the shorter-term impact thrift and food assistance programs. Finally, there is qualified support for the third hypothesis of Asian and Latino congregations being less likely than black congregations to provide social services in general. Asian congregations are less likely than black congregations to provide tutoring, job-training, food and cash programs. And, Latino congregations are less likely than black congregations to provide tutoring, job-training, and thrift programs.

Table 1. Relationship between Race/Ethnicity of Congregation and Provision of Social Service Programs: Chi-Square Analyses

	Educational Tutoring	Job Training	Thrift	Food	Cash
Total	27.34%	22.50%	57.36%	83.99%	83.67%
Black	61.70	44.03	52.32	75.64	85.11
White	19.63**	17.40**	58.99**	86.66**	83.54
Asian	22.33**	24.19**	53.02	59.07**	75.35**
Latino	27.63**	29.57**	42.02**	74.32	82.88
N=	12,904	12,904	12,904	12,904	12,904
*<.05	**<.01				

Note: two-tailed sig. test is comparing black to non-black congregations

Multivariate Analyses

Long-term Social Services: Education and Job-Training. As

Table 2. Relationship between Race/Ethnicity of Congregation and Congregation-based Long-Term Social Service Programs: Odds Ratio Converted from Logit Regression

	Educational Tutoring	Job Training
<i>Race of Congregation</i>		
White Congregation	0.226 (0.019)**	0.287 (0.026)**
Latino Congregation	0.300 (0.052)**	0.430 (0.076)**
Asian Congregation	0.245 (0.047)**	0.442 (0.085)**
Social Justice Orientation	1.262 (0.020)**	1.199 (0.019)**
Clergy Education	1.090 (0.036)**	0.871 (0.029)**
<i>Full Time Status of Clergy#</i>		
Full Time/Works Another Job	1.036 (0.103)	1.373 (0.141)**
Part Time Clergy	1.447 (0.101)**	5.352 (0.365)**
No Full Time Clergy	1.264 (0.085)**	0.819 (0.067)*
Number of Congregants	1.301 (0.028)**	1.440 (0.034)**
Proportion of Poor Congregants	1.066 (0.022)**	1.101 (0.024)**
Financial Health of Congregation	1.002 (0.029)	1.010 (0.033)
Paid Staff	1.320 (0.044)**	1.174 (0.041)**
Urbanicity	1.192 (0.034)**	1.223 (0.038)**
Employment Rate in Census Tract	1.027 (0.057)	1.125 (0.066)*
Educational Status in Census Tract	1.036 (0.026)	1.040 (0.028)
Proportion of Blacks in Census	1.034 (0.012)**	1.034 (0.013)**
Proportion of Hispanics in Census	0.968 (0.022)	0.948 (0.022)*
Proportion of Asians in Census	0.972 (0.068)	0.875 (0.062)
<i>Standard errors in parentheses</i>		
* < .05	** < .01	(two-tailed significance test)

#Full Time Clergy is the comparison category for Full Time Status of Clergy.

Table 2. Relationship between Race/Ethnicity of Congregation and Congregation-based Long-Term Social Service Programs: Odds Ratio Converted from Logit Regression (continued from previous page)

	Educational Tutoring	Job Training
<i>Region##</i>		
Northeast	0.968 (0.068)	.872 (0.067)
South	1.236 (0.079)**	0.987 (0.068)
West	1.233 (0.094)**	2.224 (0.170)**
Other Region	0.902 (0.172)	0.966 (0.195)
Observations	12,904	12,904
Standard errors in parentheses		
* < .05	** < .01	(two-tailed significance test)

##Rest of the Country is the comparison category for Region

in Table 1, the multivariate analyses presented in Table 2 provides support for the first hypothesis by suggesting that, all things being equal, white congregations are nearly one-quarter and .29 times as likely as are black congregations to provide tutoring and job-training programs respectively. In support of the fourth hypothesis, Latino congregations are .30 and .43 times as likely as are black congregations to respectively provide such programs. Similarly, Asian congregations are roughly one-quarter and .44 times as likely as are black congregations to provide tutoring and job-training programs. In sum, all non-black congregations are less likely than are black congregations to provide long-term social services. These analyses also indicate that congregational resources, social justice ideology, and the social demographic characteristics of the communities in which congregations are located are positively associated with their provision of academic tutoring and job-training programs.

Multivariate Analyses: Short-term Programs: Thrift Programs, Food, and Cash

In large support of the third hypothesis, white congregations are nearly three and one and a half times more likely

Table 3. Relationship between Race/Ethnicity of Congregation and Congregation-based Short-Term Social Service Programs: Odds Ratio Converted from Logit Regression

	Thrft	Food	Cash
<i>Race of Congregation</i>			
White Congregation	1.519 (0.114)**	2.815 (0.268)**	0.846 (0.086)
Latino Congregation	0.819 (0.124)	1.508 (0.272)*	1.238 (0.250)
Asian Congregation	1.153 (0.186)	0.510 (0.090)**	0.609 (0.122)*
Social Justice Orientation	1.128 (0.015)**	1.123 (0.020)**	1.006 (0.018)
Clergy Education	1.093 (0.028)**	1.249 (0.042)**	0.877 (0.030)**
<i>Full Time Status of Clergy#</i>			
Full Time/Works Another Job	0.907 (0.070)	0.812 (0.075)*	1.152 (0.122)
Part Time Clergy	0.971 (0.054)	0.727 (0.054)**	0.790 (0.058)**
No Full Time Clergy	0.469 (0.025)**	0.471 (0.033)**	0.332 (0.022)**
Number of Congregants	1.230 (0.022)**	1.332 (0.035)**	1.459 (0.038)**
Proportion of Poor Congregants	0.991 (0.017)	0.992 (0.022)	1.020 (0.023)
Financial Health of Congregation	1.051 (0.024)*	0.987 (0.032)	1.184 (0.035)**
Paid Staff	1.037 (0.030)	1.374 (0.055)**	1.222 (0.050)**
Urbanicity	1.028 (0.025)	0.962 (0.033)	0.975 (0.032)
Employment Rate in Census Tract	1.148 (0.051)**	1.030 (0.063)	1.036 (0.063)
Educational Status in Census Tract	1.017 (0.021)	0.972 (0.028)	0.972 (0.027)
Proportion of Blacks in Census	0.981 (0.010)	0.982 (0.013)	0.957 (0.013)**
Proportion of Hispanics in Census	1.008 (0.020)	0.999 (0.025)	0.911 (0.023)**
Proportion of Asians in Census	0.809 (0.051)**	1.057 (0.091)	0.843 (0.067)*
* < .05	** < .01	(two-tailed sig. test)	

(continued next page)

Table 3. Relationship between Race/Ethnicity of Congregation and Congregation-based Short-Term Social Service Programs: Odds Ratio Converted from Logit Regression (continued)

	Thrift	Food	Cash
<i>Region##</i>			
Northeast	0.768 (0.044)**	1.116 (0.096)	0.756 (0.057)**
South	1.149 (0.060)**	0.972 (0.069)	1.660 (0.123)**
West	1.483 (0.096)**	0.964 (0.085)	1.289 (0.114)**
Other Region	0.708 (0.114)*	0.626 (0.111)**	1.113 (0.215)
Observations	12904		12904
Standard errors in parentheses			
*<.05	**<.01		

##Rest of the Country is the comparison category for Region

than are black congregations to provide the food and thrift programs respectively. White congregations, are, however, no more likely than are black congregations to provide cash assistance programs. Nonetheless, these analyses largely suggest that white congregations tend to be more likely than are black congregations to provide shorter-term impact programs. As expected, Asian congregations are half and .6 times as likely as are black congregations to provide food and cash assistance programs respectively. Unexpectedly, Latino congregations are actually one and a half times more likely than are black congregations to provide food programs. These analyses also indicate that congregational resources and social justice ideology are all positively associated with congregations' provision of short-term programs.

Discussion

The current study builds upon prior studies on congregation-based social service delivery by suggesting that the racial toolkits of congregations of varying racial/ethnic groups likely inform the social services they provide. The disproportionate amount of poverty-related concerns within black communities may contribute to black congregants maintaining a more

structuralist orientation than white congregants, such that black congregations are more likely to view poverty as a systemic problem. Such awareness likely contributes to black congregations being more strongly motivated, relative to white congregations, to provide programs that attempt to address the root cause of poverty, such as poor educational and job skills. On the other hand, the greater involvement of white relative to black congregations in shorter term impact programs is plausibly linked to the fact that white congregants are far more likely than are black congregants to live in middle class communities (see Massey & Denton, 1995). This reality may contribute to white congregants being more likely than black congregants to maintain a more individualist toolkit, such that poor families are viewed as isolated cases that have temporarily fallen upon hard times, and are therefore in need of short-term relief.

The disproportionate amount of first generation immigrants within Asian and Latino American communities may account for the lower likelihood of Asian and Latino, relative to black congregations, providing some social services. That is, Asian and Latino congregations likely invest more resources into programs that address the assimilation-related needs of their congregants than in programs that address the concerns of the physical communities surrounding their congregations (Ebaugh & Chafetz, 2000). However, Latino congregations are actually more likely than are black congregations to provide food assistance programs. Nonetheless, on the whole, the shorter-term impact social service delivery efforts of Latino congregations are closer to that of black congregations than are Asian congregations to black congregations. These similarities may be linked to the similar social-economic experiences of blacks and Latinos. The relatively low social economic status of Hispanics is closer to that of black Americans than to whites and Asians (Bishaw, 2005). In sum, this study suggests that the cultural toolkits that Americans of diverse racial/ethnic backgrounds utilize to understand social inequality arguably inform approaches their congregations use to address human needs in their communities.

Conclusion

While black congregations are more heavily involved than are non-black congregations in the provision of social services that have a longer-term impact on quality of life, the social-economic concerns of black communities are too pervasive for black congregations to address by themselves. The Charitable Choice Clause of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 has contributed to intense debate over the prospect of religious congregations receiving public dollars to provide social services. This clause provides legislative authority for governments to contract out federally funded social welfare services to sectarian organizations (H.R. 3734). While black congregants are more supportive than are whites of the notion of congregations receiving public dollars, their congregations are no more likely than others to receive such funding (Pew, 2001). In fact, only 5–7% of all congregations receive public funding (Chaves, 1999; Cnaan & Boddie, 2002). A major reason so few congregations receive public funding is that few have the experience and resources in the form of seed money, space, trained staff, and volunteers to implement publicly financed projects. In addition, debate over violations to the establishment clause of the First Amendment contributes to the unwillingness of many congresspersons to support President Bush's attempt to implement this policy via Executive Orders.

Whether seeking public or private funding or attempting to provide existing services more effectively, the social service efforts of congregations within poor ethnic minority communities would benefit from increased technical assistance. Assistance is needed in conducting community needs assessments, program evaluations, grant writing, and in forming partnerships with other civic institutions that would go far in helping congregations in the poorest communities better address community needs. Despite the willingness of many churches within such communities to address needs, without increased assistance, these churches will remain limited in their ability to do so.

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A Boiling Pot of Animosity or an Alliance of Kindred Spirits? Exploring Connections Between Native Americans and African Americans

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The relationship between indigenous people and people of African heritage in the United States is a long and complex one. An examination of historical and contemporary connections between indigenous persons and African Americans not only clarifies complex and frequently overlooked parts of American history but sets the stage for examining future possibilities. It is useful for helping professionals to understand these relationships since this history may serve as the basis for positive connections or animosities between clients and professionals. This article begins with a discussion of selected historical intersections between these populations that highlight the complex and varied nature of contacts between these groups. Examples of contemporary interactions illustrate the ongoing, multidimensional nature of connections between Native Americans and African Americans. Implications for the helping professions are drawn from the material presented.

Key words: *African American, Native American, interracial alliances, interracial divisions*

To prevent Africans and Native Americans from uniting, Europeans played skillfully on racial differences and ethnic rivalries. They kept the pot of animosity boiling. Whites turned Indians into slavehunters and

slaveowners, and Africans into "Indian fighters." (Katz, 1986, p. 13)

Recently, I was asked by one of my students what Native Americans think about African Americans. As an African American social worker assigned to work in the Native American community, she was warned by her colleagues to expect bias and resentment. Her anxiety was heightened and she prepared for the worst but when she began the work she was warmly received. In fact, she seemed to be more welcome in the Native American community than some of her White colleagues. She raised the question with me, a Native American, and asked for clarification.

The relationship between indigenous people and people of African heritage in the United States is a long and complex one. While a few authors have examined historical connections (see Abel, 1919; Halliburton, 1977; Littlefield, 1977, 1978, 1979, 1980; Purdue, 1979) much of this work is dated, and less has been written about contemporary issues. Indeed, articles are more likely to examine relationships between Whites and African Americans or Whites and Native Americans than connections between African Americans and Native Americans. One of the few recent articles that discusses all three populations describes how sanitized images of savage and servile Native Americans and African Americans were presented in a palatable way for White tourists in the 1950s; both populations presented as "marginalized others" in American society (Magelssen, 2002). An examination of historical and contemporary connections between indigenous and African Americans not only clarifies complex and frequently overlooked parts of American history but sets the stage for examining future possibilities.

The emphasis on cultural competence in the helping professions in recent years has led to numerous articles on various populations. These articles usually examine one particular cultural or ethnic group and make recommendations for helping professionals who are usually presumed to be members of the dominant society. Little attention has been paid to the dynamics between populations of color. It is useful for helping professionals to understand some of the historical relationships

between indigenous and African Americans since this history may serve as the basis for positive connections or animosities between the client and helping professional. This article begins with a discussion of selected historical intersections between these populations. The historical issues discussed—slavery, buffalo soldiers, and educational institutions—are highlighted to illustrate the complex and varied nature of contacts between these groups. Racial and cultural mixing is discussed as both an historical and a contemporary phenomenon. A few illustrations of contemporary interactions between indigenous people and African Americans highlight the ongoing, multi-dimensional nature of connections between these populations. Implications for the helping professions are drawn from the material presented.

History

Slavery

The record of indigenous people and African slaves is a mixed one. While some Native people gave sanctuary to Africans and encouraged them to run away from White slaveholders, others made a lucrative business of returning runaway slaves or holding Africans in bondage themselves (Littlefield, 1979). Common distrust of White Americans sometimes unified Africans and indigenous people. These alliances were perceived by White slaveholders as a threat to slavery (Calhoun, 1998; Carew, 1992; Katz, 1986). Some White leaders cultivated antagonism between indigenous people and African Americans to inhibit the possibility of combining their power in a unified cause. Whites created suspicion, hatred, and hostility between these two populations through methods such as employing indigenous people to find escaped slaves and using African Americans in military campaigns against Native people (Forbes, 1993; Littlefield, 1979; Purdue, 1979).

When most Americans think of slavery they think of Africans held in bondage by White Americans. Initially the slave population was Native American, for a time it was both Native and African, and as the 1700s progressed, the slave population was increasingly African (Forbes, 1993; Littlefield, 1979; Saunt, 1998). Large numbers of Native American slaves

were part of the history of the early South, especially in the Carolinas. The Native slave trade in the South reached its peak between 1715 and 1717 then declined steadily until it was formally ended after the Revolutionary war (Purdue, 1979). Both Natives and Africans came from societies where slavery was known as a transitory state with possibilities for social mobility. Although Native groups like the Cherokee had some slaves prior to European contact, these were people taken in warfare and this practice bore little resemblance to the slavery introduced by Europeans. Enslaved prisoners of war were sometimes adopted as full participants in Cherokee society (Purdue, 1979).

Early relations between Africans and Native people were often manipulated by Whites. Many African slaves became bilingual in English and indigenous languages and they were used by Whites to influence Native people, particularly in missionary work and the acculturation process (Littlefield, 1980). New England slaves of African heritage often held a negative view of Native Americans and sided with Whites during times of warfare with indigenous peoples (Katz, 1986). In Florida, however, notable alliances were formed between indigenous people and people of African heritage.

Florida became a haven for various splinter groups of indigenous people (later known as Seminoles), then Africans escaping slavery (known as Black Seminoles) (Katz, 1986; Mulroy, 1993). Since escaped African slaves knew the ways of Whites and would fiercely defend their freedom, they proved important allies for the Seminoles. They also brought agricultural skills and were able to translate between Native groups and White settlers (Mulroy, 1993). Although some Seminoles did keep people of African heritage in bondage, this form of slavery varied considerably from that practiced among the White population. Seminole "slaves" were under no supervision, lived apart from their "masters" and only paid a small annual tribute (Mulroy, 1993).

Although Seminoles provided the most well-known haven for escaped slaves, other Native nations played similar roles. The Haudenosaunee (also known as the Iroquois Confederacy) harbored so many fugitives that in 1726 the governor of New York made the chiefs promise to return all escaped slaves in

their villages. The Hurons made a similar promise in 1764 and the Delawares in 1765. Despite these promises, however, none of these Native nations returned any slaves (Katz, 1986).

In the 1700s, the growing institution of slavery with its rigid hierarchical nature was divisive for Native nations of the Southeast (Saunt, 1998). The U.S. encouraged these Native nations to increase their agricultural production as a means of becoming "civilized," thereby indirectly encouraging the growth of slavery (Halliburton, 1977). Most Cherokee were persuaded that voluntarily acculturating and accepting the trappings of European civilization, including African slavery, was in their best interest (Halliburton, 1977). Eventually all of what the Europeans called the "Five Civilized Tribes" (Cherokee, Creek, Seminole, Choctaw, and Chickasaw) adopted slavery. As mixed-blood Creeks (people of mixed White-Native heritage) came to dominate tribal politics, slavery took hold (Littlefield, 1979; Saunt, 1998). Likewise, the mixed-blood aristocracy became the primary slaveholders among the Chickasaw (Littlefield, 1980) and Cherokee (Halliburton, 1977). Full-blood Cherokees generally did not hold slaves (Littlefield, 1978).

Although the Choctaw and Chickasaw adopted slave codes similar to those in the U.S., testimony of former slaves and outside observers indicated that slavery among these groups was not as harsh and living conditions were not very different between slaves and masters (Littlefield, 1980). Cherokees, generally mixed-bloods, held more slaves than other Native groups in Indian territory and their slavery was the harshest among Native nations. Slavery among the Cherokee was more closely akin to that found in the White South. The institution of slavery continued among the Five Civilized Tribes after they were forcibly relocated from their traditional homelands to Indian Territory in the 1830s (Halliburton, 1977; Littlefield, 1978).

Defining the legal, political, and social status of African Americans in Indian territory after the Civil War was a complex issue (Littlefield, 1978). Because Native nations retained some sovereignty, former slaves of the Five Civilized Tribes were not covered under U.S. laws and therefore could not be emancipated under the 13th amendment. Further, the African Americans' struggle for rights to citizenship and a share in the tribal lands

and assets undermined indigenous sovereignty by appealing to the U.S. for outside intervention. In an attempt to resolve the ambiguous status of African Americans in Indian Territory, the U.S. negotiated the Treaty of 1866. This treaty, signed by the Five Civilized Tribes, forced the Cherokee to incorporate former slaves as full citizens in the Cherokee nation (Kelton, 1999). Chickasaws emancipated their slaves under the Treaty of 1866 but chose not to adopt them into their nation; thus, they had freedom but no rights since they weren't Chickasaw or U.S. citizens. Choctaws adopted their former slaves (Littlefield, 1980) as did the Creeks (Littlefield, 1979) and Seminoles (Littlefield, 1977). Ironically, while citizenship meant freedom and rights for African Americans it was a threat to sovereignty for Native Americans (Kelton, 1999). When reservation lands were divided and distributed under the allotment policy of the 1880s-1930s, former African American slaves were entitled to land as Native Americans (Littlefield, 1980). These former slaves benefited from the erosion of sovereignty and loss of an indigenous landbase.

Buffalo Soldiers

African Americans who fought as members of the U.S. military have come to be known as buffalo soldiers. They played significant roles in battles with Native Americans as the U.S. expanded Westward into indigenous territories. The origin of the term "buffalo soldiers" is often attributed to Native Americans of the Great Plains region who encountered these African American soldiers (Buffalosoldiers.com, 2007). The origin of the term is also linked to African American military involvement in Mexico and Texas (Mulroy, 1993).

In 1850, an alliance of Seminoles, African Americans, and Kickapoos emigrated to Mexico and settled as three separate groups. By 1861, the Seminoles returned to Indian territory but many of the African Americans remained. Some of these African Americans were persuaded to relocate to Texas in 1870-1875 and recruited as scouts for the U.S. military because of their knowledge of Native behavior. In their first major expedition, the scouts led the attack on their former allies, the Kickapoo who had settled in Mexico (Mulroy, 1993).

The scouts' second major campaign was against the

Cheyenne, Comanche, and Kiowa who left their reservations in 1874 because of grievances over lost land and decimation of the buffalo (Mulroy, 1993). The Seminole Negro Scouts or "buffalo soldiers," as they became known, played a key role in breaking the resistance of Southern Plains Native nations and forcing them onto reservations (Mulroy, 1993).

After 1870, the Seminole Negro Indian Scouts killed, maimed, imprisoned, and destroyed the property of diverse bands of Kickapoos, Apaches, Cheyennes, Kiowas, and Comanches. In so doing, they played a major role in furthering the policy that had brought them back to the United States by driving these bands onto reservations or deep into the Mexican interior and facilitating White expansion into West Texas. By 1881, the scars ran so deep that reconciliation was virtually impossible. (Mulroy, 1993, p. 131)

During the last years of the frontier era, the buffalo soldiers played a pivotal role. The 10th Cavalry was instrumental in the Geronimo campaign of 1885-86 and the 9th Cavalry and the 25th Infantry joined operations against the Lakota in 1890-91 (Stiles, 1998). Although at times Native Americans and African Americans had been allies, there is no evidence that these African American soldiers disagreed with the U.S. government's genocidal policies (Katz, 1986). Perhaps, in part, the willingness of the buffalo soldiers to take on this role in attacking indigenous people can be explained by the fact that few prestigious jobs were available to African Americans after the Civil War, making military life appealing.

Educational Institutions

For many African Americans, education has been seen as a means to achieve parity with White Americans in terms of jobs and economic standing. Although this promise has not been fulfilled, education is often seen as a positive way to strive for social integration. For indigenous people, however, education is sometimes viewed in a negative light as a means of assimilation and cultural loss. In reality, education has the potential for both positive and negative outcomes for both populations.

Although both African Americans and Native Americans

have pursued higher education through mainstream universities as well as through historically Black and Tribal colleges, less is known about joint educational ventures. Hampton Normal and Agricultural Institute was founded in Virginia in 1868 in response to the demand for educational opportunities for newly freed African Americans. Shortly thereafter, federal policy toward Native Americans shifted and a new strategy of assimilation through education, known as the boarding school era, was initiated. In 1878, Hampton began to educate Native Americans who constituted a significant part of its population through 1923 (Hultgren & Molin, 1989).

Hampton appears to have been unique in its mandate to serve both African Americans and Native Americans. Educating African and Native Americans in the same school was considered radical, and Hampton received much criticism. Some feared the African Americans would negatively influence the Native Americans and others feared it would be the other way around. Education was provided in separate, parallel programs emphasizing vocational, Christian-based training.

Although both African Americans and Native Americans lived at Hampton, the boarding school experience probably differed for these groups. While many of the African Americans were from the surrounding areas and thus able to maintain ties with their families, most of the indigenous students at Hampton were from hundreds or sometimes more than a thousand miles away. Native students were deliberately educated far away from their families and communities as a way of lessening cultural ties and encouraging assimilation.

Native boarding schools are known for their strict physical discipline and intolerance of indigenous languages and religions. Hampton, the prototype for Native boarding schools, was not quite as harsh as its successors in this respect and encouraged both African and Native students to maintain some cultural pride while adopting dominant society values. Although this is the case, Hampton still followed the motto of all Native education at the time: "Kill the Indian and save the man" (Hultgren & Molin, 1989).

Racial and Cultural Mixing

Racial mixing has existed throughout the Americas for hundreds of years, resulting in a complex mixture of indigenous and African peoples. The oversimplified classification of mestizo, or mixed-blood, as representing a mixture of White and Native has obscured relationships between indigenous and African groups (Calhoun, 1998).

The ancestry of modern-day Americans, whether of "black" or "Indian" appearance, is often (or usually) quite complex indeed. It is sad that many such persons have been forced by racism into arbitrary categories which tend to render their ethnic heritage simple rather than complex. It is now one of the principle tasks of scholarship to replace the shallow one-dimensional images of non-whites with more accurate multi-dimensional portraits. (Forbes, 1993, p. 271)

The majority of enslaved Africans were men. This population imbalance led some African men to marry or have sexual relationships with indigenous women. An additional motive for African Americans to mix with Natives was that children born to Native women were generally considered tribal members and therefore free from slavery (Forbes, 1993). Whites (especially slave owners) responded with fear to growing mixed-race Native nations such as the Melungeons in Tennessee and North Carolina, Narragansettes in the Northeast, Montauks in New York, and the Mashpee in Massachusetts (Katz, 1986).

The challenge of defining people of African heritage associated with the Seminoles (Black Seminoles) has led historians to question whether they were African Americans or Native Americans with African heritage. The Black Seminoles often lived in their own communities where they maintained features of West and Central African cultures (Mulroy, 1993). Some intermarriage took place between Africans and Seminoles, although given the matrilineal nature of Seminole culture, the offspring of Native men who married African American women remained outside Seminole society (Mulroy, 1993).

A census taken at the time of Creek removal from their traditional homeland to Indian Territory was complicated by racial mixing. Census takers were faced with questions such

as how to count a family that consisted of a Native man living with an African American wife who was his or someone else's slave. Additionally, was a half-Native, half-African American free person who kept a separate household and was married to an African American slave entitled to a reservation? Many African Americans had taken on Creek culture although they were not biologically Native American. Should they be considered Native and therefore entitled to land under federal treaties (Littlefield, 1979)? Racial and cultural mixing continues to raise questions in contemporary times. In addition to legal questions, racial mixing poses questions of cultural identity. Brooks (1998) discusses his interview with a woman in her 90s whose mother was Ute and father was an African American former slave. Although she has Navajo and Latino heritage, these roots receive little attention. Being African American and Ute are the primary factors in her identity and those of her descendants.

The Cherokee Nation continues to wrestle with questions of tribal membership for the descendents of enslaved Africans. Those of mixed African and Cherokee heritage are entitled to full citizenship in the Cherokee Nation. Based on an 1866 treaty between the Cherokee and the U.S. government which called for emancipated slaves to have the rights of Native Cherokee, some descendents of slaves without Native heritage have sued the Cherokee Nation for membership. Since the Cherokee Constitution was not clear on the rights of emancipated slaves and their descendents, a 2006 Tribal Supreme Court ruling effectively granted Cherokee citizenship to approximately 2,800 non-Native Americans. In the wake of this ruling the Cherokee government sought input from all its citizens (including the newly incorporated descendents of slaves), who by a vote of 77% disagreed with the court ruling and amended the Constitution to affirm that citizenship in the Cherokee nation requires descent from a Cherokee ancestor. Some outside observers are painting this as a racial issue. At this time the Cherokee Nation is faced with legislation aimed at cutting off federal funding unless they are willing to accept non-Cherokee descendents as citizens (Williams, 2007).

The former Miss Navajo Nation (1998), Radmilla Cody is

also a person of mixed African American and Native American heritage. She earned her title for her skill in making fry bread, butchering sheep, and knowledge of traditional Navajo stories. While some Navajos considered her a controversial representative because of her phenotypically African features, her strong grounding in Navajo culture led to her selection (Brooks, 1998). Since she completed her reign as Miss Navajo Nation she has gone on to have a successful singing career in Native American music.

Distorting racial history denies people their heritage and hurts children of color (Katz, 1986). Not only are there individuals of mixed heritage, some Native nations have significant African heritage. Only recently have institutions like the Census Bureau allowed people to identify with more than one ethnic or cultural group. Many organizations still use forms that allow people to "check one box only" when answering questions about ethnicity.

While many people are of mixed African American and Native American heritage, it is inappropriate to make assumptions about their cultural identity. Some identify with only one part of their heritage while others identify with two or more aspects. For example, in a 1943 interview, Rosa Fay, a Black Seminole living in Texas, clearly states that while she and her family have some indigenous heritage, they are African American, not Native (Katz, 1986).

Many people believe that people of mixed heritage are caught between two worlds and at home in neither. One of the most prominent arguments against "mixed-marriage" is that the children will suffer from identity crises. This belief is not always empirically supported. Maria Root has done groundbreaking work on people of mixed heritage (see for example Root, 1992; 1996). Researchers at the Tri-Ethnic Center for Prevention Research have developed an orthogonal model of cultural identification that documents it is not only possible for an individual to identify strongly with more than one culture but multiple identification can be positive (Oetting & Beauvais, 1991). This model was applied with Native youth in the Northeast and it was found some children identified with both Native and African American cultures (Weaver, 1996).

The cultural identity of mixed race people, a common subject in Native American literature and a growing topic in human services literature, has often been treated as an individual issue. While the mixed heritage discussed most commonly is White and Native, Michael Dorris' book, *A Yellow Raft on Blue Water* (1987), explores the experiences of a woman whose mother is Native American and father is African American. This novel, along with the work of non-fiction writers like Maria Root, provides important insight, yet does not address the issues of mixed race communities and nations like the Narragansettes, Pequot, and Shinnecocks. While these communities of mixed-race Native Americans, often termed tri-racial isolates by anthropologists, have been acknowledged, there is little contemporary exploration of issues of mixed heritage on a macro or community level. The contemporary existence of racially and culturally mixed Native nations is a topic that deserves more attention from researchers.

Contemporary Issues

Although there have been historical alliances and mixing between Native Americans and African Americans, no one from these groups is immune to racist attitudes. While it would seem logical that members of one oppressed group might develop a particular empathy for others who are oppressed, that is not necessarily the case. Even when members of these groups live in close proximity, they may have little understanding of each other and hold firmly to stereotypes. All too often racism becomes both internalized and institutionalized.

A few examples of contemporary interactions between Native Americans and African Americans are shared to illustrate different perspectives. "In Whose Honor" (1996), a documentary by Jay Rosenstein, depicts Charlene Teters, a Spokane woman at the University of Illinois who confronts the stereotypical images of Native Americans used as mascots. One poignant segment shows her being berated by an African American man with paint on his face and a feathered "warbonnet" who wanted her to stop her peaceful protest of a sporting event. He seemed unable to empathize with the pain she felt as a Native woman and mother trying to instill cultural pride and

self-esteem in her young children who were faced with such racist and degrading imagery. Likewise, Native Americans may hold stereotypes and prejudices about African Americans. I was saddened to hear a respected Native elder say she knew some of her grandchildren had African heritage but she didn't ever want to know about them or see them.

On the other hand, I am also familiar with contemporary interactions between Native Americans and African Americans that embody empathy and solidarity. Questions of compensatory justice and reparations have been raised for the wrongs done to both groups over time (Hill, 2002). An African American colleague with strong convictions about supporting Native people uses advocacy skills to support his beliefs with actions. He is fond of pointing out that there are deeds that can no longer be rectified and it is important to lend support to Native causes whenever possible. When a controversy between New York state and the Seneca Nation of Indians over taxation came to a head in 1997, members of the Nation of Islam stood in solidarity with Native people at public demonstrations. This visible sign of solidarity was very moving, particularly at a time when few other groups openly supported the Native American cause.

It is troubling that much of the literature, including that cited at the beginning of this article, seems to treat Native Americans and African Americans as powerless groups who are merely pawns of the dominant White society. Was it really the Whites who "turned Indians into slavehunters and slave-owners, and Africans into 'Indian fighters'" (Katz, 1986, p. 13)? Did these groups have no choice but to passively accept these roles? In contemporary times are we bound to accept the stereotypes and biases that abound in U.S. society? Much of the limited literature on African American-Native American relations has been written through the cultural lens of the dominant society, which has led to a limited perspective. While indeed, there may be instances where options for both these populations were limited by White interventions, assuming they were both powerless pawns seems overly simplistic. The example of the Seminole alliance with African Americans shows that we can indeed identify common interests and act upon them, but it is troubling to see that such alliances have broken down,

often with dominant society intervention, as noted in the historical section.

Implications for the Helping Professions

In order to effectively work with a client, it is important to understand his or her cultural identity. Assessing cultural identity should be included as a standard part of the helping relationship. Everyone experiences cultural identity differently. For some people this is an integral part of who they are, while for others it may not be as meaningful as factors such as class, gender, or sexual orientation. Helping professionals must also be aware that clients may identify with more than one culture (Oetting & Beauvais, 1991; Root, 1992; 1996; Weaver, 1996). Given the historical interactions between Native and African American groups, identifying with more than one culture may not be unusual.

While there are many calls in the human service literature to recruit more people of color to the helping professions as one way of increasing the cultural competence of the profession as a whole (Allison, Echemendia, Crawford & Robinson, 1992; Bernal & Castro, 1994; Dana, 1992), it is presumptuous to assume that all professionals of color are culturally competent. Indeed, professional socialization may lead to cultural loss and decrease the sensitivity that professionals of color have in their own communities (Ryan, 1992; Voss, Douville, Little Soldier, & Twiss, 1999; Weaver, 2000). In some cases it may be difficult for a Native American helping professional to understand an African American client and vice versa because of learned racism and colonized attitudes.

It is also important to recognize there are differences within, as well as between groups. The term Native American refers to over 500 different indigenous groups that never shared a common language, religion, or social structure. These distinctions are often still clear and many indigenous people identify primarily with their Native nation (e.g., Lakota, Seneca, Yurok) rather than an overarching label such as Native American. While most African Americans do not know their tribal origin, they are still a diverse people and within group differences should not be ignored.

An important distinction exists between African Americans and Native Americans when it comes to provision of social services. As indigenous people, Native Americans have a legal status that makes them distinct from all other groups in the United States (Weaver, 1998). While both African American and Native groups have expressed serious concerns about the number of their children that become lost in the foster care system or lose touch with their heritage through cross-racial adoptions, only Native Americans have been able to gain specific legal protections in this area under the Indian Child Welfare Act (Weaver, 1998; Weaver & White, 1999). Because of the special relationship between the federal government and indigenous people, Native clients have access to a variety of special federal programs not available to other people. Likewise, as members of Native nations, indigenous people may have access to social and health programs provided by those nations.

In the last few years several scholars have proposed Afrocentric models for the helping professions (e.g., Randolph & Banks, 1993; Schiele, 1996). While there is some talk among Native professionals about indigenous models (e.g., Hart, 2006; Voss, Douville, Little Soldier, & Twiss, 1999), such models have not been as fully explicated in the human services literature. It is interesting to note that a number of the concepts in Schiele's model (e.g., human identity is collective, spiritual and non-material components of human beings are important and valid, and an affective approach to knowledge) may well fit for Native Americans.

Conclusion

This article has discussed various intersections between Native Americans and African Americans, historically and in contemporary times, yet there is no clear answer to the question raised by my student about the relationship between these groups. There are instances where we share a history of being oppressed by others and instances where we have oppressed each other. The relationship between Native and African Americans is far from simple. While many aspects of this relationship have been studied, little of this history is common

knowledge and it is rarely discussed as a contemporary issue.

At least as important as "what has the relationship been?" is the question "what can it be?" The possibility of alliances noted throughout American history still exists, but has rarely been realized to its fullest potential. We share common struggles, including violence in our communities, substance abuse, and greater morbidity and mortality from many diseases than is found in the general population. Both groups have been the subject of medical exploitation, including the notable examples of the Tuskegee syphilis experiment on African American men and the massive sterilization of Native American women by the federal agency, Indian Health Service. We also share common strengths, including the value placed on the group as opposed to the individual, survival of hundreds of years of colonization and oppression, and a strong value of spirituality.

While our populations and cultures are not the same, we do have similarities that can be building blocks for alliances. Through coalitions we can advocate for funding to be allocated to address issues in our communities and for more attention in professional training programs to be focused on the needs of our populations. African Americans and Native Americans are not preordained to a boiling pot of animosity, with or without outside intervention. It is up to us to decide what roles we will play in the future.

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"I'm Glad you Asked": Homeless Clients with Severe Mental Illness Evaluate Their Residential Care

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Homeless clients with severe mental illness can offer considerable insight about their residential care, but there are significant methodological challenges in eliciting their service evaluations: maximizing participation, facilitating self-expression, and preserving clients' natural meanings. This study addresses those challenges and presents qualitative data residential care staff obtained from 210 clients. While clients prioritized meeting their subsistence needs, they emphasized attaining inner well-being and mutually respectful relationships, and that group services needed to reduce confrontational interactions in order to be helpful. For after-care services, clients sought sustained relationships with staff grounded in client initiative, combining respect for their autonomy with psychosocial support.

Key words: Homeless persons, consumer evaluation, residential care for severely mentally ill clients

Introduction

On a cold winter night in a large Midwestern city, the

symphony is over and people pour out looking for warm parking lots and taxis. As the brisk air hits them, they hear the sounds of an oboe, and twenty feet from the door a man sits dressed in layers of coats with a pail in front of him, playing soulfully. His pail says, "Homeless. Please help." The crowd streams around him, most passing by without looking, occasionally someone stopping and putting money in his pail, some others commenting to their friends about the man's condition. Although he is a familiar figure for the symphony crowd, no one knows who he actually is—why he is there, what is important to him, or how he learned to play the oboe.

People who suffer from the combined problems of homelessness and severe mental illness all too often represent others' greatest fears: destitution, delusion, abandonment, and being victims or perpetrators of violence. People who are the targets of fears, however irrational, are shunned; one of the consequences of the condition of being homeless and mentally ill is the loss of everyday human interchange—the smile of greeting, recognition, acknowledgement of fellowship, the respect of having one's opinions matter, or as Bogdan and Taylor (1989) said, a defined 'social place' in the human community. Guided by the values of reducing the dehumanization of this population and fostering their social place in our communities, this study compiles and reports the opinions of 210 homeless, mentally ill clients about their evaluations of and wishes for residential care and follow-up services. The clients readily shared their opinions about services, shedding light on how they experienced residential care. Many expressed appreciation of the opportunity to express their views and forge a bridge across social chasms—one said, "I'm glad you asked."

The data were gathered over the course of four years in the context of a residential treatment program in a large Midwestern city, as part of the normal process of program operation (rather than a part of a separate research protocol). Four central research questions were formulated:

1. Can homeless mentally ill clients coherently evaluate their social services?
2. What do the clients believe caused their difficulties to begin with?

3. What do the clients find helpful and not helpful about their services?
4. What services do clients believe would be helpful when discharged from residential care?

The use of client opinions as part of program evaluation has had a controversial past. Prominent social workers who founded the profession, such as Jane Addams, developed social services hand-in-hand with clients (Tyson, 1995). Subsequently, many followed Donald Campbell's (1969) proscription of client opinions from program evaluation research, believing they would amount to little more than "grateful testimonials." A resurgence of interest in clients' perspectives about social services occurred in the late 1980s, so that "by 1992 at least 43 studies on consumers' housing and support preferences were completed in 24 states and two Canadian provinces" (Tanzman, 1993, pp. 13-51). Some consumer evaluations focused on clients' opinions about environmental aspects of services, such as location and number of residents in the home (Davis & Gerrard, 1993); others addressed modalities of service provision, such as how much involvement with staff clients wanted in residential care (Tanzman, 1993).

One of the most influential consumer evaluation studies was authored by a formerly homeless person with an orthopedic handicap as well as severe mental illness, Howie the Harp (1990). A central problem in providing residential treatment Howie described was that clients had not experienced residential treatment as supporting their self-determination:

[If asked] The overwhelming majority [of homeless mentally ill clients] will answer, "In my own place," or "In a place shared with someone of my own choosing." Independent living is the goal of most people. Independence is so important that amongst the homeless are many who could be living in a board-and-care home or other "residential facility," where others make the rules and one's life is structured and controlled, but who instead have chosen the independence of the streets. Is that a real choice? The conditions in many of these facilities are horrendous, and like Patrick Henry said in colonial times, "Give me liberty or give me

death!" For many people, independent living is the only lifestyle that is beneficial; any loss of freedom and self-determination is harmful. (1990, p. 86)

Other consumer evaluation studies echoed his remarks, finding that a central problem has been that the residential care environment can stimulate regression and dependency and, from clients' perspectives, undermine their dignity and mastery over planning their futures. But from clients' points of view, self-determination does not mean isolation. Clients indicate an important element of supporting their self-determination is inclusion in communities (Lipton, 2000). They strongly prefer independent living arrangements and envision having a partner and children and psychosocial support in their picture of independent living (Tanzmann, 1993, p. 453; Thompson, Pollio, Eyrich, Bradbury, & North, 2004). Clients tend to prefer and do best in residential settings where there are moderate-to-low levels of structure and behavioral demand. They have poorer outcomes under conditions of high demand and structure, and these findings hold regardless of variations in demographic characteristics or diagnosis (Lipton, 2000; Owen, Rutherford, Jones, Wright, Tennant, & Smallman, 1996).

Less data are available, however, to understand the crisis that Howie the Harp outlined above. How does it happen that services do *not* support clients' self-determination? Outcomes sought by clients can be quite different from those identified by clinicians or researchers (Rapp, Shera & Kisthart, 1993, p. 732). Researchers found that only one of the two clinicians considered the consumers' social background and medical status when making housing recommendations, and that consumers chose independent living for themselves more frequently in comparison to clinicians' recommendations. The researchers concluded, "Housing providers should encourage clinicians to work together with consumers to identify appropriate placements" (Schutt & Goldfinger, 1996). The emphasis on improving staff-client communication has been echoed by many researchers: "Although progress has been made toward alleviating the burdens facing people who are homeless and mentally ill, collaboration among all stakeholders—especially between the mental health community and consumer

advocates—needs to be further enhanced" (Dickey, 2000). Helping clients suffering from severe mental disorders to experience themselves as actively involved in their developmental process is a cornerstone of their improvement (Davidson & Strauss, 1992), and a solid, flexible client-worker collaboration is a critical foundation for the client's well-being, as outcomes are consistently related to the quality of the client-worker relationship (Chinman, Rosenheck, & Lam, 2000; Holmes et al., 2005). Clients' perceived control over their illnesses was found to be directly related to their sense of empowerment and progress (Young & Ensing, 1999).

Potentially, improved consumer evaluations can assist caseworkers in more accurately tuning in to clients' experiences, wishes and goals, enhancing clients' experience of self-determination. Moreover, giving staff a more active role in data collection can reduce communication barriers between researchers, staff, and clients, making it possible for research to have an active impact in improving services, and also potentially improving the ecological validity of research. Research with an empowerment focus can be more closely tied to and build on the constructive processes that occur in self-help and mutual aid groups for consumers of mental health services (Nelson, 1998). By involving staff and consumers in research about their services, we hoped to contribute to developing research methods that involve social services staff and clients as active participants in evaluating and designing their social services (Laws, Harper, & Marcus, 2003; Rapp, Gowdy, Hanson, & Kisthardt, 1994).

We decided to gather data using what was customary within the CCP program—for staff to ask clients for their opinions about their services. Much research with persons diagnosed with severe mental illness occurs by researchers coming into a program from outside of any service commitment. Conceivably, research that does not interfere with or alter the process of providing care has the advantage of not requiring clients who are already suffering and frightened to conform to research protocols. In addition, data gathered in the natural course of service provision can triangulate with data gathered by researchers coming to the program from 'outside.' Because the biases associated with both research processes are different,

a combined perspective can provide a more complete understanding and improved ecological validity (Bronfenbrenner, 1979).

While the movement to incorporate consumer feedback into service planning can contribute to improving the quality of services and outcomes by strengthening alliances between case managers and clients (Dickey, 2000), from a research standpoint asking staff to elicit client opinions yields a specific kind of Hawthorne effect. As Levois, Nguyen and Attkisson point out, "by regularly involving clients in satisfaction assessment it is possible that clients will become more satisfied as a result" (1981, p. 140). Considering that the Hawthorne effect may cause clients to feel better (more empowered) or worse (more stigmatized for having a severe mental illness), a research model that empowers clients has clear advantages.

Yet another methodological consideration is the impact of the interviewer-client relationship on the data that clients can provide. A significant advantage of staff administering consumer evaluation surveys is that the data are not subject to the biases resulting from clients being interviewed by a total stranger, biases which, for this population in particular, can be considerable. For example, one client in the program refused to give staff any identifying information about himself, saying, "I don't want to participate in that research." When he eventually trusted the staff, he confided that he had been hospitalized several times in a research institute where he had had, as a research subject, experiences he had found physically painful and very frightening. It is not uncommon for socially disenfranchised persons to greet researchers whom they do not know with fear that they will be exploited or hurt, and then they are more likely to refuse to participate or to provide data that is negatively colored by their fear. One remedy for this in some consumer evaluation studies is that clients were involved in the research as interviewers and research assistants. They carried out responsibilities completely and had very high inter-rater reliability rates (Tanzman, 1993). Because we believed it was important to improve communication between staff and clients, we hoped that the consumer evaluation process would advance this programmatic goal.

Methodology

This survey (available from the authors upon request) arose out of staff's request that one of us help develop the instrument they used to help them understand the clients' points of view about services. The survey was expanded and revised considerably. Whereas most other consumer evaluation surveys have focused on client satisfaction with specific services, such as location and food quality, we wanted to see whether client satisfaction was related to clients' beliefs about the causes of their difficulties and their existing social supports, and whether clients would tell us more about how they experienced the services. The methodology for gathering client opinions was developed to build upon the work of previous researchers. We learned from one of the leading systematic studies of artifacts in community mental health center consumer evaluation research, by Levois, et al. in 1981. In that study, clients' overall well-being and painful psychiatric symptoms were significantly correlated with clients' satisfaction with services. When comparing survey administration with and without an interviewer, Levois et al. (1981) found that the interviewer-administered surveys were significantly more positive (they interpreted this to be an experimenter effect) and also had significantly less missing data. Our commitment to maximizing client participation and data clients could provide led us to continue to administer the surveys orally. We compensated for the effect of positive bias (clients wanting to please staff by reporting positive opinions) in the phase of data analysis, as will be described below. Thus, the survey data were gathered in the normal course of service provision, as part of staff's efforts to understand clients' opinions about services.

A heavily qualitative methodology has scientific advantages for consumer evaluation research with severely mentally ill and homeless clients. Knowledge about a population that is compiled based on researchers' categories and standardized instruments will be helpful for some problems, but will be missing important information about the clients' subjective experience of their difficulties, hopes, and opinions about services, in their own language. As Fossey et al. found when they conducted one of the first studies that actively

involved consumers in the research and feedback process, "Using people's own language helps to gather in-depth information and to record people's meanings authentically" (2002, p. 371). Qualitative methods allowed Rapp, et al. to: (1) capture information about service models that had not been available previously; (2) give voice to the client perspective and ensure that the model was consonant with the consumer agenda; and (3) locate weaknesses (i.e., iatrogenic consequences) of the model despite the level of achievement reflected in the outcome measures (1994, p. 392). Accordingly, data were gathered qualitatively and then quantified in the process of data analysis.

This survey was administered to all clients who had stayed in the program for more than a week and agreed to answer it over a four-year period. Clients who were illiterate were given the opportunity to dictate their responses to the staff member collecting the data. The response rate was 43%, which compares well with customary survey response rates. Client confidentiality was maintained by removing names and identifying information from all surveys before the data analysis phase. The quotes used here have been altered as needed to preserve the anonymity of the clients. The name of the program has been changed in order to safeguard confidentiality; for these purposes, the acronym CCP (Comprehensive Care Program) is used.

A combination of qualitative analysis with descriptive statistics was used to code and compile the clients' responses. Using the first 30 surveys, a qualitative coding manual was developed with several coding options for each question (the coding manual is available from authors upon request). For instance, responses to the question "What do you think caused the difficulties that led you to come to CCP?" fell into twelve categories ranging from "symptoms of mental illness" to "family problems." Since clients wrote their opinions about services in many places on the questionnaire, we included an overall coding category for whether or not the program was helpful. We refined the coding manual until there was a more than 95% agreement between coders; final inter-rater reliability of 10% of the questionnaires (seven questionnaires, 193 answer options) was 97%. Data were cleaned for accuracy of

transcription into electronic form and errors were corrected (error rate of $74/7920 = .9\%$).

Since there are important reasons why consumer evaluations are valuable for social service providers, considering the limitations of consumer evaluations and of the data in this study in particular can be an opportunity. Probably the most important limitation to consider concerns self-report as a source of data (Lewontin, 1995). Because people can deceive themselves, they can unknowingly mislead others. One way this was evident in residential care is that homeless clients diagnosed with severe mental illness filled out a standardized symptom checklist upon entering and exiting the program. Clients often reported more symptoms upon leaving than they had experienced upon entering, which caused staff considerable concern. Examining the instances where this happened, however, we found that the clients had been relatively tuned-out to their difficulties upon arriving, saying for instance that they were quite satisfied with life when they had been starving and almost frozen, living huddled under rags. Such clients, upon leaving the program, now were well-oriented, well-nourished and caring for themselves, yet said they were depressed with many life circumstances and hoped they could continue to get help with them. This example also indicates the value of in-depth qualitative case analysis—it brings to light issues that otherwise might be veiled by self-reports laden with self-deception.

A second bias in self-reports is that the need to please others can cause respondents to provide answers with systematic and semi-intentional distortions, which can be amplified if clients believe doing so will increase their income or services (Levois et al., 1981). We compensated for this bias in the coding process. A client's qualitative evaluation of services was rated as positive only if the client was enthusiastic; lukewarm positive responses were coded as neutral. Readers should be aware the downside of our compensatory coding process is that it can minimize positive findings. For instance, one client came to the program having refused all mental health care, actively hallucinating, and living in a cardboard box; he left having obtained counseling on a regular basis, choosing to live in a nearby hotel, and visiting the CCP every week. He maintained this

improved functioning without re-hospitalization for several years. Yet on his survey, he confined his positive comments about the program to, "CCP gave me a home when I did not have one..." and, "all the services are helpful none of the services stand out." Despite the outstanding nature of his clinical outcome, the coding manual's compensatory process led us to code his overall opinion of the CCP services as "neutral."

Yet a third problem with self-report is that variations in meaning can lead respondents to answer a different question than the one that was asked (Lewontin, 1995). With many trials of a survey over time, the use of reflective interviewers administering the survey, and a sufficiently large sample, often the most significant misunderstandings can be detected and corrected. Yet it would be naïve to assume that all can be found, and in fact when coding the surveys we did find an example of such a misunderstanding. The survey was designed with the question "what services did you find *not* helpful" right underneath, and formatted similarly to the question "what services did you find helpful," and it seemed in some instances that some clients checked both questions the same way (e.g., perhaps not seeing the *not* helpful and then ignoring their perception that the question was repetitive). While we did not feel we could delete those responders from the overall figures, we computed the percentage of responders who made that error (6.2%), as we thought they might have been confused by the format or length of the survey.

While an unfortunate misperception might be that homeless, severely mentally ill clients would be especially prone to misleading self-reports, it seems important to consider the question 'self-report about what?' in order to reap the most scientific benefit. For instance, Lewontin (1995) points out that frank discussions of one's sexual behavior may be especially prone to specific types of self-report bias (some derive esteem from inflating, others from deflating sexual experiences, for instance). With regard to the homeless mentally ill population, existing data document these clients' capacity to report their goals and wishes for services (Owen 1996; Schutt & Goldfinger 1996). The clients responding to our survey were consistent with this pattern in the literature. When we evaluated the coherence of the respondents' self-report, we developed codes that

were used to categorize responses that were unclear, including answers that were (a) illegible or (b) ambivalent, unclear, or bizarre in their content. Very few responses had to be coded as unclear. For instance, of the responses to the open-ended question, "Who do you have to rely on when leaving the program?" 1.9% of responses were coded as unclear. A question that could be more abstract ("Can you tell us what you learned about yourself?") resulted in a slightly higher percentage of unclear responses (4.8%). Despite their homelessness and symptoms warranting a diagnosis of severe mental illness, these clients provided meaningful and coherent answers to questions about services they received.

Findings

The demographics of the clients in the CCP program who comprised the sample for this survey correspond with those of other urban programs serving homeless, mentally ill clients. The average age was 38 years old; 64% of clients were male, and 36% were female. There were a disproportionate number of African-American clients by comparison with the general population (39%); 57% of clients were Caucasian, and 3% Hispanic. The majority (69%) said they had never been married, while 16% were divorced, 9% were separated, 3% were still married, and 1% were widowed. Most clients had no public aid or SSDI (74%), whereas 26% did have SSDI (Goodwin, 1998).

It is common sense as well as scientifically documented that the quality of social supports is critical for sound functioning, and that clients with severe mental illness often lack these supports (Marley, 1998). Knowing this, the degree to which respondents had no one on whom they could rely for support was tragic. When asked whom they could rely on when leaving the program, 54% mentioned just themselves or God; the next most frequently mentioned source of support (27%) were staff of mental health programs and support groups such as AA, and, for 9%, a therapist (36% total). Only 23% of the clients said they could count on their family, and 12% reported they had friends to count on. Recall that 26% of clients were receiving SSDI and so judged to be unable to work, so at least a third of these clients' social isolation would be aggravated by the lack

of supportive relationships that can occur in a workplace.

In sum, more than half of these clients believed they would have to leave and take care of themselves without any significant supportive relationship. More clients felt they could count on mental health staff than those who believed they could count on their family and friends. Only about a third believed they had a sufficiently strong therapeutic alliance with psychiatrists or mental health staff outside the CCP to carry them through the stress of discharge, despite the fact that a program requirement was that all clients participate in some form of psychiatric treatment. It is not surprising that discharge can be stressful for those who believe that they are, with discharge, losing the only relationships they can turn to for support.

Clients' Beliefs about Why They Needed Services

The great majority of clients did not see their lack of social support as a cause of their need for the CCP services, but instead, when asked why they were at the CCP, they identified as causes their mental illness and their poverty: 63% of clients mentioned symptoms of mental illness. Specific painful symptoms such as stress, anxiety, and hearing voices were mentioned by the great majority of those saying their mental illness caused them to come to the program. Housing problems were mentioned by 34%, financial problems and unemployment by 28%, and relationship problems (family and nonfamily, 19%) almost tied with substance abuse (18%, note that a client could mention more than one problem).

We wondered why more clients would not see the lack of supportive family as a primary contributor to their difficulties, and found this question was answered by looking at whom the clients felt they could rely on upon leaving the program: 52% of the sample mentioned they did not have human help on which to rely but instead relied on God, no one, or just themselves. One can speculate that these clients are so accustomed to trying to manage on their own that they would not even consider that relationship problems could be closely related to their homelessness: if they don't have significant close relationships in their lives, how can they have relationship problems? It is also possible that clients assumed that without

adequate relief from their psychological symptoms, and without stable housing and financial security, they could not even expect to have close personal relationships. In this regard, one client said to staff that what he hoped above all to accomplish during his residential care stay was "to find a wife."

Clearly clients who live with so much social isolation have experienced losses of significant relationships many times over in their lives. In fact, many studies of homeless, severely mentally ill clients underscore the importance of acknowledging clients' experiences of loss and their significant fear that such losses may recur if they allow themselves to become attached once more. For instance, in a systematic study of three types of case management services for homeless clients with severe mental illness, Morse found that case managers did not ask about or help clients with losses in their significant relationships as much as the clients needed. Moreover, helping clients with those losses was central to the clients' recovery:

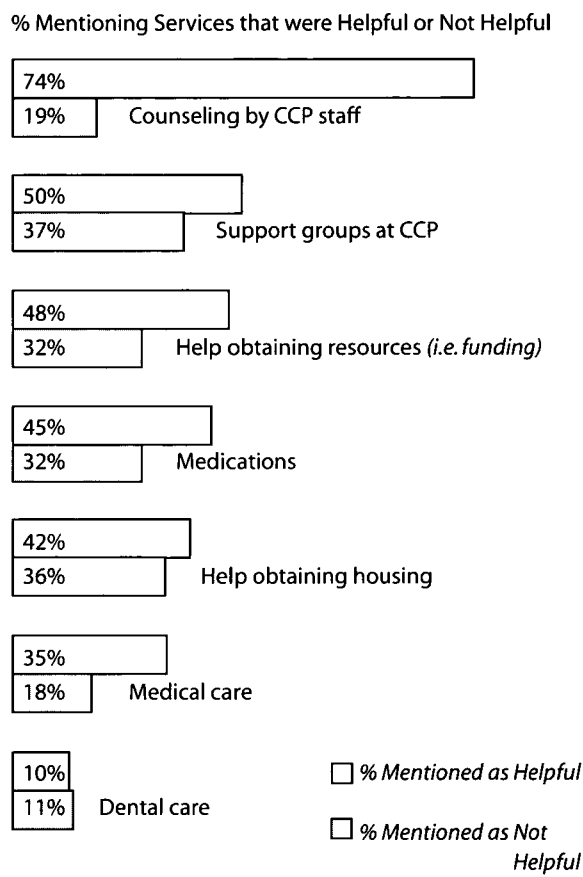
...efforts to facilitate hope and recovery must be grounded in an empathic exploration and understanding of the person's unique experiences of loss... Rather than seen as setbacks, feelings and discussions concerning losses must be viewed as fundamental—and potentially transforming—aspects of recovery. (Morse, 2000, p. 258)

Satisfaction and Dissatisfaction with Specific Services

As can be seen in Figure 1, clients were most impressed by the helpfulness of counseling services: first individual sessions, then group sessions, and then help obtaining resources and housing. Medications and medical care were lower on clients' lists of helpful services. While medication compliance is often stressed in the research literature, from the client's point of view, this is of secondary importance. The clients' emphases on supportive relationships are immediately understandable if one considers the social isolation they reported. So the support of staff at the CCP met a deeply-felt need and empowered them to obtain other needed resources. As one client said, "I am feeling better. It helps me to open up. I was in

need of everything.”

Figure 1. Clients’ Satisfaction with Services



Why Were Services Helpful and Not Helpful?

The one-to-one counseling services that the program provided were cited as helping clients make many important strides, including managing frustration, foregoing substance abuse, relieving loneliness, and enhancing self-esteem:

Table 1. Why Services Were Helpful

Category	Responses from clients
53% <i>Relationships: having someone to talk with about problems, forming friendships, feeling of community, emotional support, letting out frustration</i>	<ul style="list-style-type: none"> • "Letting out frustration in...group" • "It helps me open up" • "I really needed to discuss my feelings" • "I think the support of 1-1's are quite helpful, they give you a chance to review the day and help with the problems you may have had" • "Sometimes people help me to stop drugging" • "I really needed to discuss my feelings" • "It will help me to know that there is staff available 24 hours a day" • "So far the staff is excellent: empathetic, patient, willing to really listen, and give thoughtful feedback" • "[A staff member] has been helpful to me concerning my loss" • "It has been an immense help to know that someone cares" • "When I have anger I have someone to help me through it" • "CCP staff especially in the evenings has helped me to become more aware of what issues are bothering me" • "It's hard to put into words why counseling has helped. I just feel it does." • "When I have anger I have someone to help me through it" • "The people talk to you about your problems and you feel better afterwards" • "It is nice to have someone to talk to when your feeling lonely on the inside" • "Community meeting: We all are grown individuals from different parts (communities) in which we all must live together. These meetings limit our problems so that we become one large family."
51% <i>Practical help with budgeting, filling out public aid forms, housing</i>	<ul style="list-style-type: none"> • "I never realized I could get a public aid medical card" • "I have no insurance, funds or doctor of my own" • "Because staff takes time out to talk to a person and are trying in everyway possible to get my SSI funding" • "The housing was most important and the staff support" • "Heavy paperwork would have discouraged my persuit (sic) of funding" • "Answered questions on many forms" • "I've had a difficult time establishing a dentist and doctor on my own."
30% <i>Personal growth: increased self-reflection, self-awareness, newfound sense of hope, discovery of capacity to cope and take care of self</i>	<ul style="list-style-type: none"> • "My stay here was very helpful because I learned that I really can take care of myself" • "It helped me calm down" • "Counseling help me deal with me" • "To enable me to arrive at realistic goals" • "My therapy session is helping to start to get a better understanding of myself" • "Counseling with the staff is helping me to learn more about myself and these problems that keeps me in and out of these institutions" • "I'm learning more about myself" • "They give me a sense of hope" • "They give me peace of mind" • "It has let me know that someone understand and know (sic) there is hope. To be given another chance."
10% <i>Structure</i>	<ul style="list-style-type: none"> • "The structure and the culture of the artwork that I learn" • "I needed structure" • "All groups encourage discipline and structured living"

While the situation of homeless clients might cause many service providers to focus on helping the clients meet their basic survival needs, and while those needs are clearly important to clients (51% in Table 1), the clients believed meeting their needs for supportive relationships, self-regulation, and inner well-being were just as important as subsistence needs, and perhaps even more so. Adding together those who emphasized personal growth and those who emphasized supportive relationships, the 83% of clients who emphasized relationship factors as what was most helpful are a significant majority. The clients said they sought to improve their subjective experience—they wanted hope, peace of mind, to feel calm, to have predictability in their lives and structured, productive days, to set and reach realistic goals—and they believed the relationships with staff helped them accomplish these goals.

Our findings underscore the findings of Holmes et al.'s (2005) survey of staff about the importance of services that prioritize developing an alliance with homeless mentally ill clients rather than any one type of service modality: "A central skill in working with homeless persons is the ability to provide resources in ways that do not threaten independence, autonomy or self worth" (Holmes et al., 2005, p. 65). Our findings also support those of Oakley and Dennis (1996), who have listed the characteristics of model outreach programs: a nonthreatening approach; flexibility in services offered; repeated contact over extended periods of time; quick response to needs for food, housing, and money; and patience in motivating would-be clients to accept treatment and services.

Recall that one third or more of the clients found the groups that were supposed to help with funding, medications, and housing were not helpful (Figure 1), so we wondered why. Representative responses are presented in Table 2. Reviewing the responses that clients made to the opportunity to provide more information about why services were not helpful, we found that most clients who noted that support groups were not helpful were concerned that there was "bickering" or arguing by a few members, and they felt their own wishes to voice their opinions were overwhelmed by more aggressive members, as in the following comment: "With a few exceptions, such as a women's group and the [literature] group, I have found the

groups to be boring at best and often anxiety producing due to the prevailing hostility and antagonism between residents." Another resident said that when clients were criticizing each other in the groups, the group context did not feel "safe" as a place to share genuine feelings. Still another, who perhaps expressed her or his negative feelings in the group, seemed to regret not being able to regulate such actions and said, "The groups are very attacking of people. I start to act angry and all wound up."

Perhaps these clients do not feel able to redirect a group process so that it is more satisfying to them, and this likelihood is confirmed by comments below about the benefits people experienced from counseling. Many had felt incapable of even the most elemental aspects of relating, such as expressing their wishes and appreciating the impact of one's actions on others. Others may have acquired the defense of escalating attack to handle even a hint of conflict. These clients tell us that helping homeless, mentally ill clients to benefit from group experiences means the leader needs to maximize experiences of safety, minimize interactions group members might experience as attacking, and actively enlist all to offer their opinions diplomatically.

Since 10% of the clients said that the counseling relationship was not helpful enough with practical matters, it is important to underscore that helping clients meet basic needs forms a bridge for a satisfying counseling relationship. This finding mirrors those of others, who have emphasized that within the counseling relationship it is essential to respect the clients' priorities in meeting basic needs (Tsemberis, 2000, p. 488).

What Clients Believe They Got Out of Counseling Relationships

Recognizing the importance of assisting clients with survival needs, we also wondered about the common belief that severely disadvantaged clients are not motivated to have better relationships or improve their self-regulation. Reviews of clinical outcomes emphasize the importance of the counseling that accompanies providing for basic needs in residential care

Table 2. Why Services Were Not Helpful

Category	Responses from clients
10% <i>Inadequate help with practical matters</i>	<ul style="list-style-type: none"> • "They just gave me the address to welfare plus a letter (which probably helped)" • "Because I have not been able to find housing as of yet" • "I haven't been in communication with any housing facilities since coming to CCP" • "Because no one has actually sat down with me about budgeting or apartment hunting." • "I was not told about medical care or dental" • "Staff really didn't walk me through on a thorough basis of what were my resources. There wasn't enough patient attention" • "Basically because they did not help me rec. funding, housing" • "Had trouble in the (university) dental school when they knocked out my bridge and damaged a crown – So far no suitable housing probably because of lack of suitable low-income housing in the area" • "Medication should have been supplied by the hospital because my insurance always pays the bill" • "Help finding a job. I have not had a counseling session yet" • "Not having self-access to medication was annoying at times, especially when I had to arrange to go with staff to pick up my meds" • "I need big bucks. Bureaucrats" • "Nobody seemed to know more than I did re funding, so I had to find out more by myself. Strictness of times to take medications interferes with their effectiveness." • "I don't like the medication schedule but the medication is helping me" • "They left it up to me to obtain my own housing" • "The doctors cannot get the right meds. I do not react well to generic drugs."
3% <i>Personal growth: client clearly states that services were not helpful in fostering personal growth regarding relations with self.</i>	<ul style="list-style-type: none"> • "I have not been able to normalize my patterns of daily functioning, existence, i.e. nutrition, exercise, etc., as much as I would like to" • "Too many young people working on my case." • "Curfew / bedtime / meals/ locked fridge / locked doors. It feels demeaning" • "I found the counselors rather condescending, affrontive (sic) and patronizing" • "...the [counselors] were not kind" • "I don't get enough time with my primary worker. I feel I don't get listened to. This bothers me very much" • "Some people work well in groups, I don't" • "Low mentality of residents in general, having no common ground" • "I couldn't get in the groups. I didn't know what to say, how to follow along" • "Some of the support groups tended to be repetitive"

(continued next page)

Category	Responses from clients
2% <i>Relationships with others were in some way insufficiently supportive or conflictual</i>	<ul style="list-style-type: none"> • "Support groups exasperating" • "Insufficient attendance [in groups] due to day program" • "The [groups] end up with too much bickering" • "[Groups] one sidedness and favoritism" • "The support groups where sometimes focus on negative issues and I must add very, very instance oriented; thus they didn't see both sides of matter! Differences and dislikes" • "[Groups were] too formal" • "I have not been able to feel as if I belong here when a support group is in session" • "The 3 large groups at CCP need a complete overhaul, from bottom to top. A new concept, approach, a new manner in dealing with the whole floor"

settings: "For example, although we might wish that simply providing housing would lead to better clinical outcomes, there is scant evidence that this is so" (Dickey, 2000).

To more deeply understand what the CCP clients might find helpful in their counseling relationships with staff, we asked "do you think that your work with the staff helped you to understand yourself and your relationships better?" Although 18% did not answer this question and 11% said "no," a hefty 70% said "yes." Clients were then asked an open-ended question, "Can you tell us more what you learned about yourself?" To answer the question, the clients had to come up with their own answer in their own words. While 49% said they learned more about the problems they needed help with, 46% learned they had positive capabilities they had not known about previously—suggesting a growth in their autonomy that occurred via the supportive relationships with staff. Following are some representative comments from those two broad groups of answers, with examples from the most frequently-mentioned subcategories:

Clients were almost equally divided between having learned about their strengths (46%) and about the problems that had been troubling them (49%). When discussing difficulties they tended to use diagnostic categories that clearly had been explained to them, calling to mind the controversy about whether it is helpful or exacerbating of stigma to focus on clinical diagnosis with clients (Corrigan, 2007). A common theme in the clients' comments (included in Table 3) is the pervasive loss in their lives, especially loss of important relationships

Table 3. Two Types of Learning by Clients

Category	Responses from clients
<i>49% Learning about what one needs help with</i>	
<i>25% Learning more about one's psychopathology, problems, or unhealthy characteristics</i>	<ul style="list-style-type: none"> • "Yes, about PTSD and bipolar." • "I have a lot of anger and get mixed up easily." • "I am 37 and still depend a lot on my mother and father." • "When I'm in a closed environment I lose my sense of self-esteem." • "I was a well-functioning person before this program and realize that my problem is that I haven't had any reliable housing."
<i>15 % Learning more about one's own motives for help or recognition of need for work in certain areas</i>	<ul style="list-style-type: none"> • "I learned that there are times when I can't make it on my own and I need some help." • "I learned that I have a lot more to learn" • "That if I'm to live long and prosper, I have a long way to go."
<i>46% Learning about one's strengths</i>	
<i>12% Learning more about coping skills</i>	<ul style="list-style-type: none"> • "Learning to put things on hold." • "Help cope with problems of lonely life." • "[This program] helped me communicate with others and myself."
<i>12% Recognizing positive characteristics client previously was unaware of</i>	<ul style="list-style-type: none"> • "I'm not as bad a person as I thought I was." • "I've learned while here that I am not alone, that there are others like me too." • "That I'm a good person." • "That I'm not as sick as I thought I was." • "That it was natural to miss my husband, family, and baby I lost." • "I learned more about my inner feelings."
<i>8% Learning about one's motives for positive relationship experiences</i>	<ul style="list-style-type: none"> • "I learned that I need more friends." • "I am a little more comfortable in a community."
<i>8% Awareness of self-efficacy and self care-taking</i>	<ul style="list-style-type: none"> • "I can sleep by myself." • "That meeting my goals is not impossible if approached one segment at a time." • "That I can talk more if I want to." • "I've learned to help myself better." • "I learned how to take my medication on time." • "I learned that I can overcome my anxiety and illness." • "I've learned to be more responsible."
<i>6% A more self-reflective relationship experience, recognition of impact on others</i>	<ul style="list-style-type: none"> • "That I can listen to feedback and look at the way other people see me." • "That my actions affect others more than I was aware." • "I learned how other people see me when I relate to them."

and the loss of painful symptoms of anxiety, delusions, or depression. An important area for service providers to address is empathetic responsiveness to clients' multiple experiences of loss, which according to Morse may be neglected in

treatment planning.

...it is ironic that people who are homeless and mentally ill, who experience a multitude of severe losses, receive few inquiries or services for their issues of loss. It is rare that a shelter worker or even a mental health provider will ask about specific losses that may have occurred, or about the individual's own emotional and cognitive experience of the loss. In this way, the common social service response may further reinforce the experience of being overlooked and forgotten, inadvertently contributing to the developing sense of alienation and depersonalization. (Morse, 2000, p. 249)

With regard to the strengths that clients discovered through interactions with staff, many were poignantly simple, such as being able to sleep alone, to express oneself with others, to make friends, to affect others through one's actions, to benefit from feedback and be part of a community. It seems that the clients had come to feel that these elemental capabilities were more than they could accomplish, shedding light on a depth of despair and isolation from the human community that it is important to understand. A great many clients said that for the first time in their life they felt good about themselves and hopeful; one client summarized the comments of many, "Self-respect, esteem, that just maybe life can be good."

An overwhelming majority of these clients had a sufficiently positive experience in counseling that they valued it greatly and said they were still motivated to participate: When asked whether they would use counseling to help them when they left the CCP program, 91% said yes. While 54% of the clients said that they had only themselves or God to rely upon when leaving the program, 90% of the clients wanted some form of supportive service relationship upon leaving. Providing supportive relationships is clearly essential to the healing process for these clients, and the clients articulately expressed their preference for counseling and community support over any other aspect of service.

Accordingly, although at times the behavior of clients with severe mental illness may appear to be isolative, one can assume that clients retain a significantly powerful motive to

be involved in supportive relationships as part of the healing process. What they want corresponds with what practitioners and researchers working with severely mentally ill clients say is restorative for them: "the process of rediscovering and reconstructing an enduring sense of the self as an active and responsible agent provides an important, and perhaps crucial, source of improvement" (Davidson et al., 1992, p. 131). In addition to improving mental health, supportive relationships with service providers, family and friends are the most important factors in helping people exit homelessness and achieve psychosocial stability (Thomson et al., 2004).

Clients' hoped-for aftercare services

Discharge can be stressful for clients who feel they do not have supportive relationships to turn to and who have experienced the trauma of homelessness. Fortunately, as a way of managing this stress, the majority of clients wanted to continue the relationships with staff and other clients that they formed at CCP; when asked whether they would like to stay in touch with CCP staff or patients after leaving the program, 63% said yes. The majority of clients preferred to take the initiative in the relationship, as 71% said that they would want to be able to contact staff, again reflective of clients' wishes to maximize the combination of autonomy and support. Our next question was about specific services that clients wanted, and again the most sought-for services were those that combined maximal autonomy and a social-recreational focus with support: the ability to contact staff "as needed," being called regularly by staff to "touch base," being part of a drop-in center and going on outings. The more structured activities of an alumni group, regular visits by staff, and case management were somewhat less popular, but still sought by a substantial number of clients (43% and 36%, as in Table 4).

A possible interpretation of the clients' preferences is that they prefer those services that maximize their experience of self-determination in the context of a supportive relationship, and that are the least stigmatizing and the most normalizing in relation to society. The clients' preferences fit with and shed light on the findings from Morse et al.'s (1997) comparison of assertive community treatment with brokered case

management. More assertive case management approaches that were more personalized (with more frequent contact and a smaller number of clients per worker) were the most effective in facilitating recovery.

Table 4. After-Care Services Desired after Leaving CCP

Desired Service	Percentage
You contact staff for assistance as needed	71%
Staff calls you regularly to touch base	54%
Participate in a drop-in center	48%
Go on outings with staff and other clients	46%
Participate in an alumni group	43%
Staff visit you regularly	43%
Case management	36%

Conclusion

Despite the barriers erected by poverty and mental illness, clearly people suffering from homelessness and severe mental illness want what we all want: autonomy, dignity, inner well-being, a choice of housing, supportive and fulfilling relationships, food, shelter, and clothing. The seeming dependency of homeless persons in residential care can obscure what is, from their standpoint, a fundamental priority: the need for supportive service relationships where their dignity and autonomy (self-determination) are respected. Staff in residential treatment programs function as the major lifeline for at least two-thirds of these clients, who lack any other relationship support, and 90% of clients want this lifeline to continue when they leave. These findings suggest that the most helpful staff-client relationships are those in which clients feel listened to patiently and uncritically, helped to unburden themselves with regard to losses and frustrations they experience, and feel cared for by staff who reach out to them regularly. Clients benefit from structure that is respectful of their priorities, especially group and milieu processes safe from antagonism and conflict.

Considering the methodological implications of this study leads to the question of how one might develop a participatory model of consumer evaluation of services for homeless

mentally ill clients that a program can use on an ongoing basis. From a socio-political standpoint, consumer participation in improving services is highly charged (Goering, 1992), as questions are commonly raised about how much client input in service design and implementation is optimal. Alan Pearson, editor-in-chief of the *International Journal of Nursing Practice*, articulated this dilemma for the general population of health care service recipients when he wrote, "To date no effective model of consumer participation has been developed that satisfactorily addresses the issue of consumer involvement in health-service delivery" (Pearson, 2002, p. 67). Concerns about the validity of client opinions as a base for designing services have been expressed especially with regard to homeless, mentally ill, and substance-abusing clients, whose symptoms can seem to compromise their credibility: there is a "need for caution in adhering to homeless mentally ill persons' housing preferences" (Schutt et al., 1996). Soffe, Read, & Frude (2004) commented that mental health professionals at all levels can experience consumer involvement as threatening the professionals' autonomy and potentially reducing the scope of professional services. In one context (New Zealand), psychiatrists and psychiatric registrars were less informed and more negative about possible outcomes of consumer evaluations, suggesting that psychiatric training could actually "make it harder to recognize the knowledge and skills of service users" (Soffe et al., 2004, p. 591).

Yet the findings of this study emphasize the benefits to service providers in paying close attention to clients' evaluations of services, including clients who still suffer from symptoms of severe mental illness. Our study as well as others (Goering, 1992; Linhorst, Eckert, & Hamilton, 2005) indicate that involving consumers as evaluators and planners of the services in which they participate offers significant advantages for improving understanding of the service process, as well as for planning services that will most effectively respond to clients' concerns. In particular, supporting clients' participation in service design and planning may be a way to maximize client autonomy while also providing structure and support. Perhaps the most valuable aspect of consumer evaluations of services for program development is that they make it possible

to have a more direct connection with the universal humanity in every person, alongside the differences that can at times seem to divide us from each other.

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Book Reviews

David P. Farrington and Brandon C. Welsh, *Saving Children from a Life of Crime: Early Risk Factors and Effective Interventions*. New York: Oxford University Press, 2007. \$29.95 hardcover, \$21.95 papercover.

Criminology is a field that has long focused on prevention. Attempts to create intervention have often been built on history or ideology, rather than a careful examination of the literature. With the move to evidence-based practice in many fields, criminology has been galvanized to follow in this direction. Past research has illuminated factors that promote or deter criminal involvement among youth, but seldom has anyone examined the array of factors across the individual, family, and social contexts that impact youth behavior. Additionally, research has lacked a strong link between these preventive factors and the interventions that work to deter delinquency and later offending.

This timely and important work has brought together research on the factors that influence criminal behavior and on the interventions that serve to prevent crime. Farrington and Welsh work to disentangle past and current research on risk factors for delinquency and criminal offending, leading to their outline of a national prevention strategy. The book begins with a call to action by describing why there is a need for early prevention. This theme of action is echoed throughout the book as Farrington and Welsh make the case for the need for a national strategy.

The first part of the book reads as a well-documented, detailed research review of the current literature around risk factors for offending. This section is separated into chapters which focus on individual, family, and socioeconomic, peer, school, and community factors. Each chapter details the state

of research on how elements of these factors promote or deter criminal involvement. The evidence reviewed in this section suggests intelligence, educational attainment, personality, impulsiveness, and temperament are the key individual risk factors, while a criminal parent is the strongest family factor. Low socioeconomic status, delinquent friends, and living in a resource-poor area are community and social level factors associated with risk.

The second part of the book is a careful examination of prevention strategies that have been tested. Chapters in this section focus on individual, family, and peer, school, and community prevention strategies. Preschool enrichment, child skills training, parent education plus daycare, parent management training, and school-based programs were effective interventions for reducing crime. Other interventions, including home visiting, mentoring, and peer-based programs require more research to understand their effectiveness.

The final section of the book is comprised of one chapter, in which the authors outline their national prevention strategy. Based on the findings in the previous sections, their strategy outlines five key factors on which the U.S. federal government needs to focus. They emphasize the need for a vision which they believe should be that early prevention of criminal behavior saves lives. The strategy includes risk-focused, evidence-based prevention strategies and incorporates prevention at the local level. They suggest the establishment of a National Council on Early Prevention. Lastly, the strategy suggests using the *Communities that Care* model which was developed in the early 1990s. This last chapter lays the groundwork for a national strategy rooted in the research work outlined in the earlier sections of the book and has tremendous implications for this field. It takes the seemingly impossible task of overcoming the risk factors and creates a simple but comprehensive strategy to address them.

Although the book's strength lays in its comprehensive outline of studies of risk factors and prevention strategies and in providing readers with the national strategy, its weakness is that it leaves readers wanting more. Readers have been engaged in almost a compendium of the major studies of risk and prevention of criminal involvement for over 150 pages,

but when they finally arrive at the conclusion, there are only 15 pages to guide the creation of a new national strategy. The strategic vision could have been described in a book unto itself. Additionally, providing readers with a more thorough analysis of the strengths and limitations of the present body of research would have strengthened the book's place as a meta-analysis. In spite of these limitations, the reader can take away an understanding of the research in crime prevention and begin to see the links between prevention and intervention. Perhaps this is the beginning of turning the ambitious vision of a national strategy on crime prevention into a reality.

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Clem Brooks and Jeff Manza, *Why Welfare States Persist: The Importance of Public Opinion in Democracies*. Chicago, IL: University of Chicago Press, 2007. \$45.00 hardcover, \$18.00 papercover.

What future does the welfare state have in an increasingly interdependent and unpredictable world? Is there any remaining evidence that growth in social provision is an inevitable accompaniment to modernization in the developed democracies of North America, Western Europe, Australasia and Japan, as was once widely believed? Will there be convergence of social provision among these countries and, if so, will it be upwards towards the Scandinavian model, downwards towards the U.S. example, or something in between? Could there be divergence, with some countries becoming more generous in the share of GDP devoted to social expenditures while others rely increasingly on the private market to address the income security, medical, educational and other social welfare needs of their citizens? These are enormously important questions, of course, since there is abundant cross-national evidence that the higher the percentage of a given country's GDP devoted to social welfare expenditures, the lower the levels of inequality and poverty that exist in that country.

The authors of this well-written and thoroughly-

documented book take us on a detailed journey through the historical development of theory and research on welfare states over the last half century, paying particular attention to comparative international dimensions. They bring an abundance of data and sophisticated analytical techniques to bear on the challenging task of teasing out the reasons why different countries and categories of countries which share certain key characteristics differ in the level of welfare effort—that is, the percentage of GDP—they invest in ensuring the well-being and life chances of their citizens.

Among the interesting findings flowing from the authors' analyses is rejection of the long-held belief that the performance of a country's economy has the greatest impact on public opinion about the need for social welfare services and the consequent introduction of policies that reflect that opinion. Changes in a country's political leadership also turn out to be less salient than one might expect. In addition, the findings of this study challenge the views of those who have concluded that the public is too inattentive or ill-informed about critical issues to influence public policy-making in a rational or predictable fashion.

While acknowledging that a complex set of factors influences policy-makers to maintain, increase, or cut back their countries' investment in social welfare benefits and services, Brooks and Manza present a convincing case in support of their central thesis that long-held social values, group memberships, political affiliations and collective memories have resulted in "embedded preferences" in specific countries and in clusters of countries with similar histories, values and traditions. These embedded preferences are consistently expressed through mass opinion polls which cannot be ignored by political actors and, in fact, are reflected in candidates' electoral campaign platforms and in the policies supported by public officials once elected.

Especially significant is the stabilizing impact of these embedded preferences on a country's level of welfare effort over time, regardless of the economic, political and other changes that have occurred in that country. For example, the countries classified by welfare scholars as the "social democracies" (that is, the four Scandinavian countries) which have a strong

tradition of high investment in social provision—collectively, almost twice the level of the U.S.—have sustained those levels of welfare effort in spite of the immense increase in prosperity and other significant changes they have experienced over the last fifty years. The other European cluster which have been characterized as the “Christian democracies” (Austria, Belgium, France, Germany, Italy, Switzerland and the Netherlands) are more mixed in their reliance on public and private resources, but they too have maintained a consistent and relatively high level of welfare effort over time and, contrary to expectations, have converged towards the higher levels of social investment in that category. The remaining ideal type, the “liberal democracies” (Australia, Britain, Canada, Ireland, New Zealand, and the U.S.), have consistently remained at the lower end of the welfare effort continuum.

What does this mean for the future of the welfare state in the world’s developed welfare capitalist democracies? The authors are appropriately cautious about predicting future trends. However, their findings speak for themselves and the implications are pretty clear. The stability or inertia created by mass public opinion, based on embedded preferences, seems likely to continue to ensure relatively high levels of social provision throughout Western Europe, despite the pressures created by international economic events and other exigencies. At the other end of the spectrum, the liberal model exemplified by the U.S. is also likely to persist. This is certainly not comforting for those who would like to see poverty and inequality eliminated or at least reduced in the U.S. If there is any good news to be taken from this instructive book, it is that public opinion *does* impact social policies in democratic societies and, as is certainly the case in the U.S., public opinion can change quickly and dramatically. In the past, our country’s embedded preferences gave way to the reforms of the Progressive Era, the New Deal and the Great Society when events demanded change. It could be argued that such a change is overdue.

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Vilna Francine Bashi, *Survival of the Knitted: Immigrant Social Networks in a Stratified World*. Stanford, CA: Stanford University Press, 2007. \$21.95 papercover.

Every immigrant family has a story of survival; every ethnic immigration group endures an era of struggle, oppression, and for most, eventual success. West Indians represent a particularly fascinating case. Because they are, in American racial terms, blacks, West Indians highlight the critical role that race plays in the U.S. immigrant experience. Because many West Indian migrants remain closely tied to their home societies, their experiences underscore the role of transnational processes and practices. Unlike previous scholarly efforts that focus on race and ethnicity, Bashi's book, in providing a broad view of West Indian migration to the United States, Great Britain, and Canada, draws on a variety of theoretical perspectives and examines West Indian immigrants' social networks.

In exploring two immigrant networks in New York and London, Bashi offers important insights into the mechanisms of West Indian immigrants' social network. What is the structure of the network? What functions have hubs (veteran immigrants) played in the process of migration and settlement? To what extent do these hubs control the social capital that shapes the migration experience of new immigrants? How do these networks respond to racist immigration policies? How have the dynamics of social networks allowed West Indians to distance themselves from negative racialization? In her description, West Indians' social networks have a unique hub-and-spoke structure that plays an important role in mitigating the difficulties of immigration. The "hubs" guide the "spokes" (new immigrants) across the border, showing them preferred legal routes and even sponsoring their entry. More important, these networks serve as financial safety nets and sources of key cultural, economic and political information. Hubs can provide temporary housing and financial assistance, arrange employment opportunities, and continuously help new arrivals with a range of needs, from housing to social supports.

Compared with other ethnic networks that also help new immigrants navigate immigration and social systems, such as the family-friendship networks of South Asians, the

daughter-community networks of Mexicans, and the entrepreneurial networks of the Koreans and Chinese, the uniqueness of West Indian social networks, as detailed in the book, is the amount of social capital controlled by hubs which carefully select which immigrants are to be assisted and which therefore expect reciprocity in terms of work ethics and the preservation of cultural values. The author believes that the uniqueness of West Indian social networks has resulted in successful immigration experiences—a high degree of labor market integration, educational and credential attainment, upward mobility, and ethnic-racial solidarity. As a result, while immigration policies in the U.S., U.K. and Canada reflect anti-black (or anti-people-of-color) sentiments, West Indians continuously migrate to and settle in these Western countries, because strong internal networks lower the social, economic and emotional costs of migration. The author's insights and in-depth details of West Indian social networks are compelling; they enhance understanding of the relationship among immigration, race/ethnicity, family and community, and discrimination.

As the book investigates immigrant social networks in the context of racially stratified societies, chapters seven and eight raise doubts about the extent that the West Indian's social networks can protect immigrants from racial stratification and prejudice against not only people of color, but immigrants in general. Opportunity saturation limits a hub's ability to bring in spokes and therefore the volume of migrants and the size of the network. Social capital embedded in the networks by and large is a bonding social capital; since social capital is highly controlled by the hubs, this limits the network's ability of developing bridging social capital, such as access to community leaders and decision makers. Also, because the networks are hub-centered, their protection is subject to each hub's response to systematic discrimination in Western societies. These limitations would seem to make it difficult for networks to create a haven free of racism, even temporarily, as the author implies. While social networks greatly help immigrants cope with a racially biased and stratified society, the protection provided by social networks might come from new immigrants' psychological resilience, rather than prevailing social realities.

In addition, the author states that the success of West Indian

immigrants makes it possible for West Indians to differentiate themselves from African Americans, and therefore distance themselves from the "negative" racial stereotyping of blacks in the U.S., which helps to strengthen West Indian ethnic solidarity. But it is doubtful that increased ethnic solidarity helps West Indians to be incorporated into a racially stratified society.

Learning from the experience of Chinese immigrants in the U.S., the success of a small section of Chinese "model minority" immigrants, who have excelled in education, employment, social status and social integration, overshadows a large group of Asian immigrants who have not been economically successful. The experienced success has not prevented a conservative backlash in welfare and educational policies. As Chinese Americans strengthen their ethnic solidarity, due to their unique immigration history and distinguished role in a series of anti-oppressive battles with the American legal and social systems, they are also seeking pan-ethnic solidarity in order to resist institutional oppression and change the status quo that tends to exclude Asian Americans from mainstream society.

For West Indian immigrants, their success in the new country is phenomenal, which is attributable to the social networks. However, in a racially stratified society, immigrants of color have been and will continue to be discriminated against until institutional changes are made to eradicate racism or ameliorate its effects on people of color.

Qingwen Xu
Boston College

Risa L. Goluboff, *The Lost Promise of Civil Rights*. Cambridge, MA: Harvard University Press, 2007. \$35.00 hardcover.

This book adds to the voluminous body of literature on civil rights and the civil rights movement by analyzing labor force litigation, which has taken a backseat to education litigation and the 1954 *Brown v. Board of Education* decision. Civil rights advances have heretofore been largely chronicled in relation to education in the post-Brown era and litigated on the basis

of the 'equal protection clause' of the Fourteenth Amendment of the Constitution. Labor litigation from the 1940s onward is described as having a different Constitutional emphasis—an emphasis which focused primarily on involuntary servitude and the Thirteenth amendment. Collective bargaining-related litigation focused on the First Amendment and the right to protest.

Written by an accomplished legal historian and scholar, this book chronicles pre-*Brown* labor litigation based on research of primary source documents, such as letters of complaints from African American workers sent to the NAACP Legal Department and the Civil Rights Section of the United States Department of Justice, related communications and, of course, early case law. Previously published award-winning journal articles are also used to inform the book's contents.

Risa Goluboff is an authority on civil rights and a contemporary advocate for social and economic justice, and the book reflects this perspective. Historically, the author reframes existing interpretations of the evolution of civil rights and offers an interesting reconstructive history of the civil rights struggle. Jim Crow laws have been treated as a form of state-mandated segregation laws and customs. However, Goluboff discusses Jim Crow as a form of economic exploitation which involved the public and private sector, and other geographic areas of the nation as well as the South. Instead of describing civil rights history in the context of the *Brown* decision, she develops a timeline which begins with a focus on the early labor rights complaints in the 1940s after the passage of New Deal legislation, when African American agricultural and domestic workers in the South were seeking redress for unfair and poor treatment in the labor force. She then moves from the complaints about the mistreatment of agricultural and domestic workers to industrial workers in the North of the country. In the pre-*Brown* period, the work of the Civil Rights Section (CRS) of the Department of Justice tended to focus on African Americans who were the worst paid and in the worst jobs, and emphasis was on preventing their return to involuntary servitude and slavery type or work conditions.

The book is introduced with a descriptive account of African American agricultural workers in the 1940s who were

transported to Florida to cut sugar cane for good wages only to learn that they had to pay for tools to cut the cane and make other purchases which created a sharecropper-like debt with the employing company. These African Americans were lured to Florida by flyers for 'colored workers' designed to help the unemployed obtain work and were distributed by the United States Employment Service. The 'slave camp' conditions as described in complaints from African American workers provide a poignant backdrop for Goboluff's presentation of the historical development of the civil rights of labor litigation.

Prior to the 1950s and beyond, both agricultural and domestic workers in the South wrote letters of complaint to the CRS and the NAACP Legal Department describing horrible labor conditions, poor living environments, poor wages, violence, and entrapment in employment situations. These African American men and women did not enjoy the benefit of the economic protection of New Deal legislation. African American workers in the country's industrial areas were either excluded from unions or paid segregated union dues resulting in differential privileges. Unlike the CRS (primarily white attorneys), the NAACP (primarily African American attorneys) dealt with such complaints from the private perspective, but was limited in effectively pursuing civil rights for these low-wage African Americans. Different types of labor cases were taken to court by the two groups, but both groups were trying to develop a Constitutional framework for civil rights litigation. The CRS also had a goal of securing more universal labor rights and understood civil rights more in this context. The NAACP became more effective with *Brown* and litigation focused on protection from the psychological harm of segregated education and equal protection. A new paradigm for civil rights litigation was created. As a result, collective bargaining and economic rights and the Constitutional framework for protecting economic rights became uncertain. The identification of racial equality as definitive criteria for understanding and litigating civil rights was initiated with *Brown* and a more linear approach to litigating civil rights based on the Constitution was instituted.

Although the book is something of a challenge for the non-legal scholar, it is well researched and documented and is filled with information, historical details, and case law. New

dimensions are added to our understanding of race and equitable treatment, and to our contemporary understanding of civil rights and the concept of Jim Crow.

Wilma Peebles-Wilkins

Brian Adams, *Citizen Lobbyists: Local Efforts to Influence Public Policy*. Philadelphia, PA: Temple University Press, 2007. \$71.50 hardcover, \$25.95 papercover.

In the context of growing concerns about the democratic deficit among citizens and the legitimacy and responsiveness of public institutions, political scientists and other scholars are giving renewed attention to citizen involvement in public policy. By participating in policy development, citizens can potentially influence policy issues and decisions, thereby promoting government responsiveness and accountability. However, as the trends outlined above continue, fewer individuals will likely become involved. This non-involvement by citizens can limit the scope and quality of the information utilized in policy formation, which can ultimately result in unresponsive, ineffective policy decisions. If the potential of participation is to be maximized, its practice must be transformed. Given current trends, examining empirical cases of participation is an important part of this transformation, especially analyses that shed light on the factors that contribute to participation. Further, to be most useful, these investigations must approach participation as multidimensional and complex. Considering both citizen- and state-initiated participation is part of this analysis; the tendency in the field is to examine one or the other.

Adams' work makes an important and accessible contribution to understanding participation by providing a comprehensive analysis of citizen involvement in local policy processes in Santa Ana, California, specifically participation in city and local school board policies between 1990 and 2000. Focusing on citizens who were "active" policy participants, Adams examines the characteristics of the policies in which these citizens were involved and then documents the activities they used to achieve their political objectives. He explores these dimensions through interviews with these citizen participants, minutes of

public meetings, and media reports.

Adams finds that the policies generating high public involvement in Santa Ana tended to directly impact citizens and that the potential impacts were clearly comprehensible. Underpinning directness and clarity are the length of the policy chain and the method or tool used to accomplish the policy aim. In particular, both directness and clarity were strong in policy cases characterized by short policy chains and policy tools that directly affected citizens. Three other factors are identified concerning the policies citizens tried to shape. First, policy entrepreneurs, those who promote interest and encourage participation on an issue, can influence engagement by providing citizens with opportunities to get involved. Second, local newspapers do little to encourage participation. Third, issues centering on the "fault lines in society" (i.e., social conflicts) can engender participation, but they do not necessarily do so in all cases. In Santa Ana, citizens' urban visions for their city (e.g., a cosmopolitan city versus a working class city) produced high participation, particularly when policy decisions required high trade-offs between visions. But policy issues that were focused on race, such as affirmative action and profiling, did not generate high participation.

In terms of the activities that "active" citizens use to accomplish their political goals, as suggested by the book's title, this study finds that involvement in local policy matters resembles lobbying. Behaviors such as attending public meetings, directly contacting elected officials and/or government staff, organizing other citizens and networking, and other lobbyist-like tactics were common. Within these lobbyist activities, interpersonal relationships and social networks are central, so much so that Adams identifies social networks to be a "political resource." Similar to traditional lobbyists, Santa Ana's citizen lobbyists generally attempted to persuade officials, but they employed pressure tactics when needed. As part of this analysis of political activities, unlike other literature on public meetings, Adams concludes that this participatory mechanism offers significant value to citizens in their efforts to influence public policy, such as the opportunity to provide important information as well as build and maintain relationships. Public meetings essentially are useful precursors to public

deliberation and problem solving.

This book helps to advance knowledge of participation. Explaining patterns of participation by examining the characteristics of the policies in which citizens become involved is extremely unique and insightful; questions concerning who participates remain common in this field. The in-depth nature of the study—especially its theoretical grounding, the provision of methodological rationales, and the successful integration of both quantitative and qualitative data—is an extremely positive quality. Adams' attention to common themes and their exceptions makes the complexity of participation come to life.

Problems also exist. In the final chapter, Adams sets out on the important exercise of assessing the contributions that "citizen lobbyists" make to local democracy. He argues that this mode of participation benefits citizens themselves and does little to advance the broader policy-making process. According to Adams, this approach and the tendency to focus on narrowly defined issues (i.e., those with direct and clear impact) do little to enhance public problem-solving. Two issues surface here. First, there is a tension between this conclusion and the findings related to the value of public meetings. Second, to make such a claim requires documenting the perspectives of policymakers and public administrators, which is not part of the current analysis. The absence of these perspectives leaves the empirical basis for this conclusion unstable and incomplete. Regardless of these concerns, this book does make a considerable contribution to understanding participation and has the potential to enhance efforts to improve participatory policy analysis.

Michael Woodford
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Anna R. Igra, *Wives without Husbands: Marriage, Desertion, and Welfare in New York, 1900-1935*. Chapel Hill, NC: University of North Carolina Press, 2007. \$19.95 papercover.

The marriage promotion, child support, and responsible fatherhood measures contained in mid-1990s welfare reform have been the subject of much scholarly debate. Anna Igra

in her book, *Wives without Husbands: Marriage, Desertion, and Welfare in New York, 1900-1935*, tells us that there is a long history behind recent state attempts to promote marriage as an anti-poverty tool. Igra focuses her analysis on the fertile terrain of Progressive Era America. A large body of scholarship addresses Progressive Era intervention into family life and gender arrangements. Much of this work examines the ways in which turn-of-the century maternalist reformers related to women as mothers, and, to a lesser extent, as wives. Igra's history extends this body of literature, revealing how an emerging welfare state approached men as fathers and husbands. In this sense, Igra tells us about the Progressive construction of manhood and the institutionalization of this definition through welfare policy.

Igra's story considers an understudied but influential sector of welfare provision, Jewish charities in New York. While much historical work investigates Protestant and Catholic charities of the period, Igra shows us how Jewish cultural norms and assimilatory desires led to formation of the National Desertion Bureau (NDB), sponsored by the National Conference of Jewish Charities. Relying on an analysis of 300 case files from the NDB, Igra describes how Jewish charity leaders, often of German ancestry, set their sights on ensuring that the vast numbers of immigrant Jews from Eastern Europe would assert a respectable presence in their new homeland. The founders of the NDB believed that the specter of Jewish poverty, and Jewish family breakdown in particular, would fan the flames of anti-Semitism. Desertion constituted the "poor man's divorce" and the NDB was charged with locating and returning errant husbands to their families, thereby avoiding Jewish dependency on welfare. Ironically, Igra argues, in their desire to limit Jewish dependency on the state, Jewish anti-desertion efforts actually increased state intervention into Jewish family life.

Igra's historical analysis takes up the question of the family wage. Desertion policy provided another avenue for Progressive reformers and a nascent welfare state to impose an industrial family wage structure on the poor. Her evidence suggests that immigrant Eastern European Jews arrived on America's shores with an established history of female wage earning within marriage and motherhood, as well as an

alternative ideal of primary female breadwinning among Talmudic scholars. Thus, while Jewish reformers understood male breadwinning as an essential component of assimilation, Jewish immigrants did not embrace this model without ambivalence. Igra's cases demonstrate how both husbands and wives rejected male breadwinning: husbands through their desertion and refusal to pay alimony and child support, and wives through their preference for their own employment or that of their children over involvement with the NDB.

Igra discusses the NDB and desertion policy in relation to other reform initiatives, most significantly the birth of mother's pensions and domestic relations courts. As Igra details, desertion was a central focus in turn-of-the century debates over mother's pensions. Both advocates and opponents worried that the stipends would encourage desertion and thus deserted women, like never-married mothers, were typically disqualified from assistance. Relatedly, reformers at the NDB participated in the development of legal mechanisms to prosecute abandonment and enforce support, including the development of domestic relations courts that brought together welfare and legal systems. Igra reveals how reformers, through creation of this socio-legal bureaucracy, sought to guard against rising relief rolls and diverted women to the courts. This bureaucratic entanglement ultimately did little to assist deserted women and their children. The NDB was often successful at locating deserting husbands but, as often remains true today, it was very difficult for the courts to enforce support orders.

Igra's convincing analysis, delivered through engaging prose, is a significant contribution to the study of gender and the American welfare state. The work's primary weakness is that Igra fails to consider desertion policy within the larger context of men's relationship with the welfare state, a perspective that could have deepened her argument. Perhaps the main lesson of Igra's work is that over 100 years later, we continue to rely on a historically unsuccessful strategy, now revamped under the guise of welfare reform in a postindustrial economy, to address the issue of family and child poverty.

Laura Curran
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Book Notes

Sumantra Bose, *Contested Lands: Israel-Palestine, Kashmir, Bosnia, Cyprus and Sri Lanka*. Cambridge, MA: Harvard University Press, 2007. \$27.95 hardcover.

Despite the amazing achievements of modern science and technology and reductions in the incidence of global poverty, ill health and other social ills, the perpetuation of conflict based on religious, cultural and ethnic difference continues unabated and seems to be particularly intractable. Although conflicts of these kinds have claimed millions of lives and are widely condemned, hardly a month goes by without some new conflict erupting somewhere in the world. Tragically, these conflicts inevitably involve the mass destruction of property, the displacement of hundreds of thousands of ordinary people and the maiming and slaughter of innocents.

In this informative book, Bose documents conflicts in five regions of the world that are specifically linked to territorial disputes. The contested lands he discusses are Israel-Palestine, Kashmir, Bosnia, Cyprus and Sri Lanka. Of course, the issue is not territory as such, but rather the association between territory and identity. Rooted in tradition and belief, the struggle for land is inextricably linked to culture, language and religion. It is also rooted in economic realities and in social relationships and power structures.

Bose has an extraordinarily sensitive and in-depth knowledge of each situation. He not only analyzes the cultural, linguistic and ethnic dimensions of each situation, he also describes the historical evolution of each conflict in depth and pays attention to the personalities and movements on both sides of the struggle. Although the attachment to land is related to an understandable historic sense of ownership and cultural identity, it is also manipulated by political entrepreneurs. Sadly, the attachment is characterized by a common turn to violence.

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The bulk of the book is concerned with the historical, cultural and political dimensions of these conflicts. These are analyzed in great depth and offer an incisive yet extremely readable account which will serve as a useful summary for anyone wishing to know more about each situation. The author is also able to offer a balanced view which dispassionately examines the positions on each side yet does not shirk from exposing blatant injustices. However, the best part of the book is its introduction, which provides a general analysis of the cause of conflicts involving land as well as the best means of addressing them. Although Bose recapitulates some of these general principles in the book's conclusion, a more extensive exposition would have been helpful, especially with regard to the issue of how these conflicts can be managed and resolved.

Bose argues that solutions that transcend a zero-sum strategy must be found and that they must be found quickly. Currently popular incremental approaches, he argues, seldom work. In addition, success is most likely achieved through third party engagement, particularly by powerful intermediaries. He shows, for example, how the Palestinian issue has been left to fester because of a lack of decisiveness and determination by successive American presidents. He also sees merit in consociationism and the use of "soft borders" between disputed territories. Although it is a pity that Bose did not discuss these and other strategies in more detail, it is to be hoped that future publications will develop these insights and form the basis for effective interventions that can address the deadly conflicts which continue to plague the modern world.

James Midgley, University of California, Berkeley

Lena Dominelli (Ed.), *Revitalising Communities in a Globalising World*. Burlington, VT: Ashgate Publishing, 2007. \$114.95 hardcover.

Globalization, a term which covers a wide range of political, economic, and cultural movements, has become a fashionable catchphrase in recent political and academic debate.

In the current offering, Dominelli and her colleagues provide a social justice perspective to address the opportunities and constraints of globalization on human development within the realm of the social work profession.

In the introduction, Dominelli argues that *globalisation* (English spelling) is more than an economic force—it is a socio-political and economic form of social organization that has penetrated the everyday life of inhabitants all over the world. Expressed by neoliberalist ideology (which is defined as the transfer of the economy from the public to private realm) and endorsed through policies of structural adjustment, globalization has promoted capitalist social relations worldwide. The process has altered cultural perceptions, posed serious issues for communities, and has created a collective challenge to the social work profession to address concerns at multiple levels.

The book is divided into three parts: theory, practice, and education. Part one includes six articles which focus on theories of globalization and communities. The first few articles explore how globalization has redefined communities, changed boundaries, and fused cultures between and within communities. Through a system which favors capitalist social reforms, the process has resulted in the creation and reinforcement of class distinction, social exclusion, and oppression. Additional articles explore how the collapse of boundaries between professionals and communities has impacted the dialogue within and about the social work profession. The section ends with a case study of South Africa's attempt to develop a social welfare system within the neoliberalist framework and an exploration of collective action in social movement practice.

Part two includes 14 articles which investigate practice examples of how different groups of people or communities have responded to the challenges of globalization. Articles include a feminist perspective of how women organize for social change, the failure of collective action in impoverished communities to affect policy formation, and a discussion of how globalization attempts to dictate conditions of change which neglect the needs of the people. Additional articles explore the strengths and challenges of microfinance to eradicate poverty and the development of social structure in Croatia with a focus on non-governmental organizations (NGO's). The section ends with

an investigation into barriers for empowerment of indigenous persons, the catalyst and effects of migration in Ethiopian, Sweden, and Jamaica, and the impact of aid on local rebuilding in tsunami-affected countries

Part three includes six articles which investigate social work education at both the national and international levels. The primary focus is the exploration of how, through increased education and training, social workers can be better equipped to practice in globalizing communities. Articles include an exploration of social work responses in situations of national disaster, child trafficking, and work with indigenous persons. The section ends with an exploration of international social work and the need to create a global professional community which is sensitive to local knowledge and diversity.

While the information presented is interesting and timely, the scope and flow of the included literature makes it difficult to grasp the unifying message. But maybe that's the point. Globalization is a multifaceted and challenging topic that has yet to be fully explored or understood within a social work perspective. The social work profession is just beginning to grapple with intricacies of affect and how the profession can adapt to address global concerns. While specific answers are not forthcoming in this text, it does present an overview of important questions in which to begin an earnest discussion.

Kristine Frerer, University of California, Berkeley

Gardenia Harris, Bernard Ivan Tamas and Nancy S. Lind,
Dynamics of Social Welfare Policy: Right versus Left. Lanham,
MD: Rowman and Littlefield, 2007. \$80.00 hardcover;
\$39.95 papercover.

Although it may be true that there was a general consensus about social welfare issues in the decades following the Second World War, and that politicians of different political hues recognized the need for government intervention in social welfare, debates about these issues are now sharply polarized. Today, as the nation's policymakers seek to formulate legislative responses to the pressing problems of the time,

differences of opinion on the role of government and on social and moral issues are now vociferously expressed. While liberals in the Democratic Party continue to espouse traditional progressive causes, Republicans on the right argue either for minimal government intervention or for more statutory regulation of peoples' behavior and moral beliefs. Although the pendulum appears to have swung to the right in recent years, clear differences between these two factions are maintained.

The authors of this informative book have compiled an interesting collection of excerpts from Congressional debates as well as speeches by Presidents Clinton and Bush that exemplify these differences. Their intention is to make available to students studying social welfare policy, primarily at schools of social work, contrasting viewpoints on a large number of important issues. These are grouped into ten themes ranging over topics such as poverty, the economy, health, criminal justice, child welfare, education, housing, aging and civil rights. Each theme is divided into subtopics and excerpts that demonstrate the contrasting viewpoints of liberals and conservatives. For example, the theme of poverty, which is covered in the book's first chapter, has sections on the TANF program, inequality and the concentration of wealth, food stamps and homelessness. Similarly, child welfare is broken into child care funding, the 1997 Adoption and Safe Families Act, and interracial adoption. In addition, the authors provide a brief introductory commentary on each topic and append a useful reading list which students can consult.

The authors are to be commended not only for coming up with an innovative idea but for compiling an informative collection of excerpts that clearly reveal the differences between liberal Democrats and conservative Republicans. Apart from one or two unusual categorizations, such as including Social Security under the chapter on health, and again in the chapter on aging, the excerpts are well organized and the material flows nicely. Many of the excerpts are taken from actual speeches and provide interesting insights into the way policy makers on both sides of the ideological spectrum argue their respective viewpoints. It is important that social work students—particularly graduate students—understand how complex issues are analyzed from different normative perspectives and how

policy proposals reflect different ideological tendencies. The book is a helpful resource and should be widely prescribed.

James Midgley, University of California, Berkeley

Rodney E. Hero, *Racial Diversity and Social Capital: Equality and Community in America*. New York: Cambridge University Press, 2007. \$58.00 hardcover; \$19.95 papercover.

Where do I belong? This is a question that many human beings have asked themselves as they form their social networks and adjust their lifestyles to community living. This question underlies many attempts to explain social phenomena and particularly the relationship of the individual to the wider community. The question has been answered with reference to two conceptual frameworks—social capital and racial diversity. Social capital has become an important way of looking at society's general well-being and also as a way of explaining developments in American politics. Diversity is also emphasized in current social science scholarship but uses a very different approach to analyze social relationships. The question for social scientists is which of the two offers greater insights and explanatory power.

Hero's book examines this issue in some depth, asking whether the social capital thesis or the racial diversity thesis consistently explains social and political outcomes in the United States. The author also asks how notions of race and community interact with each other to affect social outcomes and political participation. Although many social scientists have explained the dramatic decline of social capital from the mid 1960s in relation to decreasing political participation, the book introduces racial diversity to this explanatory framework and offers helpful insights.

The book begins with an extensive summary of the argument, evidence and conclusions on the social capital and racial diversity theses. These issues are discussed in Chapters 2 and 3, while Chapter 4 examines social outcomes such as minority school graduation rates and minority infant mortality rates across different states. The author contends that the outcomes for minorities in high social capital states are no better

than those in other settings. Chapter 5 analyzes the impact of racial diversity and social capital on aggregate voter turnout in American elections. Interactive effects between the two on voter participation are tested and explained. Chapter 6 explores whether American states with higher social capital are more likely to adopt basic public policies that advance social conditions bolstering essential values of equality, and what the role of racial diversity is in this question. Chapter 7 synthesizes the main findings of the book and concludes that racial diversity has a greater impact than social capital on political outcomes.

In examining the relationship between social capital and racial diversity, the author finds that the effects of social capital on social and political outcomes are “an artifact of racial diversity.” Unlike other studies that examine racial composition as a secondary control variable, he analyzes racial diversity as a main independent variable and finds that the social capital perspective provides only “a partial picture” of American politics. Although the major portion of the book is dedicated to statistical analyses, questions such as the insufficiency of statistical power due to the small sample size and unclear definitions of variables in the analyses need to be taken into account. In addition, some scholars would use multivariate analyses simultaneously to analyze different outcomes, as the outcomes may correlate with each other, thus leading to different analytical results. Despite the caveats, Hero’s examination of the “two underpinnings of the U.S.”—race and community—is to be applauded for taking a pioneering step to flesh out racial effects on social and political outcomes.

Where do I belong? When Americans try to answer this question, some will look in the mirror and see their color of skin first. Others may not! Although Hero is a pioneer, the issue of understanding inequality from a racial perspective and how it is related to peoples’ sense of community and belonging needs to be further studied. Although this is an advanced book, it will be a useful resource for graduate students in political science and political sociology, as well as social welfare researchers, policymakers and practitioners working to achieve social, economic, and political equality in the United States.

Jaehee Yi, University of Southern California

Sophia Carey, *Social Security in Ireland, 1939-1952: The Limits to Solidarity*. Dublin: Irish Academic Press, 2007. \$34.95 papercover.

In the middle decades of the 20th century, many Western governments increased their budgetary allocations to social programs and significantly expanded their previously limited social service provisions. Although this expansion began in the late 19th century, many social policy scholars believe that it was in the post-World War II years that government responsibility for social welfare reached its fulfillment. They also believe that many Western countries could now be justifiably described as "welfare states."

The emergence of the welfare states also facilitated a good deal of academic speculation concerning the reasons for the unprecedented expansion of government involvement in social welfare. During the latter half of the century, a large number of explanatory accounts which offered interesting interpretations of the dynamics of social policy were published. Scholarly inquiry into the dynamics of welfare states has continued apace, and new studies that offer increasingly nuanced interpretations of the expansion of state welfare continue to appear.

Sophia Carey's book on the emergence of social security in Ireland makes an interesting contribution to this body of knowledge. The book's primary purpose is to examine the factors that shaped the emergence of the Irish welfare state between 1939 and 1952, and to link this historiographical account to theoretical interpretations of welfare state dynamics. The book begins with a useful overview of these interpretations, which include the familiar industrialization-convergence thesis, the role of party politics and trade union activities, state-centered explanations, and institutional perspectives. It then links these different interpretations to a detailed account of emergence of social policy in the Irish Republic. It focuses in particular on the factors that contributed to the passage of the 1952 Social Welfare Act, which is the primary statutory instrument governing the country's income protection system. Although the author finds that some of these theories are relevant to understanding the emergence of income protection in Ireland, she

also shows that they fail to explain the complexities of the Irish situation. Indeed, the Irish experience reveals that factors such as colonialism, agrarian interests and the influence of the Catholic Church contributed to the development of Irish social policy to an extent that existing explanations fail to appreciate. Of particular interest is the colonial legacy and especially the role of the Beveridge report in shaping the Irish social insurance system. Although this issue has previously been addressed by scholars working on social policy in the Global South, it is much neglected in mainstream social policy theorizing on the expansion of statutory social welfare in the Western nations.

The book offers a scholarly and detailed account of the emergence of social policy that will, of course, be helpful to anyone interested in the country's social welfare system. But it also contributes in an interesting way to the body of theory that has evolved over the years to explain the development of welfare states. Although it elucidates this body of theory, a wider question is whether it is in fact possible to reduce complex economic, political, cultural and social phenomena to relatively simple, theoretical interpretations. The author's conclusion that the Irish welfare state is idiosyncratic and does not fit standard explanations also raises the issue of whether the now widely used "welfare state" construct is helpful in categorizing countries with such different historical experiences and diverse patterns of provision. Many other interesting questions emerge from this informative study of the history of social insurance in Ireland, affirming yet again the value of comparative analysis in social policy. The book makes an important contribution to the field and should be widely consulted.

James Midgley, University of California, Berkeley

Pamela Stone, *Opting Out? Why Women Really Quit Careers and Head Home*. Berkeley, CA: University of California Press, 2007. \$45.00 hardcover, \$16.95 papercover.

Decades of research has examined the obstacles facing women in the workforce. Challenges such as entering the male-dominated professions and the glass ceiling encompass much of the early literature. Recent research has shifted from focusing

on how the workplace has failed women to how women work the second shift at home once the formal work day ends. The departure of women from the work force spawned the notion of an opting out revolution whereby workplace practices and policies cause women to return home to raise children, despite their desire to have both a career and a family.

Negating the idea that women opt out, Pamela Stone asks why mothers leave successful careers and she does so from the mother's perspective. Her qualitative study identifies three overarching themes causing women to leave highly successful careers: children, husbands and jobs. Based on a national sample of 54 predominately White, married women in their 30s and 40s, with previous careers in typically male-dominated or mixed-gender industries, Stone aims to illustrate that contrary to the notion of opting out, women return home as a last resort.

The book is divided into three sections. Section I describes how successful working women come to be full-time mothers. Family factors, including children and husbands, pull women home. The needs of children, desire to be an influential figure in the child's life, illness, husband's income, and the husband's agreement for the woman to stay home factor into the family side of the equation. Additionally, the workforce pushes women home. Inflexible work schedules, denial of part-time hours, and mommy-tracking all contribute to an unbalanced work-family dynamic.

Section II describes the gap that prevents women from being the ideal mother and the ideal worker, and how women adjust to losing their professional identity. Conflicted between the joy of being an integral part in their child's life, and the exchange of a professional identity for a more devalued one, stay-at-home moms struggle to satisfy the void previously held by a successful career. This conflict results in the professionalization of domesticity, whereby duties of motherhood take on a professional nature via women's use of professional skills in the home. However, more than half of the women interviewed intend to return to work in the future, but to a field offering more flexibility and intellectual fulfillment than a corporate environment.

Lastly, Section III recommends that organizations

incorporate part-time flexibility equitably and encourage its use by men, women, mothers and non-mothers alike, to reduce stigmatization. As women continue to receive higher educational degrees with the intent of pursuing successful professional careers, many institutions block their promotion into the upper echelons of the organization through organizational inflexibility. The author discusses cases of corporations that have adopted policies aimed at keeping mothers in the workforce and bringing them back to work after time at home.

Despite the highly unique, homogenous sample of women studied, the book speaks to the need to recognize that women do not always choose to leave their careers. This book challenges organizations to make changes in workforce policies to prevent the drain of female talent and to accommodate re-entry into the workplace for those women who hope to return to work after years at home. Without this, the maternal wall will continue to prevent successful women from succeeding in male-dominated occupations.

Cara Ellis Pohle, University of Southern California

Edward Ashbee, Helene Balsev Clausen and Carl Pedersen (Eds.), *The Politics, Economics, and Culture of Mexican-US Migration: Both Sides of the Border*. New York: Palgrave, 2007. \$79.95.

Despite widely held beliefs about the United States being a nation of immigrants that perennially welcomes those seeking opportunity and fulfillment from all parts of the world, immigration has long been a controversial issue. The waves of European immigrants who came to the United States in the late 19th century were not universally welcomed; it was largely because nativist sentiments prevailed in the form of anti-immigration legislation in the 1920s that immigration slowed considerably and only revived with the loosening of restrictions during the Johnson presidency in the 1960s. Since then, the numbers of immigrants entering the United States has increased rapidly. A significant number are undocumented—as illegal immigrants are euphemistically known. Many come from Central and South American countries, and many are

from Mexico. Once again immigration is a contested issue and calls for the construction of a border "fence," and the imposition of harsh penalties on those who employ undocumented immigrants; the expulsion of these 'illegals' has increased.

This timely collection of papers dealing with a variety of issues affecting migration from Mexico is therefore to be welcomed. Compiled by three academics at the University of Copenhagen's Center for the Study of the Americas, the eighteen chapters in the collection range over a large number of interesting and complex issues. Many, but not all, of the contributors are also associated with the Center. The chapters are clustered around four themes: first, the book begins with an introductory section dealing with the broad issues of migration between Mexico and the United States and questions of identity and allegiance. The second section deals with economic and employment issues, while the third focuses on the border region between the two countries. The final section addresses topical questions of politics and policy.

Although the collection is eclectic and not as coherently organized as this overview may suggest, many chapters make for fascinating reading. Several address the history of anti-immigrant sentiment in the United States, and link popular attitudes to now well-known academic interpretations of what core American values and identity entail. The notion that Americans are being besieged by alien cultures may have been augmented by anti-Islamic attitudes of the last eight years, but it is still firmly rooted in the widely held belief that Latino immigration poses the most serious threat to the Anglo-Saxon, Protestant heritage. Other chapters deal with more practical matters such as the flow of remittances to home communities in Mexico, the impact of NAFTA on jobs and standards of living, the role of immigration in the 2006 midterm elections in the United States, and the problems of low wages and poverty on both sides of the border. Of particular interest is a chapter on women and migration and their experience of being migrants in the United States. Social policy scholars will also be interested in a chapter dealing specifically with the relationship between immigration and social welfare in United States. However, this sample does not do justice to the many other topics addressed in this fascinating book.

The book makes a significant contribution to immigration studies and particularly to an understanding of the complex dynamics and dimensions that characterize contemporary immigration from Mexico. Its commitment to examine migration from both sides of the border offers particularly valuable insights, transcending the emphasis that is currently placed in much of the literature on viewing migration from the United States' perspective. The book is a major resource and should be consulted by anyone interested in migration issues today.

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(Revised November, 2007)

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