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Thursday Evening, November 29 through Saturday, December 1, 1979, Cleveland, Ohio

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- Major issue papers
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The widespread existence of domestic violence in American has become
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researchers and practitioners. Newspaper, magazine, and television reports
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have begun extensive research and practice ventures exploring the phenomenon.
The purpose of this symposium is to review, select, and present current
scholarly work on spouse abuse.

Descriptive, analytical, or theoretical papers addressing social policy,
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uscripts should be between 3500 and 5000 words with a cover letter indicating
submission for the symposium. Please send papers directly to:

Gary Smith
Social Work Program
James Madison University
Harrisonburg, VA 22807

Manuscripts must be received by the symposium editor no later than
August 1, 1979, for consideration.

THE PRINCIPLES OF GENERAL SYSTEMS THEORY APPLIED
TO THE MEDICAL MODEL: WHO BENEFITS?

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Introduction

The term "Medical Model", though frequently used by professionals,
thecoricians and laymen in referring to certain aspects of the med-
ical profession, or of the entire medical system, is rarely used
with any degree of precision. The term, indeed, has been used as a
shorthand expression, leaving it unnecessary to explicate descriptively
the interrelated components of the medical arena. The theories,
conceptual constructs, practice, and operating ideologies of the
Medical Model, and their association with bi-cultural, economic,
political and other concepts are left unspoken. These elements are
simply assumed to be implicit in the use of the term. It is our con-
tention, however, that many using the term are not cognizant of the
relationship between the variables that hold the model intact.
Because of this, relevant linkages and causative relations generally
do not receive proper attention.

This essay will not attempt to prove that individuals misuse
the term. Instead, efforts will be directed toward delineating
the properties of the medical model of psychiatric practice (which
has strong influence on most social service systems) in terms of
principles associated with general systems theory. Within this con-
text, we will introduce systematic aspects of the medical model,
showing how many of its parts are independently systematized, and
how each part, as a collective, serves as a model for psychiatric
determination.

General Systems Structure

The characteristics of any model should include those properties
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General Systems Structure

The characteristics of any model should include those properties which explain, predict and control events according to natural or
regulated patterns within an environment. Such characteristics must include interrelating and interacting variables. Those variables should be systematically organized and explainable in the context of logical deduction. According to Ludwig von Bertalanffy, "circular causality" must also exist if a model is to have a general systems structure; that is, the model must introduce "feedback of output into input, so making the system self-regulating with respect to maintenance of a desired variable or target to be reached." Figure I illustrates what the process of any system looks like.

![Figure I](image)

Ludwig von Bertalanffy, introduces us to a general systems structure which will help us better understand the medical model of psychiatry by examining its functional parts and how those parts work collectively to support the entire model. By viewing the medical model of psychiatry from a general systems structure, we will investigate how the self-regulating component could serve as a controlling device, while at the same time not disrupting the equilibrium of this model. (See Figure II) It is also important to point out other vital aspects of the general systems model: i.e. theory, goal-directedness, ideology, equilibrium, etc. The mechanical processes of this model are interchangeably related to the organism which have established laws concerning "'organization', 'wholeness', order by parts and 'negentropy'...." The law, according to Bertalanffy, in part, claims that "(i)nteration among many variables and free dynamic order may be indicated as central notions." Both the mechanism and organism trends, provide an informative feedback process which, in turn, allows for input and output vehicles. This can be said to be a check and balance process or circular causality.

![Figure II](image)
The Medical Model: A System Approach

The medical model of psychiatry is a scientifically structured mechanism which serves as an interpretative concept. The concept describes the structural aspects of the model, making it possible for every sentence and statement to be understandable in the context of logical deduction. The theory of the model is, in part, grounded on the belief that abnormal behavior is a result of an organ lesion or psychogenic dysfunctioning. The model delineates human reactions to stress inducing situations or physical impairment, and therefore, is capable of correlating human stress with mental adaptation. In other words, if a person is having emotional difficulty in their sexual relationships, this model would isolate the malfunction as originating in the mind; rather than examining the totality of this person's relationships. Consequently, this process serves as a tool to make possible determinations or assumptions regarding etiology, diagnoses, prognoses, and the treatment of mental illness.

With discrete and systematized concepts of human adaptation to cultural patterns, man's orientation to behavioral patterns, coupled with appropriate or inappropriate personality development, and the cultural transmittance of social values and ideals (socialization) from one generation to another, the medical model has become so structured as to provide diagnosticians with the constructs necessary to determine whether one has, or has not, adequately adapted to orderly life development patterns. These patterns are considered to be an organized system of human maturation, societal adaptation, and, as Talcott Parsons puts it, "a mode of organization of action elements relative to the persistence or ordered processes of change of the interactive patterns of a plurality of individual actors."

These processes further reflect what von Bertalanffy calls "mechanistic and organismic trends." The trends make possible methods of introducing, testing, weighing and evaluating information existing within the model, while also producing feedback on an input and output level. Consequently, these methods with their complementary parts (isomorphoms) assist in making the model an organized "whole".

As a conceptually derived instrument of making determinations of whether abnormality is present, psychiatry has established a systematized manual, DSM (the Diagnostic and Statistical Manual), which categorizes abnormal behavior. The manual consists of descriptive psychiatric categories within three distinct sections: 1) impairment of the brain tissues, 2) mental deficiency, and 3) functional disorders. This method of associating abnormal symptoms with categories serves the interest of the medical profes-
sion by providing specific classification to non-conforming behaviors according to the severity of the aberration. The manual's classifications complement and support the psychiatric profession's understanding of the development of personalities, cultural adaptation and socialization mechanisms. The two processes are indeed interrelated and supporting variables within the medical model.

An example of how this classification system works as a controlling device is outlined in this case example, but the reader should keep in mind that the equilibrium of the model is intact, and it is the family that is experiencing disequilibrium:

A young probationer was under court supervision and had strict orders to remain with responsible adults. His counselor became concerned because the youth appeared to ignore this order. The client moved around frequently and, according to the counselor, stayed overnight with several different females. The counselor presented this case at a formal staffing, and fellow professionals stated this suspicion: the client was a pusher or a pimp. The frustrating element to the counselor was that the young women knew each other and appeared to enjoy each other's company. Moreover, they were not ashamed to be seen together in public with the client. This behavior prompted the counselor to initiate violation proceedings.

A Minneapolis Indian professional came upon the case quite by accident. He knew the boy's family well and requested a delay in court proceedings to allow time for a more thorough investigation. It was discovered that the young women were all first cousins to the client. He had not been frivolously "staying overnight with them"; he had been staying with different units of his family. Each female was as a sister. Moreover, each family unit had a responsible and obligated adult available to supervise and care for the client.

A revocation order in this case would have caused irreparable alienation between the family and human service professionals. The casework decision would have inappropriately punished the youth as well as several members of his family for simply conducting normal family behavior. Moreover, its impact would affect people far beyond the presenting client and the identified actors. The young man had a characteristically large Indian network consisting of over 200 people, spanning three generations.

Structural characteristics of Indian family networks confront human service professionals with judgmental issues beyond that
of labeling. Extended family often serves as a major instrument of accountability. Standards and expectations are established which maintain group solidarity through enforcement of values.

Single-parent and single-adult households do appear in Indian communities. Professionals bound by nuclear family parameters point to this in planning service resources. They are consequently reluctant to either use or legitimate aunts, uncles, cousins, and grandparents as alternate or supportive-service caregivers.

American Indian family networks assume a structure which is radically different from European extended family units. The accepted structural boundary of the European model is the household. Thus, an extended family is defined as three generations within a single household. Indian family networks, however, are structurally open and assume a village-type characteristic. Their extension is inclusive of several households representing significant relatives along both vertical and horizontal lines.

Network structure influences individual behavior patterns because family transactions occur within a community milieu. This is important for professionals to understand so that mislabeling may be avoided. Normal behavioral transactions within the network relation field, for example, may appear bizarre to an outside observer.9

Conceptual Tools to Restore a Balanced State

Indeed, the medical model would not be complete without having mechanisms to control abnormalities once they are identified. This process is accomplished through the model's derived treatment modalities. The treatment modalities serve as the tools necessary in controlling tension, stress, strain and conflict (in short, symptoms of behaviors identified as abnormal by the classification system); if successful, a balance state is established.

Again, the aforementioned case study typifies this. Like the DSM, this phase of psychiatry has component parts. Rather than discuss all treatment methods, we will simply address the two primary and most acknowledged methods: 1) hospitalization, and 2) internal and external stimuli used to control abnormal symptoms.
Hospitalization

Since importance is placed on a person's adaptability to his/her social environment, major deviations are attended to through the process of treatment and care. To accomplish this end, while also providing a controllable milieu, patients considered to be dangerous to self and others are hospitalized (voluntarily or involuntarily). In this environment, facilities are available to stabilize the abnormal condition.

The primary service of the hospital is to treat and prepare (re-socialize) the patient for re-entry into the community. The prevailing thought accepted by diagnosticians remains: patients are hospitalized because they found normal life situations too stress-inducing, and consequently were psychologically unable to cope with the daily demands of society. (The key concept for this essay is "prevailing thought"—Lang, Szasz, Becker and Scull and others have written extensively on the opposing sides. It is not within the scope of this essay to address those points of conflict, even though that task is long overdue.) Each patient, upon admission, is examined and located within the diagnostic classification system (DSM). This diagnosis serves as an instruction guide. That is, it tells hospital officials the severity and nature of the patient's disease. Additionally, diagnostic labels serve as a mechanism in predicting, explaining and understanding the symptoms manifested by the patients and as determinants of treatment approaches. Let us examine another case example:

Nancy, for example, was an 18 year old mother identified as mentally retarded and epileptic by welfare officials. Although retardation was subsequently disproved, welfare assumed control and custody of Nancy's infant child.

Nancy's parents insisted that the family network was available for assistance, if necessary. Welfare, however, considered this offer untenable. The grandparents were deemed too old and senile to care for an infant. They were in their early fifties.

Welfare ignored that the grandparents had just finished caring for three other young and active grandchildren without depending upon institutional social intervention. Moreover, these children appeared well-adjusted. Welfare officials simply insisted in this case that standard placement procedures be followed; a
foster home was secured for Nancy's child.

Welfare placement orders were eventually overruled in Nancy's case. But not without heroic legal intervention. It is unfortunate that such adversarial strategies are necessary to prove competencies of natural family networks. As the aforementioned case illustrates, family competency and responsibility springs forth as a normal process of network accountability.¹⁰

Within the hospital community an orderly process exists, similar to that of any institution. The bureaucracy functions as a community, having interrelating and interacting variables, each accountable to the entire hospital system. This isomorphic relationship (unit dynamics, ward dynamics, professionalism, treatment approaches, etc.) is not by chance, but rather a systematically planned process, reflecting the principles of the general systems theory.

**Internal and External Stimuli**

Internal stimuli are those methods used to control behavior through the use of foreign substances or elements used to affect the bodily processes; i.e., psychogenic chemicals, electric shock and insulin shock treatments, lobotomies, etc. These methods are administered to control stress, tension and excitement or to restore cognitive awareness (for instance, stupor states common among schizophrenics are said to be sometimes alleviated after ECT). The overriding purpose of this process is to assist the patient in regaining appropriate perception, and in the re-establishment of milieu adaptation. Generally internal stimuli are accompanied by external stimuli.

A number of non-psychochemical treatment methods are used by practitioners in confronting psychogenic disorders. External stimuli in part include: psychotherapy, psychoanalysis, and milieu, group, family and individual therapies. Like chemotherapy, these treatment methods are designed to restore the patient to a balanced state. This balanced state will allow the individual to adequately react to life situations.¹¹

In retrospect, the medical model of psychiatry is a systematic structure which has a defined boundary, an orderly composition and organization and mechanisms for input and output serving as a feedback process. While being organismic and mechanistic, the model has methods for establishing and maintaining equilibrium where stress,
strain, tension and conflict exist. Together their characteristics are properties of the general systems theory. (Again, the two aforementioned case illustrations explain how the Medical Model controls for balance by not allowing for cultural differences to emerge. But, even though those case examples show the positive outcome, the process that the families were subjected to were a direct reflection of the Medical Model.)

Further elaboration of the properties of the medical model of psychiatry would primarily address itself to characteristics heretofore not mentioned. Such an endeavor would merely look into discrete variables of the model, showing isomorphisms where they may exist. In simplifying the model, we maintain that the model has a systematic structure which basically describes 1) theory of disease, 2) classification system, 3) treatment modalities (practice), and 4) the agent (client/practitioner). The boundary for this model is twofold: 1) the society as a social, political and economic system and 2) psychiatry as a practicing profession, which serves as a regulatory agent to maintain the societal system.

Adequacy of the Medical Model: Who Benefits

Questioning the adequacy of the medical model means questioning psychiatry and its influences on social service systems in general. Is it a systematized profession? How does it account for its existence? Does it adequately provide service to the population? Does it have natural boundaries? Is it a medical profession? All of these questions cannot be addressed here, although they should be considerations for further discussion. What does appear significant to discuss is professional legitimation and accountability.

In the context of the psychiatric profession, and its influence on social service systems, the medical model delineates the orderly process of psychiatric practice and determination. What makes the model reasonable and acceptable is societal endorsement of its practicing theory. A question to be considered when any subject or situation is being questioned is which professional discipline has been legitimated as the authenticated body to define and contain the problem at hand; in other words, the discipline which has provided an acceptable definition of the characteristics of the behavior, and how that behavior has been described, categorized, systematized and confronted. For whichever discipline it is, the manner in which the definition of the behavior is delineated is indicative of how the findings will be perceived and accepted.

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Again, it is significant to emphasize that problematic behavior is by definition a deviance from established social norms, thus creating a disturbance in the state of equilibrium. Since this is true, any theory that is created to explain the peculiar behavior must legitimize social norms. Hence, any contention for managing deviance must be among socially accepted professions. Here the word "accepted" is a key. If a researcher's theory is in contradiction with the norms, rules and regulations of the society—that is, if there is a proposed change in the dominant social system, which often requires a possible social alteration, then the theory will confront opposition, and other less threatening theories will receive preferential consideration. At this juncture, we are faced with concluding that the existing theories, concepts, and methods used to explain, predict, control and understand non-conforming behavior are predicated on the belief that the medical model of psychiatry (a legitimated profession) is in compliance with the values of the dominant social system. This belief makes the model acceptable to the broader society. It can be therefore said that the medical model of psychiatry must be perceived as a regulatory agent that adequately services those who find benefit in maintaining the status quo.

The above discussion brings us to a point sufficient to attempt an analysis of the medical model in light of general systems theory. To this end, efforts will be directed toward observing the controlling forces which allow the model to maintain itself without consideration of external and internal changes. This does not mean that the model does not account for changes and is therefore, incapable of making internal adjustment to correct conflict. We have already indicated that circular causality allows for a functional and information feedback process to exist. This process further creates avenues for the model to account for alterations in human behavior, methodological processes, medical advancement, and societal changes. It also serves as a mechanism to solidify the model—an established state of equilibrium. This built-in, self-reinforcing process in the core of the medical model or psychiatry is such that societal codes of performance become sanctioned, the practice of psychiatry becomes legitimated based on definitions of human deviations and non-conformity and the two together allow society to divert attention from other possible causes of mental dysfunctioning, namely capitalism, competition, socialization, mystification, poverty and the like. This model does not allow consideration of possible transformations.

Processes for retooling the theory, that is, organized mechanisms serving as functional parts of the model allowing for correction of the
model as a "whole" and thereby introduction of other alternatives, do not exist. Self-reinforcing processes within the model go unchallenged. Thus, without a critical evaluative process, equilibrium becomes a forced condition, possibilities for change do not exist and variables which should become obsolescent due to social change and the introduction of alternative methodologies, do not. So the model stays in a state of forced adherence, guiding society toward and advanced state of oppression.

FOOTNOTES


2. Ibid, page 37.


5. Ibid, page


9. This case was drawn from the files of Ah-be-no-gee, an innovative demonstration program in child abuse and neglect. Ah-be-no-gee is located in Minneapolis, Minnesota, and funded by the National Center for Child Abuse and Neglect, Office of Child Development, HEW. Also, see Redhorse, Decker, Urban Indian Family Behavior: Implications for Human Service Delivery Models, Social Casework, February, 1978.

10. Ibid.


13. Ibid, page 76.
HOMOSEXUALITY: A SOCIAL WORKER'S IMBROGLIO

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ABSTRACT

Few members of our society take time to put into historical context their prejudices about homosexuality. This article examines the historical context of these prejudices as well as how social workers may become co-opted by society into overlooking the social service needs of homosexual clients. How to combat institutional homophobia is also discussed.

Introduction

The existence of homosexuals within our culture evokes fear and hatred in most members of society because homosexuals are generally considered to be sinners, criminals and/or mentally ill. There are, however, others within our society who regard homosexuality as a viable, alternative lifestyle deserving the same rights and privileges accorded to heterosexuals. Why does such a dichotomy exist and what role do social workers play in this situation? The purpose of this paper is to examine, from an historical perspective, how negative societal attitudes toward homosexuality developed and to explore how social workers' personal values about homosexuality and homosexuals are derived from societal attitudes. Additionally, while social workers are ethically committed to the concepts of human rights and self-determination, they often mirror society through perpetuating prejudices and discrimination against homosexuals. Because of this phenomenon, the impact of social attitudes and values about homosexuality on social workers will be discussed and some much needed, often overlooked social service needs of the homosexual client.

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will be considered. Various suggestions will be offered to enable social workers to more effectively work with their homosexual clientele.

**Historical Perspectives**

Few people in our society, including social workers, ever thoroughly examine their prejudices against homosexuals in any historical context, but merely accept as "fact" society's general proscription of homosexuality. Overt homosexuality was practiced by the ancient Babylonians, Egyptians, Greeks and Romans, and the practice has virtually existed in all places and at all times of history. The Greeks, in fact, looked upon the practice of homosexuality as being more genuine and compassionate than its heterosexual counterpart. As both homosexuality and heterosexuality were practiced openly in the ancient world, the societal belief of that era was the concept of the bisexual nature of all people.¹

The pre-Christian cultures were primarily polytheistic and often overt homosexual behavior was part of the religious ritual. Proscriptions against homosexuality *per se* were not then known. These "Great Mother" polytheistic cults of the ancient world eventually evolved into a monotheistic religious system when the Hebrews began worshiping Jahweh, an authoritarian, male god who ruled all. With this transformation from a polytheistic value system to a monotheistic value system came the first documented proscription of homosexuality.

Exactly how or why the monotheistic system condemned homosexuality is not clear. The system did make clear, though, that homosexual acts (between men or women) were considered ungodly and a crime that was punishable by death. Because homosexual acts had been an overt part of the polytheistic religious ritual, one theory postulates that condemning such behavior was one way of severing all ties with the multi-god worshipers. Homosexuality seemed to become equated with heresy and moral subversion because of its association with the polytheistic cults.²

Once the single-god religious system became the norm and the Bible was written, the proscriptions of homosexuality became more legitimized. The Old Testament clearly details laws that condemn homosexuality. Leviticus 18:22 states, "Thou shalt not lie with mankind as with womankind: it is an abomination," and Leviticus 20:13
warns, "If a man also lie with mankind as he lieth with a woman,
both of them have committed an abomination: they shall surely be put
to death; their blood shall be upon them." Quite obviously these
strict laws forbidding homosexuality had a profound impact on the
ancient culture. In the New Testament, St. Paul condemned homo-
sexuality, and in the Thirteenth Century, Thomas Aquinas indicated
that homosexuality was inconsistent with God's design for humanity,
and it offended reason and nature. The Christian ideal of the time
was complete celibacy, and even certain types of heterosexual activi-
ties were banned as being too pleasurable. It is easy to see why the
homosexual was condemned for seeking sexual pleasure without attempting
to procreate.

Our societal views of homosexuality as perverted, unChristian and
contrary to God's will have their antecedent roots in religious laws.
The contemporary church has generally adopted without question the
tenets of the early church and bears the major responsibility for the
anti-homosexual attitudes that pervade our society. Another linkage
from the ancient laws into the post-Christ world is legislation banning
the commission of homosexual acts.

Although Christ himself never said anything against homosexuality,
every progressing culture of the early Christian era had strict legis-
lation prohibiting homosexual behavior. In 1533, English law stipulated
that people committing homosexual acts would be put to death. English
law is, of course, the basis for this country's legal system, and laws
in the United States requiring that those committing homosexual acts
be put to death remained unchanged until the mid 1800's when North
Carolina reduced the sentence to a sixty year prison term. Today,
thirty jurisdictions have maximum penalties of at least ten years in
jail for the commission of homosexual acts, and twenty percent of the
states allow a maximum sentence of twenty years incarceration. The
only legal penalties that surpass these are for kidnapping, rape and
murder.

Undoubtedly, such strict legislation instills fear in many homo-
sexuals and causes them to remain covert about their sexual practices.
Due to the covert nature of many homosexual liaisons and due to
religiously based proscriptions about homosexuality, stereotypes, myths
and folklore based on misinformation easily evolved about homosexuals.

A prevalent stereotypic generalization which has ancient roots is
that all homosexuals are mentally ill. According to the ancient Judeo-Christian value base, engaging in homosexual acts was thought to be ungodly or out of grace with God. To willfully be ungodly obviously indicated that the offender was possessed by devils. People who were mentally ill in older cultures were considered to be possessed by devils so it is easy to see how homosexuality became equated with mental illness. Even today, several prominent American psychiatrists describe homosexuality as a character defect, a pathology or a severe sexual maladjustment. These doctors tend to believe the homosexual is in desperate need of treatment to insure that the deviant behavior will cease so the once disturbed patient can function normally within the society. Other contemporary psychiatrists believe that such psychiatric attitudes toward homosexuality are actually based on moral values and are reinstatements of the Judeo-Christian code with scientific rationalizations. Such religiously based beliefs were easily rationalized by clinical experience with small numbers of homosexual patients who became the basis for generalized psychiatric opinions regarding all homosexuals.

In an effort to "cure" homosexuality, our society has subjected homosexual women and men to psychiatric hospitalization, lengthy psychoanalysis, aversion therapy, group therapy, social work counseling and counseling by concerned clergy. If the homosexual did not consider homosexuality a mental illness, s/he was an unwilling participant in the curing process. The late 1960's, though, brought an increased trend in psychiatry to view homosexuality as a non-pathological, alternative lifestyle. In 1973, the American Psychiatric Association removed homosexuality from its official list of mental disorders, but the fight continues to rage within the psychiatric community as to whether homosexuality is a mental illness or an acceptable, variant behavior.

Obviously, this society's Judeo-Christian value base has played an important role in how members of the society view homosexuality. Society's heterosexual majority, for the most part, still harbors stereotypes and myths about homosexuals based on proscriptions and prejudices that have transcended centuries.

Societal Attitudes and Social Workers' Values

Because social workers grow up and live in a society that has conflicting values about homosexuality, social workers themselves
often have such conflicting values. Generally, our society through its religious and legal ethics, does not condone a lifestyle other than the heterosexual, family oriented norm. Society fears anything that seems to disrupt the familial constellation, and hence, a deeply instilled fear of homosexuality exists in our culture. This fear has been termed "homophobia". Homophobia is simply an excessive fear of homosexuality that arises out of our society's ignorance and condemnation of a homosexual lifestyle. Societal stereotypes, myths and prejudices about homosexuality exist because of widespread ignorance and are an integral part of homophobia.

There are many unrealistic stereotypes, myths and prejudices that abound about homosexuals and homosexuality. For example, homosexuals are often stereotyped as primarily sexual beings with all other personality characteristics subordinate to their sexual drive. Thus, homosexuals are seen as constantly sexually active beings who will seduce anyone from an unwilling heterosexual to a child. Homosexuals are, therefore, equated with the criminally sexual deviant and are viewed as incorrigible child molesters. Such notions are easily derived due to the illegality of homosexual acts in most jurisdictions and the widespread belief that homosexuals are mentally ill. Also, public information on homosexuals is often based on media attention given to homosexuals who have been arrested for various crimes or who are otherwise unrepresentative of all homosexuals.

Homosexuals are also viewed as always conforming to some physical characteristics of the opposite sex. So all lesbians are believed to look masculine, while homosexual men are thought to look effeminate. Another misconception is that all homosexual couples are thought to follow roles of the traditional heterosexual marriage where one partner plays the "female" role while the other plays the "male" role. Finally, all homosexuals are assumed to hate the opposite sex with a pathological intensity. Because of such misguided beliefs, homophobia abounds. For example, a recent Gallup Poll found that:

-Seven in ten Americans believe homosexuals should not be allowed to adopt children.

-Fifty percent said that homosexual relations between consenting adults should not be legal.
One in three believe that a homosexual cannot be a good Christian or Jew.

A substantial majority of Americans believe that homosexuals should not be hired for certain occupations such as elementary school teaching or the clergy.¹⁵

Such prejudices stem from the previously discussed religious values. In addition, homophobia is particularly strong in reference to children. Thus, most people believe that homosexuals should not have custody of children or participate in occupations where they would be working with children. Society fears that homosexuals would influence children to become homosexual. In recent custody cases involving lesbian mothers, homosexuality alone is often found to be a sufficient basis to deny custody of children regardless of evidence of the fitness of the parent.¹⁶

Society is sometimes willing to tolerate homosexuality as a concept when the existence and identity of individual homosexuals can be ignored. Many people only object when homosexuals overtly proclaim their existence or try to openly fight for their rights. If homosexuals would only pretend to be heterosexuals, so say many homophobics, society would not have to confront the issue of homosexuality. Society enforces such mores by punishing newly discovered homosexuals with loss of employment and/or civil rights. For example, in a recent court case, a high school teacher with twelve favorably evaluated years of service lost his job when his homosexuality was discovered. The Washington State Supreme Court upheld his dismissal on the ground of immorality because the teacher was a known homosexual, and the court believed his homosexuality impaired his ability and fitness to teach which, in turn, injured his school.¹⁷ In summary, being known as a homosexual provides a person with second-class citizenship and makes her/him the victim of stereotypes, myths and widespread discrimination.

Social workers, as products of this restrictive, condemning society are susceptible to homophobia. The social worker, ethically bound to the ideals of human rights and the individual's right to self-determination, faces an incredible dilemma when confronted with the issue of homosexuality. In the wake of centuries of myths
and through the reinforcement of ancient proscriptions about homosexuality in media coverage and court cases, social workers may encounter difficulty in being open minded about homosexuality and may have deeply ingrained homophobic attitudes which are compounded by ignorance. Such "gut" reactions and personal fears, based on misconceptions and limited social interaction with openly homosexual individuals must be confronted by every social worker. Social workers' values mirror the values of society, and need thorough evaluation to insure that human rights, individual self-determination and basic social work ethics are maintained.

The Unmet Social Service Needs of Homosexual Clients

The social service needs of homosexual clients are as varied as the service needs of heterosexual clients, but due to institutionalized homophobia, homosexual clients often have unique needs that are unmet in the traditional social worker/client relationship. While there are a multitude of service needs for any client, the most frequently overlooked needs of homosexual clients include: acceptance, specialized counseling, community involvement and legal referrals.

First, the need for a client to be accepted by a social worker is a crucial element in the helping relationship. Acceptance means that the social worker genuinely respects the client regardless of the client's personality, behavior or values. Such an understanding attitude is most easily conveyed by the worker through a relaxed, friendly atmosphere. This encourages the client to develop a trusting relationship with the worker thereby facilitating the start of the helping process. In order for a social worker to effectively assist any client, the client must feel accepted and, therefore, willing to share information that is basic to the relationship. Without a thorough knowledge of the client, a social worker's efforts to assist the client are often narrowly confined to superficial or peripheral areas of the client's experiences. Yet, acceptance of the homosexual client often becomes difficult for the social worker who has been taught by society to view homosexuality as a perversion. The myths and unrealistic fears previously discussed may impede the worker's ability to relax and convey the acceptance that is more easily felt when a volatile issue is not involved.
Therefore, because of homophobia and unrealistic beliefs about homosexuals, some social workers may be unable to develop an atmosphere in which a trusting relationship with a homosexual client can develop. Such a relationship is necessary so the client feels safe to discuss important issues including sexual orientation. Another hindrance to the emergence of a trusting worker/client relationship is the general reluctance of some social workers to discuss sexuality at all. For the homosexual client who wishes to discuss sexual matters, this reluctance may become an insurmountable barrier. In order for a trusting relationship to develop between homosexual clients and workers, workers must be willing to genuinely accept homosexuality as a viable lifestyle. Only then can the necessary climate of acceptance evolve.

A second frequently overlooked service need of homosexuals is specialized counseling. Because homosexuals grow up in a condemning heterosexual world, homosexual clients may have difficulty accepting their own sexuality. Through counseling, the non-judgmental social worker can provide support to help clients become more self-accepting. Clients can be assisted in examining the causes of societal condemnation and the effects of such condemnation on their feelings of self-acceptance and self-worth. Clients can also be helped in realistically assessing the problems and the joys of being a homosexual in today's society as well as being guided in making fundamental plans and decisions which will best enhance and improve a sense of self-acceptance.

Many homosexuals have difficulty synthesizing their homosexuality with their religion. This is due, of course, to the ancient Judeo-Christian values previously discussed. Social workers can provide appropriate services to help homosexual clients deal with this dichotomy. It may be helpful to refer clients to specific books written by liberal theologians who effectively synthesize homosexuality with organized religion. If possible, clients could be referred to local ministers known to be accepting of homosexuality. In addition, various faiths have organizations created for homosexuals. The most well known is Dignity, an organization comprised of homosexual Catholics. Such organizations can provide invaluable peer support to homosexuals who are trying to accept their sexuality without rejecting their religious beliefs.
The availability of supportive counseling services becomes even more important for homosexuals who are just beginning to admit or understand their sexual orientation. This process of "coming out" to oneself, family, friends, society etc., is a primary problem for many homosexuals. Social work services, if needed, should be provided to assist the client with this process by helping the client explore the anticipated and unanticipated consequences of "coming out".

For homosexuals, as well as heterosexuals, a major counseling need is in reference to their relationships with partners. For homosexuals, maintaining stable relationships without the many positive sanctions accorded to heterosexual couples is often a difficult undertaking. Homosexual couples or individuals may recognize a need for counseling, but not know of any counseling agencies that actively want to serve homosexuals or that have social workers known to be accepting of homosexual lifestyles. Agencies that have staff who are accepting of homosexuality should make this known in the community.

Needed counseling for homosexuals includes individual counseling as well as forms of premarital and marital counseling. Social workers can assist homosexual clients with a myriad of issues from the client's decision to enter into a permanent relationship to the "marital" difficulties of any long-term relationship. Additionally, the social worker should be available to provide appropriate services to the single homosexual, the homosexual couple that separates or to the homosexual whose partner dies.

Third, social workers may often be totally ignorant of the homophile subculture existing within their communities. The homosexual community can provide a much needed support system for the homosexual as well as provide opportunities for social interaction in an environment in which the homosexual will feel comfortable and unconstrained. Homosexuals who are just affirming their sexuality or are ignorant about the local homosexual community for various other reasons may need the assistance of a knowledgeable social worker to provide them with access to community involvement and support. A social worker who is ignorant of the homosexual community and the access roads into it, for both women and men, becomes rather ineffectual when dealing with homosexual clients who
have specific and unique needs.

Fourth, homosexual clients may need proper legal referrals. Because homosexual acts committed by consenting adults in private are still a criminal offense accorded severe punishment in the majority of jurisdictions in this country, homosexuals can face criminal prosecution. In addition, homosexuals face a plethora of basic civil rights violations due simply to their known or assumed sexual orientation. The need for a legal referral is obvious when criminal charges are involved yet legal services may also be appropriate when violations of civil liberties are involved.

Although discrimination based on sexual preference has been made illegal in thirty-nine counties and cities in this country, the provision of full human rights for all homosexuals will require many more years of legislative and judicial action at local and federal levels. In the meantime, social workers can make necessary legal referrals to homosexual clients to assist them in their legal fight for basic human rights. In order to do this, it may be necessary for social workers to assist homosexual clients in evaluating alleged discriminatory acts or events in terms of the possible personal consequences involved in administrative or legal challenges versus the potential for furthering the client's rights and the rights of all homosexuals. It is also important for social workers to regularly act as community advocates for homosexuals' civil rights. The support of respected community members, such as social workers, is essential to the furtherance of expanded legal rights for homosexuals.

Generally, social workers may overlook the service needs of their homosexual clientele simply by being under-educated about the realities of homosexuality and by being victims of institutional homophobia. To overcome these problems and to begin to effectively deal with homosexual issues, social workers must become better educated about the topic. Such education must be instituted at the baccalaureate and master's degree levels so social work students have an opportunity to examine their values and come to some conclusions without impacting upon a homosexual client. All social workers can become more realistically informed by contacting community or regional homophile organizations.
which will often provide bibliographies and other written information as well as homosexual speakers. By reading realistic information about homosexuals and by listening to homosexuals discuss their lifestyles, the social worker can start to discount stereotypes and myths and can view homosexuals as fully functioning, unique persons. Once so educated, the social worker can then knowledgeably act as client advocate. Providing such an advocacy support system for the homosexual client can do nothing but enhance the worker/client relationship and improve societal attitudes regarding homosexuals.

For every social worker, there are certain things that must be remembered when working with any homosexual client. To facilitate this special kind of worker/client relationship the following suggestions are provided.

A Guide to Providing Services to Homosexual Clients

1) Evaluate personal feelings, attitudes and beliefs about homosexuality.

2) Accept the homosexual client as a member of an oppressed minority, not as a pathological entity.

3) Become familiar with the homosexual community in your area. (Every community has a homosexual subculture.)

4) Become educated about homosexuality - do not believe myths and stereotypes.

5) Act as an advocate for the homosexual and help others become better educated about homosexuality.

6) Know resources within the heterosexual community that will provide a support system for homosexual clients.

7) Be aware that homosexual clients may not totally accept their sexuality and may have difficulty synthesizing their sexuality with religion and societal attitudes.

8) Realize that the homosexual individual or couple with problems is like any individual or couple and may need appropriate counseling or other services.
9) Become at ease when talking to the homosexual client about sexual matters.

Conclusion

While the N.A.S.W. Code of Ethics does not specifically prohibit discrimination based on sexual orientation, the Code does state that the primary obligation of a social worker is to "the welfare of the individual or group served, which includes action for improving social conditions." Certainly no other minority group in this country today has fewer human rights or has more need for the improvement of their social condition than homosexuals. An inherent ethical responsibility for all social workers is to aid in the quest for human rights for everyone. Regardless of occasional signs of an improving climate of acceptance of homosexuals in our country, pervasive hatred, ignorance and misunderstanding persist. As long as biases of such magnitude exist, how can our profession ignore our ethical responsibility to be community leaders striving for the acceptance of homosexuals? Confronting such a misunderstood issue as homosexuality both personally and professionally becomes a necessity for all social workers.

FOOTNOTES

1 Arno Karlen, Sexuality and Homosexuality (New York: W.W. Norton, 1971), p. 3.
3 Holy Bible, King James Version.
4 Romans 1:26-27; I Corinthians 6:9; Timothy 1:10.
5 St. Thomas Aquinas, Summa Theologica, Question 154, Arts. 11-12, pt. 11-11 at 1825-26 (Fathers of the English Dominican Province translation, 1947).


*Advocates*, p. 9.


*Advocates*, pp. 9, 20-22.


19 It is our contention that any worker who views homosexuality as anything other than a viable, alternative lifestyle should not work with homosexual clients. Since homosexuals receive little societal support anyway, the homosexual client needs and deserves an accepting social worker.


23 Several good journals about homosexuality now exist as well as more and more credible research on the topic. For information about the gay community, the best resource now available is the National Gay Task Force (NGTF), Room 506, 80 Fifth Avenue, New York, New York 10011. NGTF is an excellent resource for educational materials and information about the homophile community in your area.

24 National Association of Social Workers, "Code of Ethics."
Effective administration of social welfare programs requires the integration of knowledge of social policy with the understanding of the theory and practice of management and administrative decision-making. This integration of substantive knowledge of social policy with administrative practice is needed to avoid overemphasis on means to the detriment of the goals of social programs. This paper discusses a policy analysis framework in relationship to a model of decision-making which includes rational and non-rational elements. Principles of policy formulation (major system change) is applied to specific issues in social welfare, i.e. should social services be directed at changing the individual client or his situation. Throughout, effort will be made to relate to Title XX to illustrate the issues and problems of attempting to integrate welfare policy and administration.
criteria. More efficient use of scarce resources is also being emphasized, especially when economic constraints are forcing administrators to be concerned with costs in making decisions between alternative policies and programs. The pressure for better utilization of existing resources has thus raised the issue in the management of social welfare organizations of the relative importance and the relationship between efficiency and effectiveness of social programs. Should management focus its efforts on cutting costs, or should more attention be given to assuring that programs achieve their intended purposes? Is efficiency and effectiveness mutually exclusive or can they be complementary? The underlying assumption of this emphasis on efficiency is that program effectiveness would not be diminished in the attempt to increase productivity of organizations. The issue this raises is whether emphasis on efficiency may have had a negative impact on the effectiveness of social welfare programs, i.e. the extent that agencies can achieve their stated purposes in serving client needs. The purpose of this paper is to suggest an approach that may help avoid the substitution of efficiency for effectiveness by emphasizing social policy as an integral part of social welfare administration.

The degree of emphasis on efficiency and effectiveness of social programs has led also to the concern as to who should manage social welfare programs, a manager or professional social worker. Is it preferable to have a non-social worker trained in business or public administration with technical administrative expertise, or is it desirable to have a person trained in the discipline of social work who by his training should have a better understanding of the goals and purposes of social programs? Etzioni suggests the need to have professionals directing non-profit organizations in order to avoid goal displacement. He points to the problem that the non-professional manager may emphasize efficiency or means of achieving program goals at the expense of the ends or primary purposes of the program. The assumption here is that a person trained in a particular professional field, e.g. medicine, nursing, social work, would be able to direct the organization to achieve the primary goals of service to clients, with efficiency remaining the secondary goal. The introduction of specialized training in management in the various professions including hospital administration, nursing administration, educational administration and social work administration, illustrates the attempt to integrate both knowledge of a specialized profession with that of technical knowledge of administration.

A significant attempt to achieve such an integration of social policy and administration is seen in Great Britain in programs in
social administration. Titmus defined social administration as "the study of the social services whose object is the improvement of the conditions of life of the individual." He further states that social administration is concerned with "the machinery of administration which organizes and dispenses various forms of social assistance." However, much of the writings on social administration are directed at issues of social welfare policy with less attention given to the organizational problems involved in service delivery. A more directed effort at integration of policy and administration is achieved by David Donnison in his book, *Social Policy and Administration.* This is a very important effort to integrate knowledge of organizational task, structure and process with policy analysis of service delivery in specific substantive areas such as housing, child welfare, family welfare, education, etc. It illustrates well the influence of the lower and middle levels in the organization on policy change and the possibilities for incremental, unplanned change. The distinction between policy making and policy implementation made by Donnison is useful in the understanding of the processes behind major shifts in organizational goals. The emphasis here differs from Donnison's work in that here efforts are made to integrate discussion of some general policy issues (e.g. universalism) with a more specific model of policy formulation concerned with major modification of organizational goals and strategies for achieving these goals. It is hoped that this somewhat more specific model will have utility for top administrators in their efforts to achieve planned organizational change in contrast to the evolutionary change discussed by Donnison.

Returning to the previous discussion of which profession is best equipped to manage social welfare organizations, it is of interest to note that in Great Britain the study of social administration was first introduced as training for social workers. However, irregardless of who the manager is, it is proposed here that it is necessary for him to integrate substantive knowledge of social policy with administrative practice to avoid the overemphasis on means to the detriment of goals of social programs. This integration would require an understanding of social policy analysis together with a knowledge of administrative theory and practice. Social policy analysis based on understanding of particular social problems, for example poverty, corrections, mental illness, ill health, etc. would need to be integrated with knowledge of organizational opportunities and constraints on administrative practice. Also, social policy formulation in relationship to major change in goals and strategies for achieving goals of social programs need to be integrated with the understanding of the policy issues in the field of social welfare and management theory and practice.

The following will start with a discussion of social policy analysis integrated with principles of administrative decision-making in-
cluding both the rational and non-rational aspects or organizational problem solving. Following this will be a presentation of principles of policy formulation including major systems change in social programs. Finally, the framework developed for understanding of policy issues and policy formulation will be applied to a specific issue in social welfare, i.e., should social services be directed at changing the individual client or his situation. Throughout, effort will be made to relate to Title XX to illustrate the issues and problems of attempting to integrate welfare policy and administration.

The following chart diagrams the concepts included in this analysis of the integration between social policy and administration. It shows the linkages between institutional leadership, policy analysis, policy formulation and major system change.

Social Policy Analysis - Rationality vs. Non-Rationality

Social policy analysis involves the study of a social problem in a rational attempt to define the problem, search for possible solutions and evaluate the costs and benefits of these alternatives to select the best solution.

This rational approach to finding the best answers to problems is constrained, however, by such non-rational factors as the organizational context in which decisions are made and the cognitive limitations of the decision maker. These non-rational factors preclude a completely objective approach to problem analysis, a thorough search for solutions, and an informed evaluation of the consequences of action. Thus, in the effort at problem definition, we are confronted with the limitations on our knowledge of the causes, and, therefore, the possible solutions to social problems. For example, if we view problems of the poor as being caused by individual and personal malfunction due to lack of appropriate abilities or attitudes, then we would seek solutions in terms of changing the individual. However, if we assume that the problem of the poor is associated with their harsh social conditions (e.g., lack of money, housing, jobs, health care, etc.), then we would seek solutions in terms of changing their situation. The absence of validated knowledge as to the cause of social problems should not, however, relieve the policy maker from the responsibility for making conscious policy choices. It is suggested that often these policy choices are not made explicit so that the underlying value basis for decisions do not receive critical examination. That is, the administrators under pressure to act may forego the opportunity for conscious choice with the result that decisions are made often on the basis of political feasibility.
Reinforcing these political pressures from various interest groups (e.g. staff, funding authorities, etc.) are another non-rational factor: that of professional ideologies. These professional ideologies contain causal models for the solution of social problems. Professional belief systems which are logical and internally consistent sets of ideas are based on assumptions that have not been validated by empirical knowledge. In a sense, they are similar to religions and consequently have much affective conviction behind them. However, these ideologies are often used to legitimate and mask the advancement of the self-interest of various groups. As has been true throughout history, efforts to build empires are more palatable if done under the guise of doing good for mankind.

Therefore, rational policy analysis is constrained by non-rational factors. In decision-making processes in organizations, optimum decisions are not made, but problems are solved through a process of "satisfying." Satisfying means that decisions are made in response to various pressures from different interest groups. In the effort to minimize the resistance of these groups, compromise decisions are made. What operates in some respects is the pleasure principle in decision-making so that decisions are made which upset the fewest persons ("satisfy") rather than attempting to arrive at the "best" decisions.

The organizational context also preclude a completely rational decision-making process. In general, problems are solved by looking at and using past precedents as a guide for decision-making. Problems are solved today like they were solved yesterday. One seeks solutions by looking at existing policies. Innovative solutions requiring policy change are rarely considered, and if they are, only as a last resort in solving organizational problems.

Rein has suggested that there is a need to reconcile "rationality, political feasibility and value preferences" in policy making in social welfare. However, as indicated above, problems are often defined in terms of existing policies and past precedent. A dilemma, which can be defined as something requiring a reformulation of existing policies, usually are not readily recognized by the decision-maker. For example, in Title XX, there is much emphasis on public participation in the development and the implementation of policies for social services. The basic dilemma implicit in this emphasis is the delegation of power to citizen groups to influence social policy. Since existing policies in most social welfare organizations do not operationally share power with citizen groups, this poses a paradox.
for the implementation of Title-XX. That is, in order to really implement true public participation, it will be necessary to modify in a major way existing policies on the control and the influence by various publics in the operation of welfare agencies.\footnote{16}

Given the pressure for system maintenance one can question whether any change is possible. In fact opportunities for change in social programs is feasible because of the wide areas of administrative discretion present in social welfare organizations. There is increasing evidence\footnote{17} that administrators have expanding areas of discretion in interpreting rules and policies. This is possible because most policies and rules are of a general nature which allow for a wide latitude in their interpretation. For example, in Title II, there appears to be a wide area of discretion in the determination of kinds of social services that may be possible including both concrete and counseling services. Later in this paper, a policy analysis of these two alternative strategies for service delivery, concrete vs. soft services will be analyzed in detail.

A reason often given for not making decisions explicit is the possible negative consequences of making choices visible and, therefore, being held accountable for them. With the stress on accountability in social programs in recent years, this strategy of not making choices explicit has become less feasible. However, it is believed that the effective administrator, who has a professional objective which he wants to achieve, needs to have his own system of accountability to guide his actions. It is suggested here that the professional administrator in fulfilling his ethical commitment to serve the needs of the client has to make visible the policy choices available to him. This rational procedure should be integrated with knowledge of the non-rational factors that influence decision-making. This is an illustration of the administrator's need to integrate knowledge of social policy with understanding of organizational opportunities and constraints. Thus, he has to be clear as to what the alternative goals may be possible for social programs and what major strategies are appropriate for achieving these goals. This would involve a process of policy formulation, i.e. a process of formulating policy in an effort to introduce major system change in social programs. This concept of policy formulation which will be discussed in the next section assumes that major innovations are needed in social programs and that the integration of policy and administration will aid leaders in accomplishing this type of change.
Social Policy Formulation

Social policy formulation is here defined as a major change in the organization involving either a change in the substantive goals of the organization or in the major strategies or procedures used for achieving these goals.

Major System Change

Major system change here refers to change in the social structure of the organization, i.e. in the activities and arrangements occurring in the organization. For example, the role and functions of different staff, communication patterns in the organization, the client group served, the authority or decision-making patterns in the organization, the relationship with other organizations, etc. This definition of social policy in behavioral terms, i.e. the actual activities of people in the organization, leads us to conclude that an organization's policy is what actually is happening in the agency in terms of the patterned behavior of the staff. Social policy formulation is, therefore, also associated with organizational behavior, but in this instance, it refers to a major change in this behavior. This definition of social policy as behavior is in contrast to the common use of the term policy to mean a plan or an intention for an agency to achieve certain objectives or to change agency programs in the future. As we all know, much intended or hoped for change often does not materialize. This behavioral definition should help us be clear that when we are discussing social policy formulation we mean actual change and not some idealized fantasy for change.

This definition of policy formulation can include both planned and unplanned major system change. However, in the integration of social policy formulation with administrative practice, the emphasis is on planned change directed by the leaders in the organization. Also, this definition of policy formulation does not include a consideration of the process of policy implementation, but rather focuses on the cognitive aspects of policy identification and analysis.

The importance of making a distinction between major system change involving large segments of the organization's activities in contrast to minor change is that although much of the efforts at changing social welfare organizations today aspire to major change, in fact they often result in only minor modifications in organizational activities and objectives. This is the case even though these changes are advertised as major innovations. Here, one can speculate as to the impact of Title XX on existing organizations' service delivery patterns, and decision-making structures, and whether, in fact, these organizational activities will undergo major revisions. Will Title XX result
in a change in programs, or will it be basically "old wine in new bottles?" An analysis of the experiences in the first year of Title XX suggests that few states planned new programs. Hoshino suggests that the programs under Title XX will be a "relabeling of programs or the aggregation into a tidier bureaucratic structure of the existing traditional services."

An example of how minor system change was advertised as major innovation is illustrated in the use of the demonstration project as was very popular in the 1960's. It is of interest to note that often these demonstration projects were launched without major opposition and often were considered to be successful in the small area in which they operated. However, in terms of impact on the major segment of the system, these projects often had minimal influence. It is suggested that one of the reasons these projects have had limited impact is because they were not involved in major system change and, therefore, did not need to deal with the expected resistance to any large scale innovation. As Rein has stated "Demonstrations seem to be a way to get action. They spark flurries of activity; they are highly visible; the defects are equally glaring. Demonstrations are also a way to dodge action or postpone major change - relatively little money is spent, relatively few people are affected, the real problem is hardly touched."

It is, therefore, suggested by our definition of policy formulation that we should be concerned with major changes in organizational goals and substantive procedures, being aware that inherent in any major change are expected resistance by those interests that are threatened by a change in the status quo. It is proposed, therefore, that one necessary prerequisite for major change is the presence of strong external pressure on the organization.

Environmental Pressure as Precondition For Major System Change

Because of the inherent resistance to major change from vested interests inside and outside the organization, it is suggested that policy formulation requires as a precondition, strong external pressure. Thus, the natural resistance to change that one can expect from inside the system needs to be counterbalanced by external pressure. Today, the fiscal crunch may provide an opportunity for administrators to introduce innovations on the grounds that they are needed in order to respond to outside fiscal pressures and conditions. An example of this may be present in Title XX legislation and implementation. For example, Title XX proposes a major change in public participation in policy formulation. There is some indication that pressure from different constituent groups
particularly from the voluntary sector, may have a major impact on
the goals of Title XX. For example, the organized pressure from the
service providers of day care may have a lot to do with shaping the
goals of Title XX. Whether service provider participation meets the
requirement of public participation is an issue that should be con-
sidered. However, given the presence of this strong external
pressure, there is some possibility that major change will occur.
Whether the nature of this change will further the goals of Title XX
remains to be seen. Thus, external pressure may not only provide the
administrator with the lever to introduce innovation, but also shape
the kind of change that may occur.

Goal vs. Procedure Change

It has been suggested that there are two major ways that organi-
zations can be changed, either in terms of their substantive goals and
objectives, or in the procedures or major strategies used in achieving
these goals.

Goal Change

Major goal change refers to major modifications in the objectives
of social welfare organizations. For example, change from custodial to
rehabilitation goals of a mental hospital. In referring to goals of an
organization, we include the actual or operative goals which may or may
not be the same as the organization’s officially prescribed goals. Also,
goal change refers to what has been termed as output goals, that is
the objectives directly related to client outcome. For example, Title
XX lists several kinds of goals relating to client status, including eco-
nomic self-support, client self-sufficiency, protection of children and
adults, reduction in inappropriate institutional care by providing commu-
nity services, and finally, provision of appropriate institutional care.

Goal change can consist of any of the following: goal clarifica-
tion, adding of new goals, shifting of priorities among goals, and shift-
ing of the mission of the organization. Study of policy formulation
indicates that in most situations, goal change consists of goal clarifi-
cation rather than adding goals, shifting priorities or shift in the
mission. Goal clarification consists of a reordering of the relation-
ship between goals and procedures to avoid the problem of goal displace-
ment. In some respects, Title XX legislation may be an effort to clarify
what the goals of social services should be and to specify what the re-
lationship of these goals should be to the different kinds of strategies
or procedures for achieving them. This emphasis on program goals in
Title XX seems to be a major change of emphasis in federal policy from stress on specific mandated services (means) to specification of goals giving the states flexibility in the selection of what services are appropriate for achievement of these goals. Paul Mott in his social history of Title XX, describes well the debate that occurred prior to the enactment of this law. Proponents of mandated services were concerned that unless specific services were required, the states would use Title XX funds to refinance existing programs ("old wine in new bottles"). The proponents of the goal emphasis, which went back to the ideas of Goal Oriented Social Services (G.O.S.S.), argues that unless goals were clearly and explicitly stated, there was danger of displacement of goals on to the means.

As suggested previously, policy formulation is defined as change in actual goals rather than merely in the officially stated goals. This may also be illustrated in the implementation of Title XX legislation. There is some indication that the resources of Title XX may be going into day care programs for the non-poor because of the matching requirements. With the eligibility requirements for Title XX pegged to the median state income, persons with annual income up to $12-15,000 are eligible. Also with the requirements of matching funds coming from the local communities, the more affluent towns are in a better position to provide the match and, therefore, obtain the programs. Thus, it appears that Title XX may result in fact in a major change in the target of services with a shift to day care for middle class clients.

These consequences of Title XX can be in part related to the basic policy choice between universal vs. selective social services. Social policy analysts have long debated the advantages associated with universal vs. selective social services. Universal programs which are available to all classes (e.g. education) have the distinct advantage of being seen as more legitimate by society and, therefore, receive more support. Selective programs, on the other hand, tend to be seen as less legitimate and, if they are confined to the poor, are said to be poor programs because of lack of public and financial support. However, the inevitable problem of limited resources requires us to be concerned with priority setting. Selective programs, such as the present public welfare programs, or the CAP projects in the 1960's, do give priority of service to the poor and prevent the "creaming" by the middle class. The question regarding a universal program like Title XX is whether the increased legitimacy of this kind of program will increase the resources allocated so that the poor in the long run will benefit. This, in a sense, assumes a "trickling" down of resources from middle to lower classes or in a sense, feeding the birds through feeding the horses.
Richard Titmus' discussion of issues in redistribution in social policy dramatically highlights the choices inherent in priority setting to achieve what he terms as "social growth." Social growth means that societies are spending more on the educationally deprived than on the educationally normal; when the rehousing of the poor is proceeding at a greater rate than the rehousing of the middle classes; when proportionately more medical care is being devoted to the needs of the long term chronically ill than to those of the average sick; when more social workers are moving into public programs than into private child guidance clinics; when there are smaller differentials in incomes and assets between rich and poor, colored and pink families.29

Social welfare administrators in formulating social policy for their agencies should consider the consequences of the alternative policies of universalism vs. selectivity being aware of the value issue behind priority setting of redistribution of resources from more to less needy.

It has also been noted by George Hoshino30 that social insurances (universal services) "creams off" the more "socially acceptable casualties of industrial society - the aged, involuntarily unemployed, disabled and widows and surviving children. The three major groups of non-aged poor are the families of the fully employed low wage earners, the families of uninsurable and unemployable men and fatherless families." He suggests that these latter groups will require selective programs. Thus, we see that universal services respond more to the needs of the "deserving poor."31 The less fortunate (undeserving poor) will require special programs to meet their needs. Hopefully, the needs of both groups will be viewed as deserving attention. However, if a policy choice is made to favor the "deserving" poor, it should be recognized as such with the realization of the possible consequences to our society.32

Related to major change in the goals of social programs is the change in procedures or strategies used by organizations to achieve these goals.

**Procedure Change**

In general, much social policy formulation in recent years has focused on change in strategies for achieving goals rather than changes in the goals themselves.

These major strategies refer to three primary areas that include strategies that the organization uses in relationship to: (1) its external environment; (2) internal problems; and (3) assessment of organizational progress.33
External Relations

There have been some major shifts in all three of these areas in recent years. With regard to procedural change in how organizations deal with external relations, much has occurred which highlights a shift to a more open relationship between organizations, with the realization that much interdependency exists. Thus, there have been increasing efforts at attempting coordination and development of interorganizational relationships. However, there is still much parochialism and competition between social welfare organizations which has hindered effective coordination. An inward orientation by social agencies has been justified on the grounds that there are limited resources in the community. However, there is some evidence to suggest that public welfare agencies underutilize community resources. When they do have interorganizational exchanges, there are indications that these are somewhat superficial and brief. Lack of adequate coordination has resulted in clients being shifted between agencies and often lost in the cracks between agencies. Basic to a solution of these problems of interagency coordination is the understanding that a necessary precondition for cooperation between autonomous agencies is the need for them to have shared goals and resources.

First, there must be a certain degree of interdependence in order for organizations to need to cooperate. If these conditions don't exist, if for example two agencies have competing goals and don't need to trade resources, e.g., staff, knowledge, clients, etc., then effective coordination will be difficult. The problems of coordination between state and county welfare agencies may be fruitfully analyzed using this paradigm for interagency coordination and exchange. Another example is the WIN program which requires cooperation between Depts. of Welfare and Labor. To what extent are the problems in coordination in WIN related to non-shared goals between these two organizations (e.g., Welfare and Employment). As indicated above, Title XI also has attempted to emphasize more open relationships between organizations and their constituencies. Also, the opportunity for an increase in purchase of service arrangements will require greater cooperation and coordination between agencies in the public and the voluntary sector. What is suggested here is that this will require major changes in the policies governing these interorganizational relations and that the success of these policies will depend on, among other things, the ability of these organizations to cooperate by sharing goals and resources. Administrators who are cognizant of the principles of interorganizational exchange will need to strive for sharing of goals and trading of resources if they are to achieve effective coordination of programs.
Internal Problems

Policy formulation with regard to problems internal to the organization are also becoming more common in efforts to introduce innovations in organizational arrangements. The effort at decentralizing social service structures is a major policy change which effects not only the role structure, but the decision making structures of organizations. This would explain why many of these efforts to decentralize have run into a good deal of resistance from the various staff groups who would lose influence and power under this new arrangement. This concern by upper level staff at loss of control may be true in terms of the day-to-day activities of lower level employees. However, this often does not mean that the power to shape organizational policies and goals is decentralized. Thus, although the policy of decentralization does diminish the power and control that upper level staff have over the daily behavior of subordinates, it doesn't necessarily follow that there is also a giving up of the more significant power over the basic premises on which the organization operates.

The efforts to introduce new service technologies are other examples of policy formulation and procedural change with regard to internal organizational arrangements. For example, the stress in Title XX of the importance of various concrete services (e.g. family planning) may be a major shift for some organizations which have traditionally emphasized the client changing technology. This stress on such concrete services as homemaker services, employment services will require changes in relationships between various agencies since there will probably be a dependence on the sharing of resources between agencies in order to meet program goals. This will, as indicated above, require new kinds of agreements between organizations, suggesting major policy shifts in their interorganizational relationships.

An issue related to change in the service technologies is the assumption that seems to be implied by the universal service approach is that all clients have similar needs. In this instance, the issue is whether the poor, in contrast to the working and middle class clients, have problems and needs which are possibly very different. As suggested by many poverty studies, the poor ask for and require basic survival services such as money, housing, jobs and health care (hard services). The middle class, on the other hand, often seek personal adjustment services. Would a service delivery model geared to the middle classes take into account the need of the poor for basic resources? The proposals put forth by Alfred Kahn for a sixth Social
Service, the personal social services, separate from education, income security, health, employment and housing seems to understress the needs of the poor for these basic social provisions. At least, it is implied that social work would have less responsibility for these "survival" services. Although it is recognized that personal social services cannot substitute for sufficient money, adequate housing, or a good education, there is a need to explain how the professional deals with the limited resources problem and necessity for priority setting. Britain, which pioneered in universal social services, has been confronted with this dilemma and has been introducing means tests in order to assure that the most needy obtain the services. One wonders whether this push by professional social work groups for a universal social service model may be in part a quest for legitimacy by the profession itself. Social work as a profession has been stigmatized by its association with a lower class clientele.

Assessment of Progress

The last area of procedural policy change relates to the strategy an organization uses for assessing its progress. Traditionally, the social welfare field has tended to assess its programs by using the strategy of what one might call the "self-fulfilling prophecy." That is, the justification of services on the basis of client demand as illustrated, for example, by long waiting lists for services. By contrast, an alternative strategy for assessing progress is to use objective criteria to determine whether in fact the goals of the organization are being met. Thus, it has been suggested that the new breed of public welfare executive needs to be outcome oriented. Here again, it appears that stress on goal oriented social services in Title XX and other programs may move organizations in the direction of using more objective criteria in evaluating its efforts. However, in order to achieve objective evaluation one's goals need to be operational, that is, specific enough so that one can determine if they have been accomplished. The lesson that should have been learned from the 1962 social service amendments was that the goal of "strengthening family life" was too global to be made operational. Are the goals established for Title XX also too general and global to permit objective appraisal? For example, one of the goals is the protection of children and adults. How would one determine whether this particular goal has been achieved?

There is another lesson to be learned from the "social service strategy" of the 1962 amendments and that was the unrealistic assumption that social services would reduce the welfare rolls. Does Title

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XX have equally unrealistic objectives? The problem of objective assessment of programs and the establishment of operational goals relates to the difficulty of knowing what means will achieve which objectives. This brings us back to the previous discussion of the beliefs as to the cause and solution of social problems. Unless we clarify such questions as to the cause and solution of economic dependency, for example, we will fall into the same trap as happened in 1962 of making unrealistic claims for what social services can accomplish with a repetition of the public backlash as occurred in the 1970's.

Another problem associated with objective appraisal of social programs is the resistance by staff to the attempts at the introduction of accountability systems based often on strong ideological opposition: that it is time consuming, dehumanizing and unprofessional to fill out all those forms. With regard to the complaint that the reporting procedures in Title XX require excess amounts of time, a study in New York revealed that in fact, the amount of staff time required to fill out these forms was small. Opposition also has been based on a more valid reason and that is that the measurement of results has not been emphasized, but rather the use of input, such as number of client contacts, as a criteria for progress. Regardless of the problems in implementing a new strategy for assessing social programs, it appears that the pressure to shift to more objective attempts to measure results will foster major policy change in this area.

Title XX may again be used to illustrate the difficulties of objective assessment of organizational progress. As indicated previously, it appears that much of the thrust of Title XX will be in day care services. These services will probably be in voluntary agencies. Thus, it seems possible that much of public funds will be funneled into the voluntary sector of social welfare. The obvious question then becomes how the states will monitor and account for these services. We don't have to look far for the potentially explosive consequences of lack of adequate systems for monitoring the expenditure of public funds in non-public agencies (e.g. nursing homes, medicaid). There is evidence to suggest that public vs. voluntary sponsorship of social welfare organizations will result in very different service patterns. In a study of psychiatric clinics in New York State, it was found that clinics under public auspice provide extensive ("wholesale") services to socially deviant clients, while voluntary clinics gave intensive service ("retail") to less deviant groups.

Clinics under voluntary sponsorship who received public funds
were not as intensive as those clinics that received no public money. This illustrates an effect that public funding may have on voluntary agency programs. Other evidence indicates that public welfare agencies seem to be able to have more joint activities with other public agencies in contrast with non-public organizations which have less. The influence of public and voluntary sponsorship of agencies is dramatically evident when one compares social services in the U.S. and Britain. Historically, the voluntary agency (especially the family service agency) has had an important influence on the type of the services provided in the U.S. as well as the nature of the development of the profession of social work. Thus, the emphasis in the U.S. has been on soft services stressing personal relationship skills with training in casework method. In contrast, in Britain where statutory services predominate, the stress has been on the provision of practical help, with emphasis on training in social administration. Thus, it appears that the monitoring of purchase of service from the voluntary social welfare sector will require an understanding of the differences between the public and voluntary agencies, both in regard to their goals and willingness to share resources. Nevertheless, the issue of objective monitoring and evaluation will probably receive increasing attention as fiscal constraints press for greater accountability and professionals no longer can justify their programs on the basis of demand alone.

Before concluding this discussion of the importance of objective appraisal of the results of social programs, a cautionary note needs to be introduced. Some critics say that often so-called "scientific research" is conducted to justify decisions already made. The advantages and disadvantages need to be examined of evaluative research conducted by persons working for the agency in contrast with that being directed from some external source. Some contend that "inside" research tends to be co-opted by the system while others say that outside evaluators lack the detailed knowledge of the system to be able to do relevant evaluations. The issue here is that mechanisms need to be established to insure that disregarding who does the research, it will be relevant and not be subverted by the political pressures in the organization. Associated with this problem of research being co-opted by the system is the somewhat more pervasive tendency for researchers to prefer system maintenance studies which do not question the basic premises of programs. From a social policy formulation perspective, we need research that will not assume that more of the same is the inevitable solution of social problems. An example of this type of research are the community studies that focus on unmet service needs.
with the assumption made that existing services are appropriate and relevant. A "system change" oriented research is required that will direct attention at the basic assumptions of social programs.\footnote{52}

Policy formulation has been discussed as planned major system change with the underlying assumption that such innovation can occur in a relatively short period of time. The radical strategy for change may be contrasted with a more gradual policy change that evolves over an extended time period. This incremental type of planned change\footnote{53} requires less of a conflict strategy and may be more feasible politically than a rapid shift in the organization's goals and procedures, because it will be less visible and, therefore, may be perceived as less of a threat to existing self-interests. Administrators can achieve incremental change by gradually "bending" the system through the use of discretionary power. Although this strategy for introducing policy change is less conflictual, it does require skill in understanding the existing system so that changes will be introduced in such a manner as to create a minimum of resistance.\footnote{54} However, a basic problem inherent in the achievement of incremental change is the opportunity for the opposition to have the time to mobilize forces against the change. Therefore, the understanding of the dynamics of sub-systems would be essential for the administrator to enable him to navigate around the various barriers set up by the different interest groups. Integration of this internal sub-system perspective with a clear understanding of what goals and procedures need to be modified (i.e. policy analysis) could enable the executive to move his organization on new paths.

**Implications for Administration of Social Programs**

Major system change as suggested above is problematic even under ideal circumstances, such as when resources are available. That is, the assumption is made that any introduction of major change in policy will naturally run into opposition of the various interest groups within the organization. Therefore, it is suggested that what is required is a combination of executive leadership with the continued strong external pressures if these changes are to actually be implemented. It was suggested that administrators can use external pressures as a lever. They may even foster and utilize actively external pressure in order to innovate and facilitate policy formulation. However, this requires a certain perspective on the part of the administrator - that is an awareness of the relationship between external pressure and internal innovation, what has been described as an "external system perspective."\footnote{55} Unfortunately, one study found that an inward orientation may increase as one moves up the agency hierarchy.\footnote{56}
Throughout this paper, the issue of universal vs. selective services was discussed in somewhat general terms. The question may be asked as to what implication this issue may have for administrators directing programs at the local level. Since achieving legitimation of social programs is often an important problem for administrators, the attempt to facilitate this through a universalistic approach to service delivery is tempting. That is, making available services to the middle classes with sliding fee scales is seen as a way of gaining greater community support and acceptance. However, the gains achieved by this policy must be weighed against the possible risks of having the non-poor "cream" or dominate the program with the consequence of the exclusion of the poor. For example, it has been observed that in the community mental health field a policy of universal service has resulted in program utilization and domination by the non-poor. This is evident in the community psychiatric clinic field as well as in the mental health centers. Thus, the community mental health centers have not fulfilled the objective of replacing the state mental hospitals which continue to provide custodial care to the lower classes.

The attempt has been made above to present a framework for policy analysis by introducing various concepts associated with policy formulation and major organizational innovation. Next, this model is applied to a specific example of the goal of public social services: changing the individual or changing his situation. Related to this is the issue of concrete vs. soft services in the solution of social problems in our society.

Concrete vs. Soft Services - Changing the Client or his Situation

The policy question of whether the goal of social programs for the poor should be directed at changing the client or his situation has been debated going back to Jane Adams in the reform movement in social welfare in the 19th Century. The alternative strategies for achieving these goals has been referred to in terms of social provision vs. social services. Handler discusses these two approaches as stemming from two theories of poverty: pathology vs. the structuralists theories. The pathology theorists would reform the poor; the structuralists would change the environment in which the poor live.

Scott Briar in an editorial in the Social Work Journal in March 1976 states that no profession has taken as its task the assessment and alteration of the social environment in relation to the lives and needs of people. He suggests that this offers professional social work an opportunity to make use of the "growing body of knowledge about social
circumstances and how they influence the lives of persons and families." The issue is what should be the target of social services: should it be directly on the client in an effort to change individual functioning or should it emphasize provision of concrete resources in order to modify the client's situation. Underlying this issue is the difficulty of problem definition - more specifically who should define the problem: the client or the professional? Here is an example of how professionals have defined problems in terms of their own belief systems which may be quite different from the way the clients view their problems. Thus, evidence indicates that lower class clients perceive their problems in terms of lack of concrete resources. In one study, it was found that users of social services in public welfare list money as their first need and jobs as next in their priorities. Medical services are also listed high on their priority list. The studies following the urban riots in the 1960's confirmed the wishes of ghetto residents for concrete material resources. However, professional definition of the problem often has suggested the need for client internal, psychological and personal change as the primary objective of social services.

As indicated previously, some of the professional leaders are beginning to question this psychological emphasis. A recent attempt to reconceptualize the role for social work as being concerned for the "personal care" of people has been proposed by Robert Morris. He defines personal care services as "those which the individual requires in order to exist in the face of severe physical or psychological or social deficits." He includes such services as: "home maker services, home health services, day care for children, services in day centers for the mentally ill, in day centers or night hospitals for the retarded; services for the elderly, the physically handicapped, the injured; services in mental hospitals, prisons, halfway houses, protective services for children and for the elderly." He goes on to say that "such services may incorporate concepts of rehabilitation, training, socialization, but these elements do not distinguish or characterize the personal care service. What does distinguish it is the fact that a staff of persons is functionally, legally, and professionally responsible for the life of the persons entrusted to its care for some part of the day or for the entire day." Although this proposal for personal care services highlights the value of concrete type services, it does so without an explicit definition of the problem for which this policy change is being formulated. It does stress the importance of "maintaining individuals with severe deficits and handicaps in a humane and civilized fashion wherein their
care and living are the main focus of professional concern rather than treatment and rehabilitation to remove the deficit." Implicit here is the assumption that the needs these clients have is for "care" with "action" oriented efforts by the service provider being required. What needs to be made more explicit here are the factors that are assumed to be the cause of this type of service need. If the client problem is defined as being in his situation, i.e. lack of adequate (humane) care, then the focus should be on the situation. Morris seems to accept the individual deficits as being somewhat unchangeable, which is refreshing in a field where we too glibly assume the power and competence to change individual attitudes and behavior which more often than not are the results of forces outside the person.

Alfred Kahn, in his comment on Morris' proposal, recognizes the utility of "hard" services and suggests Title XX may be a vehicle for implementing the Morris model. However, those who advocate expansion of the scope of social services in Title XX do not confront the issue of the need for priorities, given the limited resources available. By expanding the scope of social services to include anything and everything, the policy choice becomes diffuse and unclear with the result that other forces will formulate the policy, e.g. professional need for status will push in the direction of counselling service as one of the social services.

These two conflicting problem definitions would seem to place the responsibility on the administrator of a public service agency to be clear as to his policy choice. By taking the position that there should be a "balance" between hard and soft services, they forgo the option of choice and, in fact, permit other forces to decide on policy: that is, how the bulk of resources of the organization will actually be utilized. As suggested above, policy formulation is making decisions as to what will be the major direction of the organization. Operationally, this is translated into how much of its resources will be allocated. If policy analysis concludes that the "need" and "want" of the poor is for concrete services, then advocating a "comprehensive" approach may sidetrack the basic policy thrust. Policy formulation, as indicated previously, is concerned with major change in the sum total activities of the system. To be concerned with a program (e.g. counselling) that is appropriate for only a small proportion of the clientele is, therefore, by definition not policy-making.

This issue of what should be the target for social service programs, the client or a situation, can be further related to policy formulation: that of goal clarification of social service programs. What should the
goals of these programs be, and which means are appropriate for achieving these goals? This directs attention to the relationship between goals of changing clients vs. changing a situation and which should come first. In other words, what is the cause and what is the effect. If one changes the client, will this enable him to change the situation and to find his own resources, or is the reverse possible? That is, through providing the client with resources, this will enable him to grow and to change personally. A third possibility is that these two emphases are independent and should be dealt with separately by social service programs.

These questions on the possible cause and effect relationships between changing the person or his situation may stimulate administrators to seek answers through a strategy of systematic program evaluation. This might be done through a comparative study of different service approaches. Thus, in an effort to objectively evaluate a social service program one may consider comparing the relative effects on clients problems of soft vs. hard services. Although this paper has emphasized the need to be concerned with changing clients social conditions, we do not have systematic information to test out the relative value of one or both of these service strategies. An administrator of a public welfare program could make an important contribution to the field by allowing a research demonstration project to test this issue.

The problem of defining this issue can also be related to our previous discussion of an organizational dilemma. As indicated, a dilemma is a situation which requires a reformulation of the framework for viewing a problem which requires a major policy change because existing policies cannot provide a solution. Previous policies and past precedents have tended to define social problems in individual personal terms. The attempt to view problems of clients external to themselves would require reformulation of policy and looking to new and innovative solutions. As suggested previously, this would require a major system change both in the goals of our programs as well as in the strategies and procedures for achieving these goals. Thus, if we were to define problems in terms of client lack of concrete resources, then our organizations would have to develop new approaches for helping clients use available resources. Thus, knowledge and skill would be required for the analysis of existing community resources, and in knowing how to mediate for the client in obtaining these resources. Implied here is the development of new kinds of social service technologies which would be directed to interorganizational cooperation. This, in itself, would require policy changes on the top level in order to establish interorganizational contracts and agreements for agency sharing of resources to enable clients to meet
their needs.\footnote{71} This is illustrated in a study\footnote{72} of an application of the APWA Social Service delivery model in Delaware County. It was noted here that there was a problem in implementation of the community service component of that model. Although the intraorganizational aspects were apparently successful, there appeared to be difficulty in the mobilization of existing community services in behalf of clients. It is suggested that this may be an illustration of the difficulty of reformulating existing policies including the development of new policies and strategies directed at interorganizational cooperation and coordination.

There may not have been an adequate delineation of the basic issue here of what the target of service should be: the client or his situation. Defining the problem in terms of client's situation would require new policies associated with the kinds of interorganizational arrangements needed to implement a more effective community service utilization component. The difficult task of establishing agreements between autonomous agencies may not have been addressed since attention was more naturally directed toward the internal organizational procedures. Lack of professional technologies relevant for the development of interorganizational exchange relationships may also have been part of the problem.

**Conclusions**

This paper has attempted to discuss how it is possible to integrate knowledge of social welfare policy and administrative practice through the application of various concepts on social policy analysis, policy formulation and organizational decision-making (see chart). Illustrations of the applicability of these concepts to Title XX were given with some speculation as to the implications for this new federal social services program.

In conclusion, the implications for administration of public social agencies will be presented. Also, the kind of education that would be required to enable administrators to integrate social welfare policy in their management of social welfare programs will be discussed.

It has been suggested that the kind of leadership needed to effectively direct social programs requires an understanding of both social policy and administrative theory and practice. This has been characterized by Selznick as the "institutional leader" which he distinguishes from mere administrative efficiency.\footnote{73} This type of leadership necessitates a systemic perspective which requires conceptual abilities that overshadow in importance the technical and human relations skills often stressed in management training.\footnote{74} The major thrust of this paper is
that institutional leadership requires not only the understanding of how to operate human service organizations, but also a broader perspective based on the knowledge of social welfare policy. It is suggested that this broad perspective is particularly essential for administration at the upper levels of management.

The question then arises as to how upper level administrators can obtain the knowledge and skill for institutional leadership. It has been noted that there has been an expansion in specialized programs in human service administration. These programs are usually on the masters levels of education and of necessity prepare students for lower and middle management positions. What is proposed here is that what is needed is a post-graduate program geared to preparing personnel for institutional leadership at the top levels of administration. Present Ph.D. programs in administration and public policy do not meet this need since their focus is on research and preparation for University teaching rather than administrative practice. It is, therefore, proposed that a post masters program in administration should be instituted that would enable a social work middle management personnel to obtain a practice doctorate with the combined emphasis on social policy and administration. The practice doctorate has been instituted in some fields (e.g. psychology) and a task force of the Council on Social Work Education has come forth with a proposal for one in social work. It is believed feasible for graduate schools of social work to sponsor such a program. This advanced program should enable middle management personnel to expand their knowledge and skill to include the broader perspective needed for current and future leadership of social welfare programs. Unless this type of leadership is developed, we will continue to sacrifice effectiveness for efficiency and avoid confronting the critical issues that are demanding clarification and solution by the social welfare field.

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18. Katz, D. op. cit., Chapter 10


21. Rein, M. op. cit., p. 140

22. Mott, Paul, op. cit. p. 62


27. Mott, Paul, op. cit., p. 34, 37


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33. Katz, D. op. cit. 268


36. Rein, Martin, op. cit. p. 103-137.


38. Gummer, Burton, op. cit., footnote 18, p. 47.


41. Hoshino, George, op. cit. p. 245-258


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44. Mott, Paul, *op. cit.*, p. 70


49. Donnison, David, *op. cit.* p. 23


53. Katz & Kahn, *op. cit.* p. 319


56. Gummer, Burton, *op. cit.* p. 42


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"Social workers and recipients viewed identical events very differently... Recipients saw their primary non-financial problem as bad housing, unemployment or illness. Social workers saw their recipients primary problems as personal or emotional difficulties, even though one-fourth stated that their recipients didn't have enough money to get through the month."


67. Ibid, p. 163.
Formal procedures requiring interorganizational agreements are being routinely required by some funding agencies. Thus, the N.J. Division of Alcoholism requires "Affiliate Agreements" between organizations as a pre-condition for receipt of state funds. For example, to facilitate continuity of care, after-care and follow through the timely transfer of patients and records between two institutions. Communication from N. Fiorentino, staff member of N.J. Division of Alcoholism.


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74. Katz, D., op. cit. p. 314


PROBLEMS AND ISSUES IN COMMUNITY-BASED RESIDENTIAL SERVICES AS ALTERNATIVES TO INSTITUTIONALIZATION

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ABSTRACT

In recent years there has been increasing interest in community-based residential services (e.g., foster homes and group homes) as alternatives to institutionalization of people in problem areas such as mental health, mental retardation, child welfare, and aging.

A selective review of the literature was undertaken to identify key issues, problems and concepts in the use and development of community-based services. This article presents selected findings and conclusions regarding conceptualization of services, issues in service delivery, and evaluation of effectiveness. In addition, it proposes a conceptual framework useful in examining the continuum of emerging services.

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*Based in part on findings from a study of community-based residential services in Rhode Island, which was sponsored by an Interdepartmental Task Force of state agencies and funded by the Rhode Island State Department of Social and Rehabilitative Services.
INTRODUCTION

What is the most effective way of promoting the optimal growth and development of people unable to live in their own homes? Is community-based placement the "treatment of choice?" Is institutional treatment appropriate for some people but harmful to others? Are institutions obsolete in contemporary society?

In response to these questions, in recent years there has been growing interest in community-based residential services as alternatives to institutional placement of persons needing to live away from their homes temporarily or permanently. Although an extensive literature has been unfolding in different fields of practice, there has been little effort to examine and integrate emerging findings, problems, and concepts.

A selective review was therefore undertaken of the literature on therapeutically-oriented, community-based services that substitute partially or totally for an individual's home environment. The purpose was to identify key ideas, issues, and trends in the development of services such as group homes, half-way houses, foster homes and day care in the following areas: mental health, mental retardation, child welfare, juvenile delinquency and corrections, drug dependence, alcoholism, aging, and physical disability.

The review covered a representative sample of over 200 articles, monographs, and books, most of which were published during the last decade in various fields such as social work and psychiatry. This article presents selected findings and conclusions derived from a comparative examination of the literature across all problem areas. It also proposes a conceptual framework useful in examining the continuum of emerging services.

CONCEPTUALIZATION OF SERVICES

A pervasive theme is that the community has a responsibility to develop a network of services along a continuum from totally dependent living to independent living. It is emphasized that it is particularly important to provide a variety of community-based living facilities and related programs along the continuum, so as to offer different options and enable each person to find at any point in his or her life cycle the opportunity most conducive to optimal growth and development.
Most writings reflect a "disease" or "medical" model orientation to the development of community-based services. It is evident from the literature that these services are generally designed to provide short-term treatment or rehabilitation for persons who are in one way or another labeled as "defective" or "sick" and who are segregated according to their labels. Within the framework of labeling theory (Cf. Becker, 1963; Lemert, 1961), it appears in fact that the process of defining certain persons or groups as deviant strongly influences the kinds of services and programs that are created to meet their needs.

While there is a great deal in the literature about rehabilitation, very little has been written about the potential development of open, long-term, non-treatment oriented living arrangements providing people with social supports and growth opportunities that may be needed in the natural course of their development (Cf. Handler, 1974). Furthermore, there is a severe gap between policy and practice even in areas such as child welfare, in which there has long been consensus that children should be helped to grow within their natural environments. For instance, despite the widespread emphasis on substitute care as a last resort, many children from poor families still end up in institutional placement, due to the lack of other resources (Pare and Torcyser, 1977).

As one step toward changing the "disease" orientation, it would be useful to formulate a conceptual framework in which community-based services are viewed as environmental supports necessary to sustain and promote the natural efforts of people to function, to cope, and to grow. A tentative framework is proposed here. It is derived from ecology, biology, ego psychology, socialization theory, and general systems theory (Cf. Clausen, 1968; Coelho, Hamburg, and Adams, 1974; Cumming and Cumming, 1962; Dubos, 1965; Erikson, 1959; and White, 1963). It consists of the following assumptions:

1. The view of human organisms as engaged in ongoing, dynamic transaction with their environment and in a continuous process of growth and adaptation.

2. The conception of people as being spontaneously active and essentially motivated to grow and to be effective in their coping with a complex and changing array of life demands and environmental challenges.

3. The premise that varied environmental opportunities and social supports are necessary to sustain and promote the human being's efforts to grow, to achieve self-fulfillment, and to contribute to others.
4. The assumption that appropriate supports should be matched with the human being's changing needs and qualities, in order to maximize the development of his competence, identity, and autonomy.

The essence of this framework is that the outcome of a human being's efforts to cope with life demands is to a significant extent dependent upon the availability of a variety of environmental resources. As one example, community-based residential services for older persons are viewed as natural supports required by some people in post-industrial society—that is, supports needed to achieve satisfactory transactions with the environment, to move successfully through the developmental stages of the life cycle, and to attain optimal growth and self-fulfillment.

Flowing from the above conceptual framework is a continuum of services with varied features and objectives. This continuum is represented in Chart 1 on the following page.
### CHART NO. 1

**CONTINUUM OF RESIDENTIAL SERVICES**

#### TYPE OF SERVICE

- One Room
- Apartment Living or Group Residence
- Day Treatment
- Emergency Care
- Relative's Home – Regular
- Foster Home – Group Home
- Half-way House
- Halfway House
- Youth Hostels
- Shelter Care

#### INDEPENDENT LIVING → DEPENDENT LIVING

#### UNIQUE OBJECTIVES*

- **Maintain in own home**
- **Facilitate transition between institution and community—or, provide long-term living situations.**
- **Provide custody or protection on brief or long-term basis.**

#### KEY FEATURES

- **Minimal supervision and structure.**
- **Integration with community.**
- **Partial care.**
- **Limited supervision and structure.**
- **Integration with community.**
- **Differential levels of care.**
- **Close supervision and structure.**
- **Self-contained program.**
- **Twenty-four hour care.**

*In addition to their unique objectives, these services may share common objectives such as rehabilitation, treatment, and enhancement of each person's growth and development.
COMMUNITY ACCEPTANCE

A major obstacle to the development of residential services as envisioned here is the lack of community acceptance (cf. Bachrach, 1976:13).

Professional writings reflect strong conviction about the importance of community-based services (cf. Sarason, 1974; Spergel, 1973). However, there is doubt that the public at large shares with professionals their enthusiasm for a wide variety of community-based living facilities. Agencies throughout the country encounter strong community resistance in their efforts to develop half-way houses for people in nearly all problem and age categories.

The literature suggests that there is less community resistance to services for some groups (e.g., dependent and neglected children) than others (e.g., juvenile and adult offenders). But there is no question that wider acceptance is a prerequisite to further expansion and improvement of residential services in general.

ISSUES IN SERVICE DELIVERY

A wide range of services is emerging, with unclear definition of each type and its components, qualities, and target populations. There is a need for greater conceptual clarity in regard to such aspects as goals, programs and clientele for each type of community-based residential service. A great deal has consequently been written about issues in service delivery. In the field of mental health, for example, Bachrach (1976) provides an excellent, concise summary of issues in deinstitutionalization of mental hospital patients. These include: (1) issues related to the selection of patients for placement in community-based settings; (2) issues dealing with the availability and quality of treatment services in the community; (3) issues regarding the quality of life of former patients once they go into the community, such as the nature of support systems; and (4) issues related to the greater community, such as public resistance and opposition (Bachrach, 1976:10-17).

Much discussion in the literature concerns primarily the structure of services. There is a recurrent debate as to whether institutions are necessary, whether community-based services should be preferred, and how the various services should be organized (cf. Wolins and Piliavin, 1964). In contrast, less attention has been devoted to
the content or substance of these services. Although both structure and substance are important, it seems crucial to be less concerned with structure per se and to consider more extensively what should be the ingredients necessary to make various types of community-based services effective and responsive to the individual needs of people.

While there is among professionals widespread acceptance of the concept of community-based residential services, there is also recognition that institutions will continue to play an important role in the continuum of services, especially as they are in various ways reformed and used more appropriately than at present. There is much interest in de-institutionalization (cf. Bachrach, 1976; Schulberg, Becker, and McGrath, 1976). However, this concept is viewed not so much in terms of annihilation of institutions as in terms of institutional reform, avoidance of institutional placement where possible, and development of alternatives to institutionalization.

Although there are indications of experimentation with a variety of alternatives to inappropriate institutionalization, most agencies continue to rely on traditional forms of community placements—i.e., foster homes and group homes. In the absence of empirical evidence adequately supporting this trend, it is crucial to avoid a premature commitment to any one type of residential service.

Common difficulties are encountered in the delivery of services across all problem categories, especially in regard to such aspects as staffing, funding, community acceptance, and adequacy of resources. Numerous gaps in the availability of services are apparent for most age, need, and problem categories.

Beyond the issue of availability of resources, the literature reflects concern that the service delivery system is insufficiently coordinated and excessively entangled (cf. Bachrach, 1976; Becker, 1972; and Fanahel and Shinn, 1972). Problems emerge in relation to fragmentation of services, overlapping and ambiguities among different agencies and programs in both the private and public spheres, proliferation of services with limited coordination and planning, inadequate utilization of staff, and disparate licensing requirements.

A serious problem is that there is little clarity or agreement among professionals as to criteria for placement and guidelines for adequate programming for different types of people, needs, and situations (cf. Maluccio and Marlow, 1972). More than a decade ago, it was
suggested that, even if there were adequate public support and unlimited staffing and funding resources, it would not be possible for administrators and planners to indicate clearly which resources should be developed for whom (cf. Taylor and Starr, 1967). There is no evidence of significant change in this regard. The literature reflects confusion regarding admission criteria for different types of community services, lack of clarity as to the necessary ingredients of different programs, and limited consideration of their comparative effectiveness (Maluccio and Marlow, 1972).

Delineation of criteria for placement is essential since at present many placements in residential services are made on the basis of imprecise criteria, poor planning, or emergency reasons. Due to lack of adequate planning or resources, institutions are often used as a placement of desperation or "last resort," with all the problems attendant upon any such approach (cf. Feldman, 1974; Fotrell and Jajumder, 1975; and Kester, 1966).

NEED FOR SUPPORTIVE PROGRAMS

Another recurring theme is that the effective use of community-based living facilities is dependent on the availability of supportive or auxiliary programs. Even a highly developed and sophisticated system of residential facilities at best can have limited success unless it exists within a framework of quality aftercare and supportive and preventive services (cf. Donlan and Rada, 1976; Lamb and Associates, 1976; Miller, 1976; and Talbott, 1974).

It is emphasized that this framework should encompass, first of all, broad societal supports in such key areas as education, employment, housing, and health. Secondly, it should include a variety of specific programs geared to the special needs of people using community-based living facilities. These are generic programs that may be universally needed (e.g., counseling) as well as services needed by particular client groups (e.g., "Meals on Wheels" for aged or disabled persons).

The vast range of generic supportive programs needed across all age or problem categories includes:
In addition, special programs are needed in different categories, including:

**Aged**
- Home Health Care
- Nutrition
- Transportation
- Recreation
- Senior Centers
- Protective Services

**Children and Youth**
- Child Care in own home
- Child Development Programs
- Education
- Vocational Counseling
- Early Identification and Intervention Programs

**Corrections**
- Diverisonary Programs
- Probation and Parole
- Work Release

**Mental Illness**
- Sheltered Workshops
- Social and Recreational Opportunities

**Mental Retardation**
- Sheltered Workshops
- Social and Recreational Opportunities

**EVALUATION OF EFFECTIVENESS**

As noted by Gottesfeld (1976:8), "it is difficult to make any generalizations as to the effectiveness of community programs." First of all, there has been very little formal evaluation of community-based services. Secondly, most evaluative studies completed thus far suffer from various methodological limitations (cf. Hetherington et al., 1974).
The findings of evaluative research are often conflicting, contradictory, or inconclusive (cf. Marx, Test, and Stein, 1973). In some fields, (e.g., mental illness and mental retardation), there are indications that community-based residential services are more effective and economical than hospital or institutional care (cf. Rog and Raush, 1975). However, the empirical evidence is by no means conclusive.

A frequently raised issue is whether institutional or community-based services are better or more effective. For example, it is often asked whether institutional care or foster home placement is better for emotionally disturbed children. Questions such as these do not take into account the complexities of the situation and the dangers of comparisons of this sort. A more valid and fundamental question that remains to be answered is: What works best for whom and under what circumstances? In other words, evaluative research should focus on delineation of the special qualities and advantages or disadvantages, for different people, of each type of service along the continuum from institutional care to living in one's own home.

CONCLUSION

This selective review of the literature on community-based residential services reflects considerable ferment: questioning of institutional care and treatment, growing use of a variety of community-based programs, and experimentation with various alternatives to institutionalization. Community-based services such as foster homes, group homes, half-way houses, and day care are being used increasingly with children, adolescents, and adults in a range of problem areas.

With the exception of the child welfare field, the use of community-based services on an extensive basis is relatively new. There is consequently little in the way of firm conclusions and empirically validated knowledge. Much of the writing consists of opinions, clinical reports, and fragmented discussions of individual experiences.

A striking impression is that writers and researchers in one problem area rarely examine what has been found or written about similar issues in other problem areas. Thus, authors concerned with half-way houses for alcoholics do not appear to have reviewed the writings on half-way houses for mentally ill people. Similarly, writers in the field of mental retardation rarely consider the experiences that child
welfare workers have had with foster homes and group homes. The pattern which emerges is one in which writers and researchers in different fields of practice seem to be following separate pathways and idiosyncratic interests with little sharing of experiences, limited fertilization of ideas, and inadequate building of knowledge and of programs.

Perhaps the most crucial lesson flowing from this review of the literature therefore is that it is essential for practitioners, planners, administrators and researchers in diverse fields to find ways to share their ideas, experiences and resources, in order to arrive at a more effective as well as more efficient service delivery system of community-based residential services.

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ORGANIZATIONAL CONSIDERATIONS IN THE APPLICATION
OF BUDGETING AND COST EFFECTIVENESS SYSTEMS TO
SOCIAL WELFARE ORGANIZATIONS

Charles Cowger, D.S.W.

Social welfare organizations have distinctive organizational characteristics which hinder their adaptability to budget and cost effectiveness systems. This paper identifies those characteristics and discusses their significance.

IMPACT OF PROGRAM BUDGETING AND COST EFFECTIVENESS SYSTEMS

The application of program budgeting and cost effectiveness systems to social welfare services has been an attempt to get better business management, more accountability, and improved planning into the social services. The contributions of this thrust to the social services include: 1) clarification of social service goals; 2) the transfer of the focus of decision making from the means to the objectives; 3) the strengthening of the role of knowledge in decision making; 4) focusing evaluation as a central part of the management scheme of social services; and 5) making priority determination central to the planning process.

Program budgeting and cost effectiveness systems have also had serious limitations. Cited problems include: 1) the attempt to quantify things that cannot be quantified; 2) conflict between emphasis on budget and evaluation criteria vs. meeting human needs, e.g., "skimming" potentially successful clients in order to meet efficiency and effectiveness criteria; 3) the use of measuring instruments that are too primitive to assess what is really going on in a complex world, organization, program or person; 4) the treatment of

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1 An earlier version of this paper was presented at the Council on Social Work Education Annual Program meeting, Atlanta, Georgia, March 12, 1974.

2 "Program budgeting and cost effectiveness systems" include budgeting systems such as functional accounting, cost analysis, cost benefit analysis, PPBS, and cost utility analysis.

3 For discussion of contributions (potential and actual) of program budgeting and cost effectiveness systems, see Kahn (8), Novick (13), Levine (11), Haverton and Margolis (6), and U.S. Congress (17).
social work practice as a purely scientific endeavor; 5) the centralization of planning which makes social welfare organizations less flexible to immediate needs; and 6) emphasis on efficiency at the expense of effectiveness.

There is little evidence that program budgeting and cost effectiveness systems have lived up to their expectations. However, these systems appear to be here to stay and have considerable potential for the future. If future systems are to be successful however, the unique organization characteristics of social welfare organizations will need to be considered.

NEED FOR ORGANIZATIONAL TAXONOMIES

An attempt to apply an organizational technique such as "cost benefit analysis" across different kinds of organizations must assume that the characteristics of those organizations are similar, whereas in fact organizations differ widely. Contrary to the message of systems theory, anything that is true about all organizations is likely to be either too general or trivial to be of much value (16:19). As one reviews the program budgeting and cost effectiveness literature, there is a notable absence of serious consideration of differential characteristics of organizations. Evaluation tools that are effective for assessment in one type of organization may have no inherent carry over to other types of organizations.

Perhaps the primary reason for lack of consideration given to differential organizations in the program budgeting and cost effectiveness literature is that there exists minimal literature in the area of organizational taxonomy. The literature that does exist has generally been oversimplified and based on "pure" types. Existing taxonomies have been convenient but not instructive (9:19). However, there have been some recent attempts to distinguish those organizations that have human beings as the basic raw material on which work is performed.

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4 For discussion of limitations of program budgeting and cost effectiveness systems in social welfare organizations, see Haverman and Margolis (6), Kahn (8), and Widausky (18).

5 See Maynihan (12), Huitt (7), and Feldman (3).
These organizations have been referred to as "people-molding" organizations by Parsons (14), and "people-processing" organizations by Lefton (10), Katz (9), and Burns (2). In addition, Hasenfeld was differentiated between "people-processing" organizations and "people-changing" organizations (5). The purpose of the above work has primarily been to examine the impact of humans as raw material on other organizational structure and process.

Program budgeting and cost effectiveness systems are primarily concerned with evaluation and, therefore, measurement. Effective budget and cost effectiveness systems require precise measurement of inputs, processing and outputs. The significance of examining the raw material, technology, and environment of social welfare organizations lies in the measurement problems presented by those characteristics.

SOCIAL WELFARE ORGANIZATIONS: DISTINCTIVE CHARACTERISTICS

In order to illustrate the distinctiveness of social welfare organizations and demonstrate application problems of budget and cost effectiveness systems to those organizations, three organizational characteristics will be considered: 1) the nature of the raw material; 2) the nature of the primary technology; and 3) the nature of environmental constraints. In contrast to social welfare organizations, budget and cost effectiveness systems adapt well to economic or production organizations. Therefore, the following examination of distinctive characteristics of social welfare organizations will include a comparison to production organizations.

**Raw Material:** The raw material of the primary technology of production organizations is objects or physical matter (9:128). Budgeting and cost effectiveness systems fit well with production organizations partly because the raw material is generally stable, has rather precise normative characteristics, and therefore is measureable. While the raw material is processed, it provides little reactive effect. What reactive effect does occur is consistent and predictable. Qualitative and quantitative units of the raw material are definable and measurable at the point of input and output. Cost per unit of output is easily arrived at.

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6 Economic or production organizations are concerned with the "creation of wealth in direct fashion, either through extracting materials from the environment, transforming objects for consumption, or rendering some services related to these activities" (9:128). Economic or production organizations will hereafter be referred to as production organizations.
The raw material of social welfare organizations is people. The social welfare organization is concerned with changing people who come within its boundaries. People are unpredictable and have only broad general normative characteristics. In addition, the raw material (people) is reactive in nature, unstable, unpredictable, and therefore comparatively difficult to measure at the point of input, processing, and output. Most human change models require cooperation and/or participation of the client (raw material) for either pragmatic or ethical reasons. Therefore, the issue of motivating the raw material provides special problems not encountered by production organizations. These problems are related to lack of knowledge about the raw material (e.g., what really motivates people). Quantitative measurement of the raw material is limited at the point of input, processing, and output to number of persons. Qualitative measurement of input and output is as general and unpredictable as the raw material.

Nature of Technology: By technology is meant the "actions that an individual performs upon an object, with or without the aid of tools or mechanical devices, in order to make some change in that object (16:195)." The technology is the work that is done in an organization. Because the economic function of production organizations is directed at the molding of objects rather than people, "its structural elaboration is better attuned to things than people" (9:128). Budgeting and cost effectiveness systems are also better attuned to things than people.

Mechanization is the dominant principle of the production organization. Since the raw material is stable and predictable, the technology of changing or processing that raw material may be routinized. Worker behavior may be precisely prescribed and evaluated. Units of work may be specified and evaluated with specificity. Worker discretionary decision making is minimal. In general, the technology of production organizations is further advanced than the technology of social welfare organizations when evaluated by the criteria of predictability, precision and efficiency. Production technology is therefore more easily measured and therefore, more amenable to the tools of budget and cost effectiveness systems.

7. The concern here is the "primary" technology of the organization. The "primary" technology is the technology that is applied to shaping, changing, or molding the raw material.
The nature of the raw material of an organization makes a difference in how an organization is structured and operated and determines characteristics of the technology of the organization. According to Perrow, the critical significance of the raw material's influence on the technology is the "number of exceptional cases encountered in the work" and the "nature of worker behavior when exceptional cases are found" (16:195). Few exceptional cases are found in production organizations where the raw material is stable and consistent over time. Many exceptions are found in social welfare organizations where raw material is not only unstable, but also presents an unpredictable reactive effect when the technology is implemented. The behaviors of a community organization worker could be heavily prescribed if one were only concerned with the technical aspects of organization building, community change, community development, etc. However, the uniqueness of each community and the reactive effects of each community organization requires behavior from workers that cannot be technically prescribed. Social welfare organizations require a wider area of discretionary power for staff members (9:132). Therefore, the technology of social welfare organizations is again more difficult to measure.

The technology of social welfare organizations, primarily due to the reactive effect of the raw material, is far less prescribed, routinized and predictable. The science of human behavior is simply not as advanced as the natural sciences (1). Units of work are more difficult to assess and worker behaviors more difficult to evaluate.

Assuming the above generalizations, how does one account for differential organizational structure found within the category of organizations which have humans as the raw material? Some social welfare organizations may in fact be more similar in organization to a steel factory than to other social welfare organizations. For example, in the Street, Vinter, Perrow 1966 study, one correctional institution referred to as "Dick" is described in a manner that appeared to utilize routine technology with explicit rules and procedures regulating worker behavior. In this case, it would appear that the actual nature of the raw material is much less important than the belief system operating in the organization about the raw material. If the belief system of the organization has reached closure on its knowledge about the raw material, as was the case with institution "Dick," its technology will more likely be routine. If the belief system of the organization has not arrived at closure on its knowledge base about the nature of the raw material, its technology will be non-routine. If a juvenile in a correctional institution is perceived as simply needing discipline, or needing to have some specified behaviors changed,
technology could be routine. For example, a rigorous discipline sys-
tem with routine prescribed disciplining behaviors for staff could be
instituted, or an operant conditioning program could be instituted
with prescribed staff behaviors defined. If a juvenile is perceived
in a framework of a person with complex personality characteristics
who would demonstrate his needs by his behavior and through his own
explanation of his problems, the technology would more likely be non-
routine. Perrow’s proposition that when the raw material is human,
there is a greater likelihood of a technology that is non-routine,
is probably correct. However, the more salient variable would appear
to be the belief system operating in the organization about the raw
material.

The implication of technology as being unique in social welfare
organizations is significant when viewed in the context of budgeting
and cost effectiveness systems. First, the technology of social wel-
fare organizations is less prescribed, tends to be less routine and
therefore work units are more difficult to define and technology is
more difficult to measure. However, if social welfare organizations
are willing to arrive at closure on their understanding of the nature
of their raw material, the technology becomes easier to define and
measure. Behavior modification appears to have the only current
technology that meets budgeting and cost effectiveness assumptions
about technology. It would appear that the application of budget
and cost effectiveness systems to other technologies in social welfare
organizations must either force artificial closure on belief about the
raw material or artificial descriptions of work units.

Environment: Both production and social welfare organizations
depend on an environmental exchange. The environment must receive the
output and replenish the organization with energy inputs. This is pri-
marily accomplished in production organization through the market
place. The market place provides an observable and constant check as
to the success of its product and future energy inputs. Since the
activity of the market place of production organizations is measurable,
it adapts well to a budgeting and cost effectiveness system.

The market place of social welfare organizations does not provide
a precise and direct feedback system. Social welfare organizations
have two primary marketing publics; the user of the service and the
"general public." Both "purchase" the product and provide energy in-
puts. However, these inputs do not provide a precise and direct feed-
back system due to the greater degree of dependence upon components
other than the consumer of the product for energy inputs. Most social
welfare organizations have third party purchasers of the service which
makes them more vulnerable to a complex array of energy input con-
straints.

Energy inputs of/to the organization may be tied to client need,
public demand, political maneuvering, legislative procedures, bureau
of budget procedures, and/or executive "branch of government" whims.
Each of these constraints on energy input is related to numerous
evaluative perspectives of the organization. Like the production
organization, the social welfare organization is viewed and evaluated
one way by recipients of its product, and other ways by various social
aggregates of the general public. However, unlike the production
organization, the social welfare organization has no direct feedback
as to how it is doing. In fact it may be doing very well as far as
the consumer perceives it, but not receive energy inputs from the
third party purchaser (e.g., government, community fund, etc.) It
may be doing well from the perspective of the program staff of a fund-
ing agency but poorly from the advisory board of that agency. Pre-
cise measurement of success in the context of these environmental
impingements is extremely difficult. In order to meet the needs of
all energy inputs to the organization, goals and objectives of the
organization may need to be stated in broad general terms rather than
in precise operational terms as required for measurement in budget
and cost effectiveness systems.

The current measurement tools utilized in budgeting and cost effectiv-
ness systems are simply too primitive to encompass the complexities
of the environmental component of social welfare organizations. In
addition, such systems have not successfully solved the problems in-
volved in evaluating externalities and secondary impacts. For example,
the inclusion of the dollar value of improved school performance for a
child whose father is in treatment for alcoholism would not be consid-
ered under current existing budget and cost effectiveness systems.
Yet such externalities may be more valuable to the society than whether
the father ultimately quits drinking.

See Robert H. Haverman and Julius Margolis (6), for a discussion of
externalities and secondary impacts.
In most all social welfare organizations, the raw material has an independent life from the organization (Goffman's "total institutions" not withstanding [4]). Therefore, other factors external to the organization may have greater impact on the raw material than the organization which complicates measurement problems considerably.

SUMMARY AND IMPLICATIONS

This paper has demonstrated how budget and cost effectiveness systems are more adaptable to production organizations than they are to social welfare organizations. Budgeting and cost effectiveness systems are highly dependent upon precise measurement of organizational inputs, organizational processing, and organizational outputs. Unique organizational characteristics of social welfare organizations including the nature of their raw material, technology, and environment present considerable complications for accomplishing this measurement.

The fit of constructs with the type of organization these constructs are applied to should be a primary consideration in the application of budget and cost effectiveness systems. To significantly change social welfare organizations as an attempt to make them fit budgeting and cost effectiveness systems would not appear to be fruitful in the long run, for regardless of the assumptions of the system the raw material will remain reactive unpredictable humans, the technology will require discretion on the part of the worker, and environmental constraints on energy inputs will remain complex. Therefore, budget and cost effectiveness systems should be adapted and refined to fit the type of organization. In the meantime, cost effectiveness measurement should be understood as barely primitive. Pretensions of pure objectivity and scientific evaluation should be squelched. Measurement research might include client perceptions, identifiable behavior changes, identification by client and agency of externalities and secondary impact, and self evaluation and peer evaluation by agencies. Recipients of funds from funding agencies should be allowed to demonstrate their effectiveness in a variety of ways in addition to their current budget and cost effectiveness system. It may well be that if budget and cost effectiveness systems are not adapted to the uniqueness of the organization to which they are applied, the raw material of those organizations, the technicians of the primary technology in those organizations, and the environment (third party purchasers and others) will "cost-out" the death of such systems and be willing to pay the price.

This is similar concern as that expressed about the effectiveness of social work practice in an analysis of social work research by Helen Harris Perlman (15).
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SOCIAL WORK AND CRIMINAL JUSTICE STUDENT SUPPORT OF CIVIL LIBERTIES

by

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ABSTRACT

Varying levels of support for civil liberties have been imputed to social work and criminal justice personnel. Assuming students planning to pursue these professional roles reflect attitudes in accordance with anticipated demands of the positions and the effects of preparatory educational experiences, this paper examines the levels of support for selected provisions of the Bill of Rights among social work and criminal justice undergraduate students.

Support of the Bill of Rights to the United States Constitution is considered essential by some for the maintenance of a democratic society. It is argued that public consensus concerning the principles embodied in the Bill of Rights is required if individual and collective freedoms are to be preserved, and without this consensus democracy will disintegrate and traditional institutions will collapse, including the legal structure.

A contrasting point of view is that a broad, general consensus is unnecessary. It is pointed out that in spite of the fact that research reports indicate several provisions of the Bill of Rights do not receive the majority of public acceptance or approval, American society continues to function. One explanation for the continuation of democratic forms under these circumstances may be that public consensus on civil liberties is not a necessary condition, but that consensus among economic, social, and political elites, and others who occupy important social positions, is essential. Among those who play significant roles in the perpetuation of democratic institutions are the occupants of positions within the criminal justice system, whether it is law enforcement, corrections, or the judiciary.

There are at least two ways in which criminal justice personnel, including those providing law enforcement, casework, counseling and correctional services, affect the perpetuation of democracy. One is the actual behavior of individuals working in criminal justice agencies. Behavior consistent with the law and the Bill of Rights is required if respect for the principle of the law and those administering justice is to be established and maintained. It is basic and fundamental that those enforcing and administering the law uphold the Constitution by overtly obeying it.
A second way criminal justice personnel influence democratic institutions involves their attitudinal posture preceding behavior. Because attitudes are frequently important indications of future behavior, if not determinants of it, they represent a significant area of concern. If attitudes of criminal justice personnel are inconsistent with the principles expressed in the Bill of Rights, the incompatibility can become translated into policies and practices which encourage the abuse of discretionary power, denial of equal protection of the law and due process. Lack of support for civil liberties can easily lead to the neglect of basic tenets of law, thus undermining the individual and collective rights of segments of the population. An attitude which supports the Bill of Rights can enhance respect for the law, serve as a predisposition to guide one’s behavior in a manner consistent with it, and create a uniformity among personnel regarding criminal justice administration. Thus, independent of overt behavior, the absence of attitudinal support can contribute to denigration of civil liberties, encouragement for behavior inconsistent with the law, and the growth of general contempt for the law as well as those enforcing and administering it.

To the extent that criminal justice personnel play an important role in the preservation of democracy through their support for civil liberties, it becomes important to examine the attitudes of those planning careers in criminal justice in order to discern something of the political and civil climate of the next few years. In terms of the preceding arguments, social work and criminal justice students at the very least represent a segment of the general consensus which purportedly is required, and on the other hand are among those who play critical roles in American society without whose support continued democracy would be very doubtful. Thus, an examination of student attitudes representing contrasting occupational goals is in order.

Education and Support for Civil Liberties

Among the consequences of post-secondary education is an apparent "liberalizing" effect on students. The longer students remain in school, the more likely they are to be tolerant of non-conformity and supportive of the Bill of Rights.\(^2\) There are several explanations which have been offered to account for this. One is that as a student progresses through an undergraduate career, there is more exposure to courses which provide information and create a familiarity with the principles upon which the country was founded. This exposure to substance, accompanied by discussion and deliberation, serves to enhance a student’s appreciation for an acceptance of different points of view and the principles protecting those who express them. Another explanation for the impact of education is that students will encounter a variety of different life styles and a wide range of opinions among other students in the course of their educational careers. These incongruent experiences will serve to increase tolerance of nonconformity and respect for provisions of the Bill of Rights which protect these interests.\(^3\) Consequently, higher education not only serves to "liberalize" students by acquainting them with the substance of principles, intellectual thought, and history, but also by making them susceptible to experiences of contrast, contradiction, and disagreement.

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Among the various majors available to college and university students and subject to this influence are those of criminal justice and social work. These majors serve as educational preparation for entrance into the professions after graduation, as well as the arena in which much anticipatory socialization takes place. The professions have been stereotyped in a manner which suggests conflict between them involving a difference in attitudes toward civil liberties. Criminal justice personnel, particularly those in law enforcement, are portrayed as possessing authoritarian personalities, rigid values, and fixed attitudes and opinions concerning the rights of others. Charged with upholding the law, criminal justice personnel are often seen as guardians of the existing arrangements and present order in society. Changes in the law or interpretations of the Constitution which are perceived as a threat to this order are considered unpopular by this group. On the other hand, social workers are seen as "do-gooders," who challenge the laws and practices which limit the civil liberties of certain minority groups, some of which have been the focus of intensive criminal justice activity. Under such circumstances, it is considered appropriate for social workers to focus on uniqueness and individuality, and promote social change adopting a degree of flexibility concerning the existing arrangements in society. As Trojanowicz states:

Even though some of the observations and accompanying adjectives leveled at the Police and Social Work professions are without scientific substantiation, it does appear that certain behavior patterns and attitudes of social workers as compared to policemen are in many cases different. . . . because different kinds of work and work situations demand different types of orientations and behavioral styles of persons who operate them there should be different and distinguishable behavior styles when policemen and social workers are compared.

It is reasonable that as a consequence of intentional instruction and anticipatory socialization those intending to enter professions become familiar with many aspects of their intended careers including the supportive attitudes and norms which accompany the work situation. One area of difference between criminal justice and social work students is likely to be in the level of attitudinal support for civil liberties. Many court rulings in the last twenty-five years have been heavily criticized by criminal justice organizations and personnel on the grounds these decisions and interpretations have made the administration of justice more difficult. On the other hand, those actively pursuing social change have generally applauded many of these decisions and consider them to be in the best interests of individuals and groups. It is hypothesized here that social work students will be more supportive of provisions contained in the Bill of Rights than criminal justice students.

Data

The data for this research were obtained from a questionnaire consisting of a large number of questions.
including fifteen items which have been previously used to measure support for civil liberties in other research efforts. The questionnaire was administered to students at Montana State University, a medium sized institution which has undergraduate Criminal Justice (Social Justice) and Social Work Programs that have been established for over six years. Virtually all the students enrolled in both programs are preservice students from the State of Montana, a sparsely populated state lacking significant metropolitan areas. The number of students included from each program was sufficient to consider each group representative of all majors in each program, and within the limitations of available data, the samples were found to correspond closely to the total enrollment for both groups in terms of the distribution of sex, year in school, and age.

The items employed to measure support for civil liberties were drawn from previous studies and consisted of paraphrased statements to which each respondent was asked to indicate a degree of agreement or disagreement. Responses indicating support for selected provisions of the Bill of Rights were regarded as "libertarian" responses. The neutral choice of "no opinion" was scored as "nonlibertarian." Although these items do not represent all the principles or applications of the Bill of Rights, they provide a limited indication of attitudinal support for civil liberties.

Results

A libertarianism score was created for each statement by tabulating the percentage of respondents who indicated support for the principle contained in each item. The libertarian scores for both groups are found in Table 1.

Contrary to expectations, the mean libertarian score for criminal justice (72.5%) and social work students (71.3%) were approximately equal indicating essentially the same general level of support for civil liberties. Examining each item separately, the range of difference between the two groups was greatest for items #2 (12.5%) and #13 (12.1%), and least for items #1 (2.0%) and #8 (2.0%). The differences observed for items #2 and #13 are suggestive but not substantial enough to permit any meaningful conclusions. It is noted, however, that among the items with the largest and smallest differences between the two groups, the same principle, the first amendment right to free speech and press, is involved. Considering all fifteen items, twelve of the statements received majority support in the criminal justice group and eleven were supported by a majority of the social work students.
## Table 1
### Support For Civil Liberties Among Criminal Justice and Social Work Students

<table>
<thead>
<tr>
<th>Item</th>
<th>Percent Libertarian Response</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Criminal Justice</td>
</tr>
<tr>
<td>1. The circulation of Russian or Chinese newspapers in this country should be restricted to scholars.</td>
<td>88.4%</td>
</tr>
<tr>
<td>2. The Government should have the right to prohibit any group of persons who disagree with our form of government from holding public meetings.</td>
<td>83.7</td>
</tr>
<tr>
<td>3. State governments should have the power to pass laws making it illegal to speak against racial or religious groups.</td>
<td>82.6</td>
</tr>
<tr>
<td>4. It unduly hampers the police in their efforts to apprehend criminals when they have to have a warrant to search a house.</td>
<td>76.7</td>
</tr>
<tr>
<td>5. The police are justified in holding a man with a long criminal record until they have enough evidence to indict him.</td>
<td>84.9</td>
</tr>
<tr>
<td>6. It is reasonable to suspect the loyalty of a lawyer who represents accused Communists before a Congressional Committee.</td>
<td>77.9</td>
</tr>
<tr>
<td>7. A high school teacher who 'pleads the fifth amendment' while being questioned by a Congressional Committee should be fired at once.</td>
<td>91.9</td>
</tr>
<tr>
<td>8. The government is acting properly in refusing a passport to a Socialist.</td>
<td>44.2</td>
</tr>
</tbody>
</table>
Table 1 (continued)

<table>
<thead>
<tr>
<th>Item</th>
<th>Criminal Justice</th>
<th>Social Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. Large-scale police roundups of 'undesirables' are proper as long as they are restricted to people with known criminal records.</td>
<td>88.4</td>
<td>82.7</td>
</tr>
<tr>
<td>10. Legislative committees should not investigate the political beliefs of University faculty members.</td>
<td>83.7</td>
<td>73.1</td>
</tr>
<tr>
<td>11. A former member of the Communist party who refuses to reveal the names of party members he had known should not be allowed to teach in a private University.</td>
<td>67.4</td>
<td>71.2</td>
</tr>
<tr>
<td>12. It is wrong for government investigators to take pictures of people listening to a streetcorner speech.</td>
<td>53.5</td>
<td>44.2</td>
</tr>
<tr>
<td>13. 'Crime' comic books should be screened by some government agency before publication.</td>
<td>75.6</td>
<td>63.5</td>
</tr>
<tr>
<td>14. If a person accused of a major crime is acquitted, and if new evidence is then found that the prosecution claims indicates that he was guilty, he should be retried.</td>
<td>48.8</td>
<td>38.5</td>
</tr>
<tr>
<td>15. The government should have the right to withhold relevant FBI files from defendants in criminal cases, when opening them might reveal the names of confidential informants.</td>
<td>39.5</td>
<td>48.1</td>
</tr>
<tr>
<td>X Item Score</td>
<td>72.5%</td>
<td>71.3%</td>
</tr>
<tr>
<td>N</td>
<td>86</td>
<td>52</td>
</tr>
</tbody>
</table>
Similar to other research reports in this area, a libertarian index was constructed for each respondent by scoring one point for each item for which the respondent indicated support of civil liberties, providing a range of scores from zero to fifteen when the items were summed. Total scores ranging from zero to seven were classified as low libertarians, eight through eleven were grouped into the moderate libertarian category, and twelve to fifteen were considered high libertarians. Comparing the distribution of libertarianism within both programs revealed very little difference (Table 2). A small proportion of students in both groups possess attitudes reflecting a low level of support for civil liberties, and substantial proportions of both groups are found moderately or highly supportive of those principles. These data indicate there is very little difference in level of support for civil liberties among criminal justice and social work students.

Table 2
Libertarianism in Academic Majors

<table>
<thead>
<tr>
<th>Major</th>
<th>Low</th>
<th>Moderate</th>
<th>High</th>
<th>N</th>
<th>Mean Libertarian Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Work</td>
<td>9.6%</td>
<td>46.2%</td>
<td>44.2%</td>
<td>(52)</td>
<td>71.3%</td>
</tr>
<tr>
<td>Criminal Justice</td>
<td>11.6%</td>
<td>40.7%</td>
<td>47.7%</td>
<td>(86)</td>
<td>72.5%</td>
</tr>
<tr>
<td>Humanities</td>
<td>14.3%</td>
<td>52.4%</td>
<td>33.3%</td>
<td>(42)</td>
<td>67.8%</td>
</tr>
<tr>
<td>Social Science</td>
<td>20.5%</td>
<td>43.6%</td>
<td>35.9%</td>
<td>(39)</td>
<td>67.9%</td>
</tr>
<tr>
<td>Nursing &amp; Education</td>
<td>48.1%</td>
<td>36.7%</td>
<td>15.2%</td>
<td>(79)</td>
<td>53.1%</td>
</tr>
<tr>
<td>General Studies</td>
<td>44.9%</td>
<td>44.9%</td>
<td>10.1%</td>
<td>(69)</td>
<td>52.1%</td>
</tr>
<tr>
<td>Physical Sciences</td>
<td>27.3%</td>
<td>40.9%</td>
<td>31.8%</td>
<td>(110)</td>
<td>64.3%</td>
</tr>
<tr>
<td>Business</td>
<td>24.7%</td>
<td>50.6%</td>
<td>24.7%</td>
<td>(77)</td>
<td>62.5%</td>
</tr>
<tr>
<td>Other</td>
<td>39.1%</td>
<td>37.0%</td>
<td>23.9%</td>
<td>(46)</td>
<td>57.4%</td>
</tr>
</tbody>
</table>

Insight into the meaning of the absolute level of support of these groups was obtained by comparing them to other majors within the University. Utilizing the remainder of the general sample, the distribution and libertarianism mean scores for several academic majors were calculated (Table 2). Although the sample number is small in some instances, the data are included here only for general comparative purposes.

In contrast to other academic majors at the University, criminal justice and social work students have the largest proportion of high libertarians and smallest proportion of low libertarians. One possible explanation for this is that these majors are particularly sensitive to civil liberties issues, and the curricula and instructional style are
designed to instill favorable attitudes. On the other hand, these programs may tend to disproportionately attract students who are predisposed to support these principles. The difference is also seen in the mean libertarian score for each respective major. Criminal justice and social work students have the highest average libertarianism score among the academic majors, indicating the greatest level of attitudinal support for selected principles of the Bill of Rights. The lowest level of support is found among general studies, nursing and education majors, with those in the humanities, social sciences, physical sciences and business falling in between.

**Discussion and Conclusions**

Attitudes are related to work and the work situation, and those intending to assume particular careers frequently are socialized into an existing framework of occupational attitudes. While the relationship between attitudes and behavior is not completely clear, there generally is a direct association between them and it is reasonable to anticipate a tendency toward consistency. The criminal justice and social work professions represent important social positions for the maintenance and perpetuation of democracy, and the attitudes of the occupants of these roles, as well as those who are preparing for them, are a significant consideration in this process. On the basis of public comment, theoretical functions, and tradition it was suggested that criminal justice students would be less supportive of civil liberties than social work students. Using fifteen statements paraphrasing selected sections of the Bill of Rights and creating a crude index of libertarianism, criminal justice and social work students were found to exhibit essentially the same general level of attitudinal support for civil liberties. Furthermore, students preparing for these professions were found to be more libertarian than those from other academic majors.

There are several alternative interpretations of this finding. It is possible that among those students majoring in criminal justice there is a variation in attitude depending on what facet of criminal justice the individual intends to pursue. Students seeking careers in law enforcement might be less supportive of civil liberties than those with correctional careers in mind. For the present study, data on specific careers plans were not available, although in the past an approximately equal proportion of criminal justice students had indicated a preference for law enforcement as opposed to correctional careers, with a small percentage interested in the judiciary. Wide variation in attitudes may be present among these various subdivisions, having the overall effect of cancelling each other out when the total group is considered. An enlarged sample would provide data sufficient to examine this possibility as well as control for other variables such as age, sex, year in school, etc., all of which might have an impact on attitude.

Another interpretation of the results of this study is that the courses and instructors in the curriculum of each major are having an impact which results in approximately the same level of support. Emphasis on civil liberties in required courses may sensitize and educate students
in both types of programs and produce roughly equivalent levels of approval. On the other hand, students seeking both majors may be those interested in issues which concern civil liberties and they may be selecting academic majors compatible with their interests. Consequently, both criminal justice and social work majors may represent the same interests as far as civil liberties are concerned, but from different perspectives. In all probability, the situation is one of mutual exchange in that interest has an impact on major selection, and the major influences attitudes and values.

Assuming a favorable attitude toward civil liberties is an important element in the preservation of democracy, those preparing at the undergraduate level for roles in the professions of criminal justice and social work compare favorably with students in other majors. It would appear that if a substantial number of those with favorable attitudes toward civil liberties actually go on to enter the criminal justice and social work professions, these positions will be staffed by those most qualified to assume them as far as attitudes supportive of civil liberties is concerned.

One important aspect of this situation which remains to be clarified is the status of the attitudinal disposition of those currently working in these professions. If there are differences in level of support between them, the data of the present study are consistent with the notion that the variation is created after the undergraduate education is complete, and that other factors, including the character of the work situation itself, alter the degree of acceptance and approval of civil liberties. Such a finding would suggest that criminal justice and social work programs are limited in the degree to which they can affect attitudes, and it also raises the question of the attitudinal importance for behavior of individuals working in either field.

Notes and References


5 Trojanowicz, 552.

6 Except for one slightly modified item, the statements used to represent libertarianism for this study are the same as those used by Selvin and Hagstrom, Crotty, and Nunn.
INTRODUCTION: Manifest and latent criminal justice controls.

A major consideration in interethnic relations is the control factor and how this is maintained in minority-majority situations especially those occurring within heterogeneous societies. Granted numerous subtle control processes operate at both the primary and secondary levels of interethnic interaction but a critical measure of the effectiveness of minority subjugation is reflected in judicial discrimination. This formal legal control apparatus has a legal mandate to deny social members their freedom, to punish and even to execute them. In the United States the criminal justice system's avowed mandate is to provide 'equal justice' for all citizens without discrimination due to race, ethnic origin, sex, class or age. However, in reality, a distinctive latent process of discriminatory justice actually operates. This paper looks at the nature and extent of discriminatory justice and how it effects the nation's single largest racial minority—American blacks.

As a formal control apparatus the criminal justice system's mandate is a powerful one, giving the impression of equity in its application. Basic to our judicial ideals is the assumption that all men are treated equal before the law and that rational men play the adversary judicial game objectively. This requires a separation of the three judicial components comprising the adversary system: the defense, court, and prosecution as well as guidelines concerning the operation of law enforcement and corrections, the input and output of the judiciary. These distinctions in the criminal justice system were designed to maintain the system's objectivity and the interest of fair and equal justice. Furthermore, it was recognized that this powerful control apparatus could work only if its practitioners
abided by the system's underlying philosophy based on certain premises: the presumption of innocence until proven guilty beyond a reasonable doubt and the guarantee of 'due process' for all those accused.

Unfortunately, our criminal justice system operates quite contrary to its avowed ideals. Political and economic interest seems to supercede judicial interest with our archaic, overburdened criminal justice system facilitating these latent processes. Police, judicial and correctional discretion, selective attrition of criminal cases and questionable practices such as bargain justice and the like have become the norm creating a tremendous variance between our avowed judicial ideals and actual criminal justice practices.

Sykes, Wald, Quinney and Douglas clearly pointed this out in their respective arguments. Sykes (1967) and Wald (1967) addressed themselves to the issue of selective justice notably the attrition of criminal cases as they proceeded through the criminal justice process. Sykes, using the nation-wide statistics provided by the 1966 FBI, Uniform Crime Report, noted that, "the number of persons arrested is only a small proportion of offenses known to the police (23 percent) and of those arrest, only 26 percent were in fact found guilty of the offense with which they were charged (1967:91)." The President's Commission on Law Enforcement and Administration of Justice (1967), commonly referred to as the 'Presidential Task Force Report,' provided a graphic representation of selective justice in the United States, again using the most comprehensive source available—the FBI's 'crime index.' Here seven 'serious' crimes are used (criminal homicide, forcible rape, aggravated assault, armed robbery, burglary, grand larceny and auto theft) to measure national crime trends for the year of 1965. Figure I illustrates the attrition of these crimes as they proceed through the adjudication process.

Of two and three-quarter million 'index offenses' reported, only 727,000 were 'cleared through arrest' giving the police an overall 26 percent performance rating. Moreover, of those crimes cleared through arrest only 24 percent of those were formally charged by the prosecutor.
Yet of those charged at arraignment, 90 percent of these cases resulted in 'guilty pleas' while only 39 percent of these 'convicts' were eventually incarcerated resulting in only 2 percent of the total reported criminal population for 1965. Clearly, this illustrates that 'justice is not done' and that crime apparently does pay. But who benefits from this structured process of selective justice? Mainly it is those involved in the administration of justice itself, i.e., policemen, prosecutors, defense attorneys, judges and the like, those members of the legal guild who often use the criminal justice system as a political vehicle for accomplishing either personal or group ends—that is their own self interest. And when it is realized that most criminal justice practitioners are white males then we can better understand some of the traditional biases associated with selective justice and its latent process of discriminatory justice.

Figure I: Index crime attrition for 1965

<table>
<thead>
<tr>
<th>Crimes reported</th>
<th>Cleared by arrest</th>
<th>Indictments</th>
<th>Found guilty</th>
<th>Incarcerated</th>
</tr>
</thead>
<tbody>
<tr>
<td>2,780,000</td>
<td>727,000</td>
<td>177,000</td>
<td>160,000</td>
<td>63,000</td>
</tr>
</tbody>
</table>

Police discretion determines which crimes are investigated and the records indicate that lower class, mainly non-white, communities are those which are over-policed while middle and upper-class white neighborhoods are under-policed regarding the intensity of criminal investigation of the activities of the indigenous population. But even then the vast majority of those arrested, even for 'index crimes,' are white. Next the prosecutor utilizes his dis-
cretion to nolle prosequi and his influence to manipulate the grand jury accounting for the tremendous loss between those arrested and those indicted. Moreover, the use of plea bargaining, whereby the prosecutor and defense attorney conspire to make a deal usually entailing a reduction in charge(s) for a guilty plea at arraignment, accounts for the high proportion of 'bench trials' in our criminal justice system. Court statistics bear this out with over 90 percent of all indictments resulting in bench trials at arraignment and very few resulting in jury trials. Incidentally, this procedure usually guarantees the prosecutor with an impressive conviction record.

Yet while the vast majority of those arrested are white, the opposite is true for those incarcerated. Wald (1967) noticed that, "the poor are arrested more often, convicted more frequently, sentenced more harshly, rehabilitated less successfully than the test of society (1967:151)." This plus Sykes' (1967) revelation that blacks and other non-whites are heavily over-represented in our nation's prison population adds considerable insight as to the nature of discriminatory biases within the criminal justice system.

Quinney and Douglas both elaborated on the particular latent functions associated with discriminatory justice. Quinney (1972) carried the funneling attrition process a step further by associating it with labeling. He argued that criminal statistics are not indicative of the true nature of criminality but merely reflects the differential biases employed by the criminal justice system, i.e. those who are official labeled as being criminally deviant (1972:122).

As is evident in Quinney's paradigm of selective justice (Figure 2), most criminal offenses go unrecorded making criminal statistics unreliable to begin with. The Sykes and Task Force Report address themselves to the lower tip of the Quinney model saying little about the other unrecorded criminal cases. This does not invalidate the works of Sykes and others, but rather reinforces the nature of selective justice by dealing with those cases which are most indicative of criminal justice discretion. Douglas (1972) posited that this discretion was reflective of a
Figure 2: Quinney’s paradigm of selective justice

Human behavior subject to criminal labeling

No official label (hidden criminality)

police statistics

reported offenses & criminal arrest

Official criminality

court statistics

prosecution & conviction

prison statistics

sentenced to an institution

larger societal bias, one where members of the society are artificially dichotomized into either the 'unacceptable out-group' or the 'acceptable in-group' whereby members of the former are those of as being potential deviates while those from the latter are viewed as being normative. What follows then is a self fulfilling prophecy whereby the criminal justice system acts in such a way as to create this situation. For this to occur the criminal justice apparatus utilizes a dual system of justice--one for the 'acceptable in-group' and yet another for the 'unacceptable out-group.' It is this manipulated judicial system which supports latent discriminatory justice.

Watergate best illustrates the phenomenon of dualistic justice and its preferential judicial treatment for the 'acceptable in-group.' Not only does the 'acceptable in-group' have better access to qualified counsel, they are invariably offered some non-judicial recourse whereby the initial charge or charges are drastically reduced and public stigma all but eliminated in exchange for some contrition of guilt. Examples of these self-serving devices
common to the 'acceptable in-group' and widely used during Watergate to avert "the letter of the law" includes bargain pleas for reduced charges, jury manipulation, judicial delay tactics, special incarceration facilities and even new non-judicial devices such as unsupervised probation for Agnew and an unconditional pardon prior to any indictment for Nixon. During this same period harsher penalties and longer sentences were introduced for the "common" criminal -- those from the 'unacceptable out-group.'

CAPITAL PUNISHMENT: The Ultimate Social Control

The ultimate social control is that of legal homicide and the criminal justice system has used this device over the years accounting for 3,859 deaths between the years of 1930 and 1967 alone. Although judicial punishment is considered justifiable retribution, capital punishment has been justified because it is felt to be a deterrent to serious crime. This reflects the ideal judicial philosophy especially that of "due process" and rational, objective justice. It also corresponds with the ideal definition of first degree murder for which capital punishment is commonly associated. Here two factors, premeditation and intent, are thought to be objective, well thought out psychological processes where the fear of capital punishment would serve as an adequate deterrent. In support of this contention Sellin stated, "among the utilitarian arguments there is no doubt that the most widely used is the argument that the death penalty is a social necessity because it effectively deters people from committing murder (1959:19)."

Yet we know that the criminal justice ideals are not implemented and that considerable biases exist in the administration of justice. Statistics bear this out. Capital punishment has long been abused with blacks and other non-whites being the ones most discriminated against. And even if it was used objectively for all premeditated murders, world-wide evidence indicates that capital punishment does not act as a deterrent to others. Reckless, in his multi-national study of the death penalty concluded:
All these sources—a comparison of homicide rates in abolition states and contiguous retention states, a contrast of murder incidence in states which abolished and later restored capital punishment, the number of homicides just before and after sentence or execution, the count on killings of policemen in cities of abolition and retention states, and the incidence of fatal assaults in prisons—contain no evidence that the absence or non-use of the death penalty encourages murder, and no evidence that the presence or liberal use of the death penalty deters capital offenses (1969:56).

States held a moratorium on capital punishment in the late 1960's (1968 on) awaiting the 1972 Supreme Court decision. In Furman v. Georgia the nation's highest court in a 5 to 4 decision held that the imposition and carrying out of the death penalty constitutes cruel and unusual punishment in violation of the Eighth and Fourteenth Amendments. This action cleared the country's death row population, placing most into the general prison population. Nonetheless this narrow decision coupled with the political turbulence of the 1960's and 1970's led to a renewed interest in capital punishment. The President of the United States actively encouraged the reintroduction of the death penalty as is evident in his publically broadcasted State of the Union Message of March 10, 1973:

Americans in the last decade were often told that the criminal was not responsible for his crimes against society, but that society was responsible. I totally disagree with this permissive philosophy. Society is guilty of crime only when we fail to bring the criminal to justice. When we fail to make the criminal pay for his crime, we encourage him to think that crime will pay.

I am further proposing that the death penalty be restored for certain Federal crimes. At my direction, the Attorney General has drafted a statute consistent with the Supreme Court's recent decision on the death penalty. This statute will
provide capital punishment for cases of murder over which the Federal Government has jurisdiction, and for treason and other war-related crimes.

Contrary to the views of some social theorists, I am convinced that the death penalty can be an effective deterrent against specific crimes. The death penalty is not a deterrent so long as there is doubt whether it can be applied. The law I will propose would remove this doubt.

The potential criminal will know that if his intended victims die, he may also die. The hijacker, the kidnapper, the man who throws a fire bomb, the convict who attacks a prison guard, the person who assaults an officer of the law—all will know that they may pay with their own lives for any lives that they take.... I have directed the Attorney General to submit a death penalty statute as a separate proposal so that the Congress can act rapidly on this single provision (Presidential Documents: Vol. 9. #10:246).

At the time of the 1976 United States Supreme Court decision 35 states had reintroduced capital punishment. On July 2, 1976 the nation's highest court again ruled on this issue passing judgment on five capital cases before it. It found the death penalty legal in Georgia, Florida and Texas while finding it unconstitutional in North Carolina and Louisiana.

The indication now is that if a state has a separate review procedure which considers aggravating and mitigating factors surrounding each particular capital offense then the death penalty is legal. The 1976 decision apparently settled the issue concerning cruel and unusual punishment (Marshall and Brennen dissenting) placing focus now on how capital punishment is implemented.

Clearly the issue of discriminatory justice has not been settled by the Supreme Court although there is little left to the imagination regarding the death penalty’s
racial and class bias. Clark (1972) noticed that an analysis of the national statistics on capital punishment since their start in 1930 shows that of those executed over half were blacks, a group who only represents one-eighth of the overall general population. He also revealed that blacks accounted for 89 percent of those executed for rape during this same period. Similarly Wolfgang (1962) conducted a study of 439 persons sentenced to death in Pennsylvania from 1914 to 1958. In his analysis he found that 89 percent of the blacks were executed (11 percent commuted) in comparison to 80 percent of the whites actually executed (20 percent commuted).

Furthermore, most criminal homicides in our country are not of the premeditated type but rather occur in the heat of passion. Unfortunately most of these result in first degree murder indictments and convictions. The FBI's Uniform Crime Report lends considerable support to this contention by reporting that for the 20,510 criminal homicides recorded in 1975, over 30 percent directly involved immediate relatives such as spouse, child or lover while another 38 percent occurred during arguments involving non-relatives. Only 23 percent of the murders were clearly associated with felonious activity (UCR, 1976:19). Wolfgang (1961) observed that many of these passionate murders were victim precipitated, indicating that the victim contributed to his or her own demise in the course of the altercation.

CAPITAL PUNISHMENT IN THE SOUTH: The North Carolina Example.

North Carolina led the nation with its death-row population prior to the recent 1976 Supreme Court decision with 122 inmates, 49 more than its closest rival--Florida. Interestingly, the eight states with the highest death-row populations were from the South: North Carolina (122), Florida (73), Georgia (66), Louisiana (47), Texas (43), Mississippi (20), Tennessee (32), and South Carolina (26) (SCR, Vol. 3, #4, August, 1976). Graham and Gurr (1969) noted that violence has long been one of the characteristics most frequently attributed to Southerners, this stereotype being reinforced historically through duels, slavery, lynching, chain gangs and brutal police tactics. The FBI's
Uniform Crime Report bears this out with the South consistently having the highest murder rate in the country. Paradoxically much of this violence is generated by the harsh formal control mechanisms directed mainly toward the poor and non-white members of Southern society.

Overby (1967) intimated that justice in the South has a deliberate latent function designed to deny blacks equal justice. Garfinkel (1949) in an eleven year investigation of the judicial philosophy and practices in North Carolina concluded that, in fact, a dual system of justice does operate—one for white homicide offenders and yet another for black homicide offenders. More importantly, Garfinkel found that the objective, secular judicial ideals surrounding our criminal justice system were discarded by the white controlled formal control apparatus when dealing with black offenders whose victims were white. In these instances justice became a sacred issue. Here the primary judicial objective was, "to get the nigger responsible for this." In the opposite situation where the victim was black and the offender white, Garfinkel found that, "the fact of the crime taps no deep lying sentiments of wrong but is seen rather with reference to sentiments of serious misdemeanor." And when a black killed another black, Garfinkel found the summary reaction to be: "Murder? Another one? Who is the man? Where is he from? Whom did he kill? Are we going to try him or did he enter a plea? (1949:370-81).

Many of the spectacular issues currently associated with the death penalty have their roots in North Carolina. A North Carolina district Attorney from Lumberton County has gained a national reputation in his one-man "crusade for death" recently placing twelve men on death row (Newsweek, July 21, 1975), while the Joanne Little and Tarborro 3 cases provided national attention to the plight of black homicide offenders in the state. This same state which has the nation's highest incarceration rate and had the highest death row population was recently involved in yet another unique homicide situation. This time the 34 year old white wife of a lay fundamentalist preacher was found not guilty of the fatal shooting of an unarmed black man by a Vance County jury (11 white and 1 black) after three hours of deliberation. Her victim was a 21 year old decorated Viet Nam veteran whom she shot and killed in the victim's front yard (Charlotte Observer, July 11, 1967:19A).
Thus while Mrs. Dupree gained a favorable judicial decision after little legation her black counterpart Ms. Little was involved in a very expensive and lengthy legal battle including a change of venue. These two cases tend to substantiate Garfinkel's findings especially since both female offenders committed a similar act--the killing of a male of the opposite race.

Figure 3: Racial distribution of the death penalty in two Southern states.

<table>
<thead>
<tr>
<th>STATE:</th>
<th>North Carolina</th>
<th>Georgia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black males</td>
<td>282 (78%)</td>
<td>569 (81%)</td>
</tr>
<tr>
<td>Black females</td>
<td>2 (4%)</td>
<td>0</td>
</tr>
<tr>
<td>Indian males</td>
<td>5 (1%)</td>
<td>0</td>
</tr>
<tr>
<td>White males</td>
<td>73 (20%)</td>
<td>136 (19%)</td>
</tr>
<tr>
<td>White females</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>362</strong></td>
<td><strong>732</strong></td>
</tr>
</tbody>
</table>

Reviewing North Carolina's execution record since 1910 when the state took over the task of capital punishment, 706 persons were sentenced to die, while 362, or slightly more than half, were actually executed. Of those executed, 78 percent (282) were black males, 20 percent (73) were white males, 1 percent (5) were Indian males and .05 percent (2) were black females. This closely corresponds with the data available for the state of Georgia where 81 percent (596) of those executed since 1924 were blacks and 19 percent (136) white. In addition to their high death row populations these two states currently have the nation's highest incarceration rates (over 200 people incarcerated for every 100,000 population). An analysis of those incarcerated at the time of the 1976 Supreme Court decision outlawing the North Carolina death penalty shows that two-thirds of those awaiting capital punishment were blacks. This compared with a 25 percent distribution in the general population.
CONCLUSIONS: Future Ramifications of Latent Discriminatory Justice

A basic dilemma facing the United States Supreme Court in its decisions concerning appropriate judicial standards is that the justices seem to state their arguments as if our nation's judicial ideals were indeed implemented. These critical judicial issues are often clouded by political and personal biases which are expounded by public figures. For example Hooton (1939), the Harvard anthropologist, who developed his "criminal stock" theory suggested that since lower class blacks made up most of our nation's prison population we should attempt to prevent this occurrence through a policy of compulsory sterilization of these people before they embark on their criminal careers. The ramifications of his proposal are still being felt with the current turmoil over the use of sterilization, especially in the South, among black welfare mothers. Along similar lines Billy Graham, the noted evangelist from North Carolina, publically advocated castration for convicted rapists and capital punishment for murderers (1973). More recently, U.S. Solicitor Bork petitioned the Supreme Court in favor of the death penalty. This was felt to be an unethical action for the U.S. Justice Department to take since its ideal mandate is to guarantee our judicial ideals and not mold judicial practices. What concerned criminologists most, however, was the use of the Ehrlich thesis in his argument suggesting that contrary to previous scientific research on the matter, capital punishment does serve as a deterrent. Ehrlich, an economic theoretician at the University of Chicago, used regression analysis to project the potential deterrence of the death penalty. Many social scientists are suspect of Ehrlich's data base which has not been disclosed and even if his particular research is eventually proved conclusive, there is no evidence that it has universal application.

Our criminal justice system must face up to the latent discriminatory process of judicial practices and the ramifications of such. This is important since a serious consequence of the continuation of this process is that as selective justice becomes more entrenched and institutionalized as a means of social control, the less likely is it
that the ideals of justice can be met. This trend, if unaltered and carried to its extreme could provide the political and criminal justice control agencies with virtually unlimited power which could be used to alter our form of society, especially as it is described in the Federal Constitution (Skolnick, 1969).

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PA. 19010) for $3.00, which includes postage and handling.
Payment in the name of the author should accompany your order.

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SOCIOECONOMIC ACHIEVEMENT: THE CASE OF THE WORKING POOR*

Manuel Vaz Pato and John B. Williamson
Boston College

ABSTRACT

In recent years a great deal of effort has gone into the specification of causal models describing the social mobility process, but virtually no effort has been made to specify a model for the poor, a segment of the population for which the issue of social mobility is particularly crucial. In the present study we ask whether the process of socioeconomic achievement for the poor can be described using the same model as for the non-poor, or whether a separate model is required for the poor; we conclude that a separate model for the poor is needed. The data used is a national cross-section panel study; respondents were interviewed once yearly for each of five consecutive years. In the present study, which is limited to male heads of household in the labor force, we find that such variables as father's education and father's occupational status have a stronger impact on the occupational status of the poor than on that of the non-poor. Education on the other hand has a stronger impact on the occupational status of the non-poor. These differences are summarized in separate path models for the poor and for the non-poor.

Causal modeling of the process of social mobility in recent years has become one of the most active areas in quantitative sociological analysis. This work can be directly traced to the efforts of Blau and Duncan (1967) who were the first to apply path analytic techniques to the investigation of a major aspect of social mobility, the process of socioeconomic achievement. In their path model they attempted to specify the main life-cycle events influencing an individual's socioeconomic achievement. The model captures the causal flow linking family background factors to prestige of present occupation, with educational attainment and prestige of first occupation functioning as intervening variables. Duncan and his associates have subsequently extended this work in a number of respects, particularly by a comparative study of blacks and whites (Duncan, 1969) and the introduction of personality variables (Duncan et al., 1972; Featherman, 1972).

This work was subsequently extended by Jencks et al. (1972) who by using data from several sources were able to incorporate into their

*The authors would like to thank David Eaglesfield for his helpful suggestions on an earlier draft of this article.
models measures of childhood and adult cognitive skills. The major dependent variable in their analysis is respondent's total money income. Rather than concentrating on the relative strength of the various predictors, their analysis is primarily concerned with showing how little variance is explained in such models.

A characteristic of these as well as most other studies in this tradition is that the longitudinal process of social mobility is being modeled on the basis of cross-sectional data. A case can be made that longitudinal data affords an opportunity to extend the analysis. This is well illustrated by Kelley (1973), who in an analysis based on the longitudinal data from the Princeton Fertility Study, concludes that socioeconomic achievement is better explained by a double chain, one branch involving the occupational status and the other the income level attained by the respondents at different life stages. Occupational prestige at each point, he found, is not dependent on income of preceding periods.

Lane (1975) found in her cohort study that over a ten-year period (1940-49) mean occupational status was virtually constant. Moreover, the net effect of father's occupational status on his son's was unchanging over the decade. The education effect shifted slightly, but that was due, she suggests, to the change of educational quality of new generations entering the labor force.

In the most recent efforts to model the process of socioeconomic achievement (e.g., Sewell et al., 1976) the effect of education continues to be a major focus. In one of the most comprehensive longitudinal studies to date, Sewell and Hauser (1975) examine earnings of high school graduates some ten years later. Their models are only able to account for between 8% and 12% of the variance in income, but they account for 43% of the variance in occupational status.

An important gap that presently exists in the literature on the causal modeling of the process of socioeconomic achievement is that there has been no effort to specify a model for the poor. Most of the research has focused on modeling the process for white males. Some attention has been given to blacks (Duncan, 1969) and to women (Suter and Miller, 1973; Featherman and Hauser, 1976; McClendon, 1976), but no attention has been given to the poor.

The present analysis is in the tradition referred to by Sorensen (1975) as "status attainment research" as distinct from "mobility research" because the focus is on levels of occupational status and income achieved, rather than on achievement changes. In the present
study we ask whether the process of socioeconomic achievement for the poor differs in significant ways from the process for the non-poor. The comparison of results for the poor with those for the non-poor will be of use in deciding whether there are grounds for specifying separate models for each. This comparison should indicate if differences exist and if so to what factors they can be attributed.

METHODOLOGY

The scope of this paper is limited in regard to the number of variables and the range of population studied. In fact, we have considered only those variables most commonly used in this type of research and samples are restricted to male household heads and unrelated individuals, aged 25 to 59 in the Spring 1968 who had been in the labor force during the preceding year. There are advantages in this procedure; it minimizes certain problems related to multicollinearity; it creates relatively homogenous samples (with respect to age, sex, and employment status); and it makes it possible to compare results with earlier studies which have been conducted with similar variables and samples.

Sample Design

The data were obtained from a study conducted by the Survey Research Center (1972) at the University of Michigan which is referred to as "A Panel Study of Income Dynamics" (PSID). Their sample is based on respondents drawn from two sources. The first group was chosen from a sample of 30,000 families interviewed in 1966 and 1967 by the Bureau of Census as part of the Survey for Economic Opportunity (SEO). All families in this group had incomes in 1966 equal to or below the federal poverty line, at that time. The second group is a cross-section of dwelling units in the United States, selected from the Survey Research Center's master sampling frame. It includes people at all levels of income.

The total number of families interviewed by the SRC in the Spring of 1968 (the first year of the PSID) was 4,802, with 1,872 from the SEO group and 2,930 from the cross-section. Weights were computed in order to make the combined set a representative national cross-section sample of families. In 1972, eighty-two percent of the families successfully interviewed in 1968 were still in the panel. But the total number of interviews rose to 5,060 in 1972 since new families formed by members
of the panel's previous families had also been introduced into the sample as new units. In the present study we consider only those heads of household and unrelated individuals who were in households for which the heads did not change over the five year period considered (3,568 respondents). Among them, we chose those aged 25 to 59 in 1968 (2,700 respondents) who had been in the labor force during the preceding year (2,438).

Table 1 contrasts this PSID sample with Current Population Report (CPR) estimates. Although the groups are not completely matched for comparison, the table does suggest the general characteristics of our sample. There is an over-representation of non-whites in the PSID near poverty group (40.3% as compared with 22.2% for the CPR "below poverty" level). On the other hand there is an under-representation of unrelated individuals in poverty (10.1% in the PSID vs. 26.9% in the CPR). This may in part be due to differences in age limits (CPR samples persons 14 years old and over, while PSID is restricted to people between 25 and 59).

Only the male sample (1,963 respondents) will be analyzed hereafter. Our two samples were obtained by dividing that group along levels of total family money income in 1967. The sample of the poor \( (N = 402) \) contains those male heads of household and unrelated individuals whose family money income was equal to or less than the corresponding "near-poverty line" for 1967. The sample of the non-poor \( (N = 1,561) \) includes the remaining respondents. "Near-poverty lines" are higher than the standard "poverty lines" by about one third. Both were computed by the Social Security Administration and reflect the differing consumption requirements of families based on size, age of head, and whether residence is farm or non-farm.

**Description of Variables**

Since the focus of our study is on the working poor, the first measure of socioeconomic status is head's total labor income in 1967. This allows for comparisons with other models which use a measure of income as the major dependent variable. Head's labor income is, by and large, the most important source of both total income and family income. The inclusion of other types of income (e.g. transfer income) would have been less appropriate for research on the individual's ability to translate background social advantages and educational attainment into income differentials.
Table 1: Comparison of PSID sample with Some Current Population Report Estimates for 1968

<table>
<thead>
<tr>
<th></th>
<th>CPR</th>
<th>Below Poverty</th>
<th>PSID</th>
<th>All</th>
<th>Near-Poverty</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Race of heads &amp; unrltd ind</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Whites</td>
<td>89.9%</td>
<td>76.8%</td>
<td>87.4%</td>
<td>59.7%</td>
<td></td>
</tr>
<tr>
<td>Non-whites</td>
<td>10.1%</td>
<td>22.2%</td>
<td>12.6%</td>
<td>40.3%</td>
<td></td>
</tr>
<tr>
<td>Percent in poverty among</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male heads of household</td>
<td>**</td>
<td>8.7%</td>
<td>**</td>
<td>8.4%</td>
<td></td>
</tr>
<tr>
<td>Male unrelated individ</td>
<td>**</td>
<td>26.9%</td>
<td>**</td>
<td>10.1%</td>
<td></td>
</tr>
<tr>
<td>Median family income</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heads of household</td>
<td>$8,651</td>
<td>*</td>
<td>$9,620</td>
<td>$3,276</td>
<td></td>
</tr>
<tr>
<td>Unrelated individuals</td>
<td>$3,999</td>
<td>*</td>
<td>$5,600</td>
<td>$1,200</td>
<td></td>
</tr>
<tr>
<td>Median years of school completed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White heads of household</td>
<td>12.3</td>
<td>8.9</td>
<td>12.3</td>
<td>9.8</td>
<td></td>
</tr>
<tr>
<td>Nonwhite heads of hdhold</td>
<td>9.9</td>
<td>8.2</td>
<td>10.0</td>
<td>7.2</td>
<td></td>
</tr>
<tr>
<td>Occupation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional techn &amp; kdd</td>
<td>13.8%</td>
<td>2.2%</td>
<td>16.5%</td>
<td>2.7%</td>
<td></td>
</tr>
<tr>
<td>Managers, offcls &amp; proprtrs</td>
<td>14.7%</td>
<td>3.5%</td>
<td>11.1%</td>
<td>1.8%</td>
<td></td>
</tr>
<tr>
<td>Clerical &amp; sales wkrs</td>
<td>13.0%</td>
<td>4.9%</td>
<td>13.1%</td>
<td>5.8%</td>
<td></td>
</tr>
<tr>
<td>Crafts, foremen &amp; kdd</td>
<td>20.6%</td>
<td>4.1%</td>
<td>21.7%</td>
<td>8.2%</td>
<td></td>
</tr>
<tr>
<td>Operatives &amp; kdd wkrs</td>
<td>19.4%</td>
<td>7.5%</td>
<td>16.3%</td>
<td>11.0%</td>
<td></td>
</tr>
<tr>
<td>Farmers &amp; farm mangrs</td>
<td>4.4%</td>
<td>24.7%</td>
<td>3.6%</td>
<td>26.5%</td>
<td></td>
</tr>
</tbody>
</table>

* Not available
** Not applicable
Table 1 (cont.)

a. Demographic data refer to 1968; income data to 1967. CPR data include persons 14 years of age and over, except if otherwise stated. PSID data, male and female heads and unrelated individuals, in the 25 to 59 age range, who were in the labor force in 1967, and whose family status was unchanged over the five-year period (1968-1972).

b. Sources: for "Total" (U.S. Bureau of the Census, 1969b: Table 4). for "Below poverty" (U.S. Bureau of the Census, 1969c: Table 1).

c. Source: (U.S. Bureau of the Census, 1969c, Table 1).


e. Source: (U.S. Bureau of the Census, 1970: 1). These CPR data were not available for 1968. They refer to 1969 heads of household (not to unrelated individuals) 25 years of age and over.

f. Sources: for "Total" (U.S. Bureau of the Census, 1969a: Table 6); for "Below poverty" (U.S. Bureau of the Census, 1969c: Table 5). Data refer to heads of household in the labor force in 1967. Only the directly comparable categories are included.

The second dimension of socioeconomic achievement will be occupational status. The nine categories offered in the PSID for occupational variables have been assigned scores on the basis of the occupational prestige scale devised by Hodge, Siegel, and Rossi, at the National Opinion Research Center (1972: 87-104).

The following are the variables employed in the present study, detailed descriptions of each are available (SRC, 1972):

- Head's total labor income in 1971 (income in 71)
- Head's occupational status in 1971 (occupation in 71)
- Head's total labor income in 1967 (income in 67)
- Head's total labor income in 1967 (income in 67)
Head's occupational status in 1967 (occupation in 67)

Status of head's first occupation (first occupation); it refers to the first full-time regular job.

Sentence completion test (test); this is a thirteen item test taken from the verbal part of the Lorge-Thorndike intelligence test. It has been used as a proxy for IQ.

Head's educational attainment (education)

Number of head's brothers and sisters (number of siblings)

Father's occupational status (father's occupation)

Father's educational attainment (father's education)

Majority status (majority); race of head, recoded as a dummy variable (1 = white; 0 = other).

For the purpose of this paper majority status, father's education, and father's occupation will be referred to as parental background variables. Number of siblings, education, test, and first occupation will be called early age variables. They represent either individual characteristics or personal conditions in the early stages of the respondent's life.

RESULTS

Our objective is to compare the structures of socioeconomic achievement for the poor and the non-poor. Let us look first at the zero-order correlation between our seven standard predictors and the respondent's total labor income in 1967. These are provided in the upper left section of Table 2. Coefficients for the poor show unusually low values; such values suggest the possible presence of distorting factors. In fact, no substantive conclusions should be drawn from them for the following reasons. The poverty lines drawn to define the sample borders were established according to levels of total family money income. But the dependent variable, labor income, constitutes the main source of family money income for the working poor. Therefore, when studying the poor, we are limiting ourselves to a reduced range of family money income and to a restricted variability for labor income. This means that whenever we compute a correlation between poor's labor income and any other variable, we...
are artificially keeping the first within a limited range while allowing the other to move freely along its whole range of variation. That will generally reduce the size of the correlation coefficient and make it very sensitive to "extreme" values of the second variable.\textsuperscript{2} In summary, correlation coefficients regarding income in 1967 are of little use to us.

We must therefore find a suitable alternative indicator of socioeconomic status for our analysis. Occupational prestige, which has been used by Blau and Duncan (1967) and others, provides an alternative without the constriction to which income is subjected for the poor. In the upper right section of Table 2 correlations between occupational prestige in 1967 and the seven standard predictors are presented for both samples.

The correlations for the poor differ from those for the non-poor: for the parental background variables (majority status, father's education, father's occupation) they are consistently larger and for the early age variables (number of siblings, education, test, first occupation) consistently smaller than the corresponding values for the non-poor. This suggests that the poor's occupational prestige is more determined by father's socioeconomic status than is the case for the non-poor.

It would appear that education is the most important predictor when we consider the possibility of social intervention. First of all, education is more readily accessible to planned intervention than the other variables under consideration; secondly, it yields the highest correlations with occupational status for both the poor (.46) and the non-poor (.59); and finally for the poor the high correlation of father's education (.41) suggests that there will be substantial long range effects.

Since PSID data are provided for five consecutive years, we can follow the same group of people longitudinally. Table 2, in the lower sections, shows the correction coefficients between the dependent variables (income and occupational status) and our seven standard predictors, for the year 1971. They refer to the same people studied with 1967 data. This procedure presents two advantages. First, we will be certain of having respondents who were from 30 to 64 years old in 1972 and were in the labor force in 1967 and 1971. Second the restriction imposed upon the variability of poor's income is removed for 1971; that is, there is no requirement that those who were poor in 1967 continue to have incomes below the poverty line in 1971.
Table 2: Zero-order Correlation of Income and Occupation (in 1967 and 1971) With Seven Predictors of Socioeconomic Status, for the Poor and the Non-poor.

<table>
<thead>
<tr>
<th></th>
<th>INCOME IN 1967</th>
<th>OCCUPATION IN 1967</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Poor</td>
<td>Non-poor</td>
</tr>
<tr>
<td><strong>Parental Background</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Majority</td>
<td>.177*</td>
<td>.097*</td>
</tr>
<tr>
<td>F. Edctn</td>
<td>-.021</td>
<td>.194*</td>
</tr>
<tr>
<td>F. Occptn</td>
<td>.080</td>
<td>.078*</td>
</tr>
<tr>
<td><strong>Early Age Variables</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N. Siblings</td>
<td>.076</td>
<td>-.206*</td>
</tr>
<tr>
<td>Education</td>
<td>.227*</td>
<td>.410*</td>
</tr>
<tr>
<td>Test</td>
<td>.191*</td>
<td>.292*</td>
</tr>
<tr>
<td>1st Occptn</td>
<td>-.068</td>
<td>.224*</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>INCOME IN 1971</th>
<th>OCCUPATION IN 1971</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Poor</td>
<td>Non-poor</td>
</tr>
<tr>
<td><strong>Parental Background</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Majority</td>
<td>.132*</td>
<td>.077*</td>
</tr>
<tr>
<td>F. Edctn</td>
<td>.012</td>
<td>.212*</td>
</tr>
<tr>
<td>F. Occptn</td>
<td>-.097*</td>
<td>.088*</td>
</tr>
<tr>
<td><strong>Early Age Variables</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N. Siblings</td>
<td>-.058</td>
<td>-.201*</td>
</tr>
<tr>
<td>Education</td>
<td>.327*</td>
<td>.438*</td>
</tr>
<tr>
<td>Test</td>
<td>.147*</td>
<td>.308*</td>
</tr>
<tr>
<td>1st Occptn</td>
<td>.021</td>
<td>.255*</td>
</tr>
</tbody>
</table>

* Significant at .05 level.
This will allow for possible shifts of coefficients, which would help to clarify the long range influence of background and early age variables on the history of the poor's socioeconomic achievement. The five-year interval is too short for a complete evaluation of the role each variable plays in that life-time process. Its use nevertheless represents a considerable advancement over the typical cross-sectional studies. It is important to bear in mind that we are not attempting to account for change in income or occupational status over this short five year period.

The data in the lower left section of Table 2 indicate that there is considerable stability in the correlations over the five-year period. We find the correlations with 1971 income for those who were poor in 1967 are still low (except in regard to education). This indicates that the effect of the 1967 income constriction is still having its effect. This outcome was not entirely unexpected, but the similarity to the coefficients for 1967 is noteworthy. For occupational prestige in 1971 (the lower right section of Table 2) we obtain the same patterns of correlations found in the 1967 data: coefficients pertaining to parental background variables are larger for poor than for non-poor, the inverse being true for education.

From the data presented in Table 2 it is clear that the income criterion used to define the poor limits the utility of both 1967 and 1971 incomes as measures of socioeconomic achievement. For this reason in the multivariate analysis to which we now turn, occupational status is used as the major dependent variable.

So far we have considered only the bivariate relationships between our various predictors and occupational status. For a comparison of the relative effects of each controlling for the others, it is useful to consider the beta weights (standardized regression coefficients) for the appropriate multiple regression; these data are presented in Table 3.

For the poor the beta weights are .10 or larger for five of the seven predictors when 1967 occupation is the dependent variable and again for five of the seven when 1971 occupation is the dependent variable. In contrast for the non-poor only two of the predictors are greater than .10, education and first occupation. The parental background variables tend (with the exception of father's occupation for the 1967 model) to be stronger predictors for the poor and education tends to be a stronger predictor for the non-poor. Education is an important predictor for the poor too, but it does not stand out relative to the other predictors as in the case of the non-poor.
Table 3: Occupation (in 1967 and 1971) as Predicted by Parental Background and Early Age Variables: Standardized Regression Coefficients (beta weights)

<table>
<thead>
<tr>
<th></th>
<th>OCCUPATION IN 1967</th>
<th>OCCUPATION IN 1971</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Poor</td>
<td>Non-Poor</td>
</tr>
<tr>
<td><strong>Parental Background</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Majority</td>
<td>.154*</td>
<td>.078*</td>
</tr>
<tr>
<td>F. Edctn</td>
<td>.257*</td>
<td>.005</td>
</tr>
<tr>
<td>F. Occptn</td>
<td>.021</td>
<td>.048*</td>
</tr>
<tr>
<td><strong>Early Age Variables</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N. Siblings</td>
<td>.206*</td>
<td>-.035</td>
</tr>
<tr>
<td>Education</td>
<td>.285*</td>
<td>.443*</td>
</tr>
<tr>
<td>Test</td>
<td>.033</td>
<td>.062*</td>
</tr>
<tr>
<td>1st Occptn</td>
<td>.228*</td>
<td>.213*</td>
</tr>
</tbody>
</table>

\[ R^2 \quad .369 \quad .402 \quad .390 \quad .397 \]

* Significant at .05 level.

These results lend further support to our earlier conclusions with respect to the greater importance of parental background variables in predicting socioeconomic attainment for the poor. Using the language associated with path analysis we can conclude that the long range "direct effects" of background variables on the respondent's
achievement is relatively more important for the poor than for the non-poor. For the latter, it is education that plays a major role in the prediction. In short, a case is beginning to emerge for the conclusion that basic differences exist between the dynamics of socioeconomic achievement for these two groups. To further substantiate this argument we turn to path analysis and the construction of causal models. 3

In our preliminary path models majority status, father's education, and father's occupation were assumed to be causally prior to all other variables in the model. Number of siblings is next in causal order followed by education, test, and first occupation. In our final models (Figures 1 and 2) we have suppressed arrows corresponding to paths which were not both significant at the .05 level and at least .10 in magnitude.

As would be expected on the basis of the multiple regression results presented in Table 3, we find that the parental background factors have substantial direct effects on occupational status for the poor (Figure 1), but not for the non-poor (Figure 2). Similarly there is a very substantial direct effect of education on occupational status for the non-poor (Figure 2), but the corresponding effect for the poor (Figure 1) is considerably weaker. These data further support the argument that there are fundamental differences in the process of socioeconomic achievement for the poor and the non-poor; these differences are of sufficient magnitude to call for the specification of separate models for each group.

One of the advantages of path analysis is that it allows us to partition the zero-order correlation between two variables into various components. The total nonspurious effect to which we now turn is equal to the direct effect (as measured by the beta weight in the appropriate regression equation) plus the nonspurious indirect effects. In Table 4 the total nonspurious effects on occupational status in 1971 are presented. Both standardized and unstandardized values are given because the former are most appropriate for comparisons within each sample and the latter are most appropriate for comparisons across samples. 4
Fig. 1: Path Model for Occupational Prestige of the Poor in 1971

- Path coefficients smaller than .10 and/or not significant at .05 level have been suppressed.
- For each path in the above model, the unstandardized coefficient is within parentheses and the standardized coefficient is outside the parentheses.
Fig. 2: Path Model for Occupational Prestige of the Non-poor in 1971

Path coefficients smaller than .10 and/or not significant at .05 level have been suppressed.
For each path in the above model the unstandardized coefficient is within parentheses and
the standardized coefficient is outside the parentheses.
Table 4: "Total Non-spurious Effects" of Parental Background and Early Age Variables on Occupation in 1971

<table>
<thead>
<tr>
<th>Parental Background</th>
<th>Poor Stdzd</th>
<th>Poor Unstdzd</th>
<th>Non-poor Stdzd</th>
<th>Non-poor Unstdzd</th>
</tr>
</thead>
<tbody>
<tr>
<td>Majority</td>
<td>.245*</td>
<td>5.33*</td>
<td>.169*</td>
<td>7.03*</td>
</tr>
<tr>
<td>F. Edctn</td>
<td>.191*</td>
<td>1.05*</td>
<td>.235*</td>
<td>.82*</td>
</tr>
<tr>
<td>F. Occptn</td>
<td>.297*</td>
<td>.36*</td>
<td>.060*</td>
<td>.07*</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Early Age Variables</th>
<th>Poor Stdzd</th>
<th>Poor Unstdzd</th>
<th>Non-poor Stdzd</th>
<th>Non-poor Unstdzd</th>
</tr>
</thead>
<tbody>
<tr>
<td>N. Siblings</td>
<td>-.000</td>
<td>-.00</td>
<td>-.163*</td>
<td>-.74*</td>
</tr>
<tr>
<td>Education</td>
<td>.296*</td>
<td>.84*</td>
<td>.558*</td>
<td>1.86*</td>
</tr>
<tr>
<td>Test</td>
<td>-.020</td>
<td>-.09</td>
<td>.080*</td>
<td>.44*</td>
</tr>
<tr>
<td>1st Occptn</td>
<td>.299*</td>
<td>.32*</td>
<td>.167*</td>
<td>.16*</td>
</tr>
</tbody>
</table>

* Significant at the .05 level.

a For a discussion of how these coefficients are computed see Alwin and Hauser (1975) particularly their treatment of total effects.
It is useful to compare the standardized coefficients in Table 4 with the corresponding coefficients in the right hand portion of Table 3 when making comparisons within samples. For the poor the coefficients in Table 4 tend to be larger, but the trend in relative magnitude remains the same. However, for the non-poor there are some important changes. In particular the total nonspurious effects for father's education and number of siblings are much larger (.235 and -.163) than would have been expected on the basis of the direct effects (.017 and .013) presented in Table 3.

For making comparisons across samples, that is when comparing the poor with the non-poor, it is useful to compare the unstandardized coefficients in Table 4. Had we compared the standardized coefficients, we might have concluded that Father's education is a stronger predictor for the non-poor than for the poor, but on the basis of the unstandardized coefficients we see that the reverse is true. A similar reversal occurs with the majority status variable. We had originally concluded that the parental background variables were stronger predictors for the poor than for the non-poor. We must now add the qualification that majority status has a somewhat stronger total nonspurious effect for the non-poor than for the poor.

CONCLUSION

We have examined the process by which parental background and early age variables affect later socioeconomic success. Our data support the conclusion that in a number of respects the process is different for the poor and the non-poor. In view of this we have specified separate models for each group.

One of the major differences lies in the role played by parental background variables, particularly father's education and father's occupation. There is a consistently stronger relationship between these variables and occupational status for the poor than for the non-poor. On the other hand when it comes to such early age variables as number of siblings and amount of education, the effects are greater for the non-poor than for the poor. We have found no evidence supporting a family planning strategy for dealing with intergenerational social mobility for the poor.

Using a line of reasoning similar to that taken by Jencks et al. (1972) it would be possible to argue on the basis of our data that education offers little hope of intergenerational social mobility for poor. However, an alternative interpretation is also possible. While the impact of education is consistently stronger for the non-poor than for the poor, this is not to suggest that education is less important to the poor. Our evidence indicates that education
is one of the strongest predictors of occupational status for the poor. In addition it suggests that any improvement in educational attainment among the poor will have a long range effect since the effect of father's education is also substantial. Finally the education variable is one of the most accessible to planned social intervention. However, there is no getting around the conclusion that the poor are going to need a lot more than additional formal education to achieve any reasonable degree of equality of opportunity.

The present analysis has of necessity been restricted to males; there were too few poor female respondents meeting our other sampling criteria to permit an independent replication for women. Sample size was also an important consideration in our decision not to attempt separate analyses for whites and blacks. In previous studies of a cross-section of the population evidence has been found suggesting that race and sex can have important implications for the process of socioeconomic achievement. In view of this we would suggest that efforts to further specify our model for poor women versus poor men and for poor blacks versus poor whites might well prove to be a fruitful line of investigation. It could also be of considerable value to replicate our findings on longer term panel data.

FOOTNOTES

1. We have used weighted samples throughout our analysis. The original weighting factor supplied by SRC inflates sample size to the point of making standard tests of significance useless. Our weighting factors were computed by dividing the SRC weighting factors by an appropriate constant such that the newly weighted samples for the poor and the non-poor retain their original number of units.

2. Note that the upper limit of the poor's income varies according to the family size, but that does not change the argument. Labor income for the non-poor is also restricted in its lower limit, but this should not affect the correlation coefficients very much since the much larger upper income range is available.

3. We are assuming that the reader is familiar with the strengths and the limitations of path analysis as well as the various simplifying assumptions which must be made in constructing path models. As Kim and Kohout (1975:383) point out, the interpretation of the various effect estimates must be made entirely within the context of the model to which they refer. The generalizability of the results is a direct function of our success in translating the complexity of the social world into a simplified mathematical model.

4. For more elaboration on how these coefficients are computed see Alwin and Hauser (1975).
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PROFESSIONAL SOCIAL WORK ASSOCIATIONS AND LEGISLATIVE ACTION
1974 TO 1977

Timothy Lause, Wichita State University

ABSTRACT

NASW state chapters have increasingly become involved in the pursuit of state legislative priorities. However, direct focus upon social problem concerns accounted for a minor and declining share of the chapters' foremost legislative priorities. Preoccupation with the institutionalization of professional status does not appear to be a transitional chapter concern associated only with the attainment of licensed status.

Social Work, like other professions, has developed professional associations which pursue multiple goals valued by their membership.

1) The advancement of social policies consistent with the values of the profession.
2) The development and enhancement of standards of practice.
3) The improvement of conditions of employment and the general employability of professional social workers.

The professional association's pursuit of these goals requires decision making for the relative allocation of limited organizational resources. This exploratory study attempts to discover the recent pattern of choices actually made in the pursuit of multiple goals by the state chapters of the National Association of Social Workers.

There are two primary reasons for this focus on the state-level legislative activities of NASW state chapters. First, state governments retain substantial domain over major areas of domestic policy. Among these fields are criminal justice, income maintenance, housing, services to children and the aged, education, regional planning, public health and mental health. Increased revenue sharing and the development of Title XX of the Social Security Act have further contributed to the social policy-making significance of state politics. During the 1974 to 1977 period of study, the individual states have also exerted authority over such specific policy controversies as the ratification of the equal
rights amendment, capital punishment, decriminalization of "victimless
crimes," abortion access, and the "right to work."

The second major reason for this state-level focus concerns the
profession itself. Social work practitioners may render a significant
contribution to social policy development by their translation of those
patterns of private troubles encountered in practice into public issues
and proposals for remedial legislation.¹ State level professional
associations embody greater potential responsiveness to the policy
concerns of practitioners than a larger and more distant organization.

If Strumf and Granger are correct in describing this decade as a
period for testing the innovative and range potential of state level,
planning, an assessment of the state professional associations' legisla-
tive activities assumes added significance.²

As an exploratory study of national patterns of state chapter
activities, this study does not examine the possible influence of
variation in the level of organizational maturation on the pattern of
legislative priorities. Both long established and relatively new state
chapter organizations may benefit by the examination of state-level
legislative activities.

This research is primarily based upon a survey conducted during
the spring of 1977. The period of chapter activity covered in the
questionnaire was from 1974 to 1977. Forty-six of the fifty state
chapters (92%) responded to the survey with completed questionnaires.³

The fifteen item questionnaire and archival sources permitted the
exploration of the following questions. How widespread is pursuit of
state legislative priorities among the state level professional associa-
tions? Has there been a significant trend in the levels of such legis-
lative activity during the period studied? To what extent have the
state chapters employed lobbying strategies in the pursuit of their
legislative objectives? What issues have been ranked as first priorities
during the period? Has there been a trend in the legislative priorities
addressed by the state professional associations? In order of presenta-
tion, the two categories of research findings concern the: (1) incidence
of legislative action, and (2) the substantive priorities of those
legislative activities.

INCIDENCE OF CHAPTER LEGISLATIVE ACTION

State chapter involvement in supporting and opposing legislative
proposals has become a characteristic role of these professional associations. Of the forty-six responding chapters, forty-three reported active pursuit of one or more state policy goals during the 1974 to 1977 period. During this period, the number of chapters reporting legislative activity nearly doubled. Twenty-four chapters reported the engagement of legislative action during 1974. This number increased to thirty-seven for 1975 and forty-two in 1976. Employment of lobbying increased three-fold during the period, from ten chapters in 1974 to thirty-one in 1976. This reported increase in legislative action among state chapters is attributable to both the emergence of a legislative action role within long-established state organizations and the early assumption of such a role by the more recently organized state chapters. In any case, this finding suggests that the profession of social work now has both organizational capacity and experience to pursue a range of professionally preferred policies at the state level of the American political system.

Eight of the state chapters reported a pursuit of state legislative goals for only one of the three years examined. Eleven chapters reported legislative activity for two of the three years and twenty-four chapters reported legislative action for each of the three years. Since the potential for legislative influence was not confined to regular legislative sessions, adjustments were not made for special or biennial session states.

Not only has the active pursuit of state legislative priorities been incorporated into the concerns of most state professional associations, but a significant increase in the level or intensity of these activities was widely reported. Thirty-eight of the forty-six responding chapters indicated that there had been a "significant increase" in the level of their legislative activities. The remaining eight responding chapters reported "no significant change" in the level of legislative activity during the period. This number includes the three responding chapters which reported inactivity throughout the period.

**PRIORITY CONCERNS OF NASW STATE CHAPTERS**

According to the National Association of Social Workers, the fields of poverty, income maintenance, racism, the social services, health, criminal justice, "manpower," and women in social welfare represent the priority concerns of the profession's political activity during this decade. The legislative priorities of state chapters, collectively did span the eight areas of policy listed above. To the extent that licensure of social work and third-party payment provisions improve
the quality and accessibility of the social services, this domain of policy was most frequently the subject of state chapter legislative activity. Of the policy areas directly focusing upon social problems in America, the fields of poverty and income maintenance were most frequently the subject of first priority legislative action. These concerns were followed distantly by issues within the realms of criminal justice and health. No state chapter reported the placement of first priority on issues within the fields of racism, manpower, or sexism, during any of the years studied.

In response to a request for the identification and ranking of second and third-order 1976 legislative priorities, nine of the forty-two active chapters identified only one priority. Several chapters reported a listing of more than twenty distinct legislative priorities. The second and third order concerns included ERA ratification, licensure, income maintenance, third-party payment for services, child abuse detection, day care, organization of mental health services, fair employment, and public social service provisions.

Examination of the issues listed by the state chapters as legislative priorities indicates that those priorities directed toward enactment of social problem solving policies account for a minor and declining share of the state chapters' legislative agenda. Slightly less than half of the chapters' first priorities were directed toward social problem solving proposals in 1974 (10 of 24). This proportion declined to a mere fifth by 1977 (9 of 42). The pursuit of legislative priorities which advance the political and economic interests of members and those directed toward professional practice standards increasingly overshadow such policy concerns as poverty, racism, health, sexism, criminal justice, and corrections.

Throughout the period examined in this study, state chapter legislative activity was characterized by a concentration on issues which were directly related to the concerns of professional status. Each of the forty-three chapters, which reported some legislative activity during the period, placed first priority upon licensure or the modification of provisions of an already existing licensure law for one or more years. Ten of the forty-three active chapters focused exclusively on the attainment of licensed status.

Social work licensure clearly emerges as the paramount legislative concern of the state level professional associations. This single issue accounted for slightly over half of the first priorities during 1974 (13 of 24). During 1975, licensure was ranked as the foremost
legislative priority by twenty-four of the thirty-seven active chapters. Twenty-seven of the forty-two chapters reporting legislative activity during 1976 placed first priority on licensure (64%).

The combination of social work licensure and third-party payment, each of which has a common relation to the institutionalization of professional status, accounted for fifty-seven percent of the first priorities in 1974 (13 of 24). This proportion increased to sixty-seven percent in 1975 (25 of 37). Thirty-three of the forty-two chapters, reporting legislative priorities in 1976, placed first priority on either licensure or third-party payment (78%).

The several first priorities, which followed distantly behind licensure, were cited by a similar number of state chapters in 1974. These priorities were distributed across the following concerns: public assistance, migrant labor rights, special education, school social services, correctional reform, and state supplements to the Supplemental Social Security Income program. Issues listed as first priority by chapters during 1975 included licensure, third-party payment, social service staffing and reorganization, child abuse detection and treatment, public assistance, home health care for the aged, adult corrections, juvenile corrections, opposition to the death penalty, and racial anti-discrimination provisions. In 1976, however, third-party payment was a distinctive but distant second to licensure. Six of the forty-two active chapters placed first priority on third-party payment provisions compared to the twenty-seven first priority rankings of licensure. The remaining first priorities included state tax reform, prison reform, children's abuse, ombudsman provisions for nursing home patients, inclusion of social services within public health systems, and opposition to proposed budget cuts in AFDC, GA and public social service staffs.

Sectors of the professional community have historically expressed concern for the adverse effect of institutional entrenchment on the character and vigor of social work's commitment to social change. However, advocates of licensure may argue that the attainment of legally sanctioned professional status fosters the development of the political influence needed for successful reform efforts. This implies that the state chapters' pursuit of status-enhancing legislative priorities merely precedes a more viable social problem legislative focus. The validity of such an explanation of chapters' agenda and the "transition-forecast" may be partially tested by comparing the chapter priorities across states which provide differing degrees of legal status for the profession. If chapters operating within a context of legal regulation, particularly licensure, direct a greater share of their first priorities toward social problem concerns—than where legal
regulation is absent, support for the transition projection would be indicated.

The following table compares two types of chapters, in terms of their foremost legislative priorities. One set of chapters are those operating in states where some mode of legal regulation of the social work profession was established. The other set of priorities emerged in a state which had not enacted some mode of regulation at that time. Both registration and licensure constitute forms of legal regulation.

<table>
<thead>
<tr>
<th>Priority Concern</th>
<th>Legal Regulation Established (n=34)</th>
<th>Legal Regulation Absent (n=69)</th>
<th>Total (n=103)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td># %</td>
<td># %</td>
<td># %</td>
</tr>
<tr>
<td>Licensure of Social Work</td>
<td>16 47</td>
<td>47 68</td>
<td>63 61</td>
</tr>
<tr>
<td>Third-Party Payment Provisions</td>
<td>7 21</td>
<td>- -</td>
<td>7 7</td>
</tr>
<tr>
<td>Social Problem Solving Policies and Services</td>
<td>11 33</td>
<td>22 32</td>
<td>33 32</td>
</tr>
</tbody>
</table>

These findings do not support the view that the attainment of some mode of legal regulation fosters social problem directed chapter priorities. A very similar proportion of first priorities were so directed in the absence of legal regulation.

David Hardcastle's classification of the states' regulation of social work permits a comparison of chapter priority concerns across professional regulatory contexts of varying strengths. Simple registration refers to the legal protection of the use of the title. The certification label is comparable to the class of statutes generally characterized as providing for licensure. The distinction between "strong" and "weak" certification is based upon the extent of conformity of a state's licensure law to the various components of NASW's model licensure statute. Table 2 compares the foremost legislative priorities of the forty-two chapters active during 1976. These comparisons indicate that
the extent of emphasis upon third-party payment rather than direct focus upon social problems, increases with the strength of professional legal regulation secured. Of the five chapters in states providing the strongest licensure statutes, one sought an amendment to the existing licensure law and the remaining four chapters placed first priority on third-party payment concerns.

| TABLE 2 |
| STATE CHAPTER PRIORITY CONCERNS |
| BY TYPE OF LEGAL CONTEXT OF SOCIAL WORK |

<table>
<thead>
<tr>
<th>First Priority Field</th>
<th>Regulation Absent (n=27)</th>
<th>Simple Registration (n=6)</th>
<th>Certification Weak (n=4)</th>
<th>Certification Strong (n=5)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#</td>
<td>%</td>
<td>#</td>
<td>%</td>
</tr>
<tr>
<td>Licensure</td>
<td>20</td>
<td>74</td>
<td>4</td>
<td>66</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>50</td>
<td>1</td>
<td>20</td>
</tr>
<tr>
<td>Third-Party Payment</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>17</td>
</tr>
<tr>
<td>Social Problem and</td>
<td>17</td>
<td>25</td>
<td>4</td>
<td>80</td>
</tr>
<tr>
<td>Service Area</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

Crosstabulation of the second and third order priorities for 1976, by variations in the legal context of social work, revealed only one distinctive pattern. Mental health services were typically subject to second priority attention, where "strong" certification-licensure had been established (4 of 5). Interestingly, the same chapters were found to place first priority upon third-party payment during 1976.

Reference to the issues subject to the state chapters' lobbying efforts further supports the conclusion that, at least during the period studied, the state professional associations have primarily based their legislative priorities upon status concerns. Of the thirty-two chapters reporting a use of this influence strategy during the period, twenty-six chapters applied the strategy on behalf of licensure objectives for one or more years (81%). Of the nine chapters, employing this relatively assertive influence strategy during only one of the three years, eight focused those efforts toward licensure. For the period as a whole, eighty-one percent of the lobbying addressed...
priorities involved licensure (42) or third-party payment (5): (47 of 58). Other concerns, addressed through chapter lobbying, included income maintenance, public social service staffing, aging services, child welfare services, corrections, and public health.

**IMPLICATIONS**

In the 1940s Kenneth Pray asserted that the "usefulness of professional associations as an instrument of social action is necessarily limited by their primary functional concern with professional standards." This exploratory study of NASW state chapter legislative activities does suggest that the latter function has been preferred. As with other professions, social work's definition of "professional standards" may be problematically related to consumer and public interests. While the effects of licensure and third-party payment may be tenuously related to service quality and service consumer "freedom of choice", each of these priorities serve to increase the profession's access to systemic privileges and prestige. Professional preoccupation with these status-enhancing legislative priorities is consonant with the traditional model of professionalism being pursued by social work. Neither serve to directly advance social work's aspirations for the humanization of direct services or social structural reforms.

When one legislative concern overwhelms a professional agenda, at any level of government, there is reason to scrutinize the distribution of benefits wrought by the legislative objective. Although policy impact is a familiar subject of social work research, little evidence has been brought to bear on the actual consequences of social work licensure. If the emergent view in the sociology of occupations is generalizable to the case of social work, then the most direct and primary consequence of licensure is an improved political economy for the profession itself. The issue of distributive benefits of professional policy priorities is fundamental. If the reduction of gross inequalities of life chances remains a social work commitment. Given the stated ideals of social work, the mix of professional legislative priorities might be expected to reflect some capacity for the subordination of professional self-interests to those social sectors lacking the necessities of existence and nurture. The political agenda of professional associations, at least partially, reflect the level of commitment to the above altruistic ideal. And it is this commitment which may ultimately legitimate an individual and collective claim to professional status. Organizational preoccupation with member self-interest policies can no more be distinguished as "professional" than the individual practitioner's subordination of client interests. Policy
makers increasingly associate professional organizations with monopolistic industrial associations. Unfortunately, the findings of this study provide a weak basis for countering such a claim.

Could the nature of the commitment of social work practitioners to state policy relevancy partially account for the limited range of NASW state chapter priorities? In response to a recent open-ended inquiry, thirty-four of the responding forty-three chapter presidents cited member apathy as a primary factor limiting their legislative effectiveness. One chapter president simply explained, "This drastically changes (apathy) when issues become pocketbook concerns."

NOTES AND REFERENCES


3 A commitment was made to refrain from identifying individual chapters. The four non-responding chapters were geographically dispersed and representative of the composition of states, according to legal regulation of social work.


8 Hardcastle, op. cit., pp. 14-20
THE EDUCATIONAL NEEDS OF
SOCIAL WORK FACULTY IN MEDICAL SCHOOLS

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Despite a long-standing association and promise for a closer
alliance in the future, considerable ambiguity surrounds the cur-
rent participation of social workers in medical education. A
nationwide study was conducted to obtain a comprehensive, up-to-
date profile of social work faculty employed by medical schools--
their total number, demographic characteristics, department af-
filiations, primary specialties, methods and content areas of
academic instruction, etc.\(^1\) An accompanying study focused on the
opinions of medical school Deans concerning the present and future
status of social work faculty in medical education.\(^2\) Attention
has been given to social work education in relation to health care
practice.\(^3\) Another study focused on the role of social work
faculty in medical schools.\(^4\)

The above studies strongly suggest an increase of recognition
and acceptance of the value of social work involvement in medical
education. And, if social workers are to practice effectively and
efficiently in medical social work settings, we as social work
educators and practitioners must know what appropriate knowledge
and/or skill areas we should be teaching graduate social work
students who desire to become medical social work faculty. We
must also know how continuing education programs in graduate
schools of social work could help medical social work faculty
once employed by medical schools. However, no empirical studies
have focused on these two issues. Thus, the purpose of this
article is to present the results of an empirically based research project that will shed new data on these issues.

METHOD

Advisory Board

In August 1976, the authors formed an advisory board which included members from the Association of American Medical Colleges (AAMC), medical social work practitioners, and/or educators, and/or researchers. The board's main function was to increase the validity of the project by formulating relevant questions most closely related to the study's two research areas. The board also aided in refining the opinion questionnaire utilized in this project through the various five drafts.

Instrument

The sixth draft of the questionnaire was pretested by interviews in October 1976, with nineteen non-randomly selected medical social work faculty employed by five different medical schools located in three states. The pretest subjects' reactions and comments were utilized to formulate the final questionnaire which contained 41 close-ended and 16 open-ended questions.

No attempts were made to test the reliability for any of the open-ended questions as the authors felt that they were worded in an extremely straightforward manner. To test the reliability of the 41 close-ended questions, eleven non-randomly selected medical social work faculty employed by two different
medical schools located in two states answered each question twice with a 10-day waiting period. A correlation coefficient was generated for each close-ended question from time 1 with time 2. High coefficients were obtained with the lowest $r = 0.722$, $p = 0.018$. The 41 close-ended questions mean $r = 0.812$, and mean $p = 0.012$, which indicates that the questions were relatively reliable.

Social Work Faculty Population

On January 1, 1977, the AAMC's current data bank indicated that a little over 40,000 individuals were employed as faculty in the 116 accredited medical schools in the United States. Of these, 561 were medical social workers. For the purposes of this study, medical social work faculty were operationally defined as individuals who held a master's degree in social work and was currently employed by a medical school on January 1, 1977. As reflected in the following data analysis, these social work faculty represent the total population of all graduate-level social work faculty employed by medical schools in the United States.

Sample

A 33% random sample was drawn from the 561 social work faculty resulting in a sample of 187. With AAMC providing the mailing labels, on January 15, 1977, each member of the sample was mailed the above questionnaire with an accompanying self-addressed return envelope. Exactly two months later a follow-up questionnaire was sent to those social workers who had delayed forwarding the requested information. From the original sample, 36 (19.3 percent) questionnaires were returned because of incorrect address, transfers, retirements, or terminations.
of employment which resulted in a workable sample of 151. Of these, 121 (80.1 percent) social work faculty responded by June 1, 1977, which represents the sample of this study.

Characteristics of Sample

Out of the 121 social work faculty, 47.9% stated that their major area of specialization in their master's program was casework, where 24.0% indicated generic social work. The remaining 28.1% were distributed among eight other specialties with only 4.1% of the entire sample indicating medical social work. Seventy-six percent indicated that their master's program did not offer a specialization in health care, however, 54.9% stated that courses in health care and/or health delivery systems were offered within the school. Only 7.4% indicated that they enrolled in a health and/or health related course(s) outside (seven different departments) their social work graduate school.

The types of agency settings that the social work faculty were placed in for their field practicum/internship while they were enrolled in their graduate program were: hospitals, 33.5%; welfare agencies, 16.5%; family service agencies, 13.9%; psychiatric clinics, 11.7%; mental health centers, 6.1%; community organization planning agencies, 4.8%; public schools, 1.3%; and, other settings, 12.2%.

FINDINGS AND DISCUSSION

Educational Needs

The first open-ended question asked, "In your opinion, what two instructional knowledge areas covered in your master's program
in social work have proven to be the most helpful to you in your career as a member of the social work faculty?" Only 20 (16.5 percent) social work faculty responded "none" while the remaining 101 (83.5 percent) delineated 29 helpful instructional knowledge areas (N=188) where the knowledge areas were coded into the sequences listed in table 1. The 29 helpful instructional knowledge areas were: interviewing, human growth and development, casework, abnormal psychology, therapeutic intervention methods, health service delivery systems, human behavior, parent and child relationships, group processes, generic social work, psychiatric social work, individual psychodynamics, psychopathology, ego psychology, family therapy, social work in multi-settings, administration, sociocultural factors of behavior, medical or health problems, community resources, hospital administration, systems analyses, research, methods, social welfare policy and services, mental health, community organization, professional identity, and public policy.

The second open-ended question asked, "In your opinion, what two practice skill areas covered in your master's program in social work have proven to be the most helpful to you in your career as a member of the social work faculty?" Only 25 (20.7 percent) delineated 24 helpful practice skill areas (N=166) where the skill areas were coded into the sequences listed in table 1. The 24 helpful practice skill areas were: field practicum, instructions in specific areas, interviewing, patient history development, direct practice, clinical, group work, family casework, communication, problem assessment, social diagnosis, family therapy, casework, active listening skills, family therapy, organizational analysis, community resources, assessment, administration, recording, psychiatry, medical, systems theory, and relationship.
Table 1

PERCENTAGES OF SOCIAL WORKERS OPINIONS OF HELPFUL AND INADEQUATE KNOWLEDGE AND SKILLS AREAS IN THEIR GRADUATE SCHOOLS OF SOCIAL WORK BROKEN DOWN BY SIX BASIC SEQUENCES

<table>
<thead>
<tr>
<th>Sequence</th>
<th>Helpful Areas</th>
<th>Inadequate Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Knowledge</td>
<td>Skills</td>
</tr>
<tr>
<td></td>
<td>(N=188)</td>
<td>(N=166)</td>
</tr>
<tr>
<td>Human Behavior</td>
<td>41.1</td>
<td>.6</td>
</tr>
<tr>
<td>Direct Practice</td>
<td>28.2</td>
<td>78.9</td>
</tr>
<tr>
<td>Social Policy</td>
<td>7.4</td>
<td>1.2</td>
</tr>
<tr>
<td>Community Planning</td>
<td>6.9</td>
<td>9.1</td>
</tr>
<tr>
<td>Research</td>
<td>3.7</td>
<td>0.0</td>
</tr>
<tr>
<td>Field Placement</td>
<td>2.1</td>
<td>6.0</td>
</tr>
<tr>
<td>Other</td>
<td>10.6</td>
<td>4.2</td>
</tr>
<tr>
<td>Totals</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>
The third open-ended question asked, "In your opinion, what two instructional knowledge areas did your master's program in social work fail to cover that would have been helpful to you as a member of the social work faculty?" Fifty-one (42.1 percent) social work faculty responded "none" while the remaining 70 (57.9 percent) delineated 28 inadequate instructional knowledge areas (N=120) where the knowledge areas were coded into the sequences listed in table 1. The 28 inadequate instructional knowledge areas were: sociology of professions, health administration, research, psychosomatic medicine, medical terminology, health and disease from medical model, child development, crisis theory, supervisory, psychopathology, learning theory, culture of poverty, self-awareness, history of social work, collaborative health care, biostatistics, administration, institutional issues of authority, systems theory, human behavior, economic efficiency, psychiatry, psychopharmacology, practice theory, family therapy, hospital environment, organizational theory, and social work practice in a non-social work setting.

The fourth open-ended question asked, "In your opinion, what two practice skill areas did your master's program in social work fail to cover that would have been helpful to you as a member of the social work faculty?" Seventy-five (62.0 percent) social work faculty responded "none" while the remaining 46 (38.0 percent) delineated 18 inadequate practice skill areas (N=72) where the skill areas were coded into the sequences listed in table 1. The 18 inadequate practice skill areas were: administration, research, publishing papers, supervision, self-awareness, ethical issues, group work, family therapy, treatment skills, teaching social work to non-social workers, teaching, program planning, conflict resolution model, presentations, diagnostic, community resources, medical language, and interviewing.

The social work faculty indicated that the instructional knowledge areas in the human behavior sequences, and the practice
skill areas in the direct practice sequences helped them the most in their careers as medical social work faculty. They also felt that even though the direct practice sequences were providing most of their practice skills, the direct practice sequences were still not adequately providing enough of them.

The field placement sequences only represented 6.0% of the helpful practice skill areas as expressed by the social work faculty. This result may contradict the common importance of field placements within graduate schools of social work. Many graduate schools of social work place a heavy value on field placements as an opportunity for teaching students practice skills. In fact, the grades a student earns in the field placement sequences are usually given high priority when it comes to evaluating the student's total progress within a particular program. However, the authors feel that field placement grades may be worthless as most students earn an A or B. The grade variance within the field placement sequence is usually low due to the fact that an unusually large number of A's are given. The study's results indicate that 13.2 times more helpful practice skills for medical social work faculty are within the direct practice sequences than the field placement sequences. This finding was unexpected since 33.5% of the social work faculty had at least one field placement/internship in a hospital during their master's program in social work. One would assume that their field instructors would teach the practice skill areas necessary to function competently as social work faculty within medical settings. It may be that their field instructors were not employed by the medical schools but by graduate schools of social work who were supervising students in medical settings without fully knowing the exact functions of medical social work faculty.

None of the social work faculty expressed that the field placement sequences were inadequate in any instructional knowledge.
areas or practice skill areas. One would logically assume that if a particular sequence had a high percentage in a helpful area it would have a relatively low percentage in the inadequate area and vice versa. However, this was found not to be true in this particular study.

The sequence "other" represented 32.5% of the inadequate instructional knowledge areas. This is an unusual finding in that the responses the social work faculty delineated could not be coded into the six sequences listed in table 1. This may suggest that we may not be teaching the appropriate knowledge areas for medical social work faculty within our graduate schools of social work. This may also hold true for the practice skill areas as "other" represented 20.8% of the inadequate skill areas. It has become obvious that the number of social work faculty in medical settings is constantly increasing. And, if we are going to prepare social work students for medical settings, we may need to take a closer look at our total curriculum and start revising the areas that need improvement upon such as teaching the appropriate knowledge and skill areas.

Continuing Educational Needs

An open-ended question asked, "In your opinion, what do you feel are your two most important needs for continuing education?" Thirty-one (25.6 percent) social work faculty stated "none" while the remaining 90 (74.4 percent) indicated 23 need areas (N=157) where the need areas were coded into the following six categories: direct practice, 37.6%; research, 13.4%; community planning, 10.2%; social policy, 5.1%; human behavior, 3.8%; and, other, 29.9%. The 23 need areas were: family therapy skills, administration skills, clinical treatment skills, functioning in a complex institution skills, psychoanalytic skills, research skills, grantsmanship.
skills, supervisory skills, group work skills, teaching skills, casework skills, keeping up with new knowledge, compare knowledge with other educators, medical knowledge, knowledge of women in treatment, knowledge for competition with Ph.D.'s and M.D.'s, ethical knowledge, social work knowledge, human behavior knowledge, organizational knowledge, casework knowledge, knowledge of health delivery systems, and knowledge gained by refresher courses.

These findings indicate that the social work faculty were relatively active in pursuing their continuing educational needs through a variety of outlets. A majority (74.4 percent) of the social work faculty were participating in professional conferences, institutes and workshops. This may suggest that schools of social work should continue to and perhaps develop more conferences, institutes and workshops with the needs of the medical social work faculty in mind.

An open-ended question asked, "In your opinion, in what two ways could a school of social work best help you meet your own needs for continuing education?" Surprisingly, fifty-two (42.9 percent) social work faculty stated "none" while the remaining 69 (57.1 percent) indicated 22 areas (N=106) where the areas were coded into the following five categories: workshops, 38.7%; extension courses, 32.1%; doctoral programs, 7.5%; consultations, 5.7%; and, other, 16.0%. The 22 areas were: on-site consultation, workshops, new areas of social work courses, broader range of courses, case seminars, better reputation, extension courses, post graduate courses, doctoral programs, administration courses, course in dynamics of human behavior, organizational planning courses, courses in social work in medical education, speakers, summer institutes, traveling programs, train teachers, more in tune with common needs, courses on applied administration, courses on drug abuse, courses on
publishing research, and consultations. These findings may indicate that the social work faculty view graduate schools of social work as being very versatile in nature where they could meet their continuing educational needs through a variety of ways.

Three following close-ended questions asked, "How are you currently meeting the above needs for continuing education?" Only 14 (11.6 percent) social work faculty stated that they were doing nothing to meet their needs, however, 107 (88.4 percent) indicated that their needs were being met by one or more of the following three ways: participating in professional conferences, institutes, and workshops, 74.4%; participating in in-service training programs offered by the medical school, 43.8%; and, taking courses offered at a graduate school of social work, 11.6%.

With the above findings in mind, one may start to wonder where social work medical faculty would obtain the knowledge and skills necessary to function effectively and efficiently in a medical setting. The authors feel that very little knowledge areas and skill areas that are needed by medical social work faculty are taught in graduate schools of social work. This study revealed that only one-third of the study's sample interned in a hospital setting while enrolled in a graduate school of social work. The authors strongly feel that social workers who practice in medical settings be fully equipped with the necessary knowledge areas and skill areas to function adequately in a medical setting.

It would be interesting to find out what knowledge and skill areas physicians think are necessary for medical social work faculty. This finding could then be compared to table 1. This in turn would have sociological implications as then we could get a clearer picture of exactly how social work faculty
are viewed within the organization. It would also be interesting to find out how physicians and medical social work faculty differentially perceive their roles. If there is a large difference, then steps could be taken to develop measures that would integrate the two separate professions so that each would benefit the other.

The above paragraph suggests that medical social work faculty and the physicians have specialized roles. They do. With every technical advance in medicine, new specialists have appeared, each requiring a separate department. As a result of this knowledge explosion, the same patient may be dealt with by a number of physicians, both inside and outside the hospital, as well as by other persons in auxiliary medical professions, and in social work and similar services. Problems arise of how to allocate responsibility for the patient, and who is to exercise final authority for his case. The goal of treating the whole patient, and ministering to all the needs, physical, psychological, and social, that bear on his medical problem, is often lost within the restricted aims and authority of the specialists' departments which share responsibility for the patient. If we knew how the physicians viewed medical social work faculty we may be able to integrate the two professions much better. Then, we could also work on ironing out our differences and building on our similarities.

Another sociological concern is to define exactly what and who is to teach the medical social work faculty the knowledge and skills they must have—the social workers or physicians? And, who (what profession) is going to define these knowledge and skill areas—the social workers or physicians? The social workers are working in a medical setting and maybe the physicians should govern what is to be taught to social work faculty. However, would social workers govern what is to be taught to physicians when they work in social work settings? Probably not.
The above questions raise sociological issues when dealing with two separate specialties. However, we must note that the Deans of medical schools view the social worker's role in medical education as quite valuable.

SUMMARY AND CONCLUSIONS

The results of this study indicate that graduate schools of social work are relatively effective in providing helpful knowledge and skill areas for their students who become medical social work faculty. The social work faculty were relatively active in continuing education programs and viewed graduate schools of social work as versatile institutions for providing this education. Even though the social work faculty felt that their graduate schools of social work were providing appropriate knowledge and skill areas for them as medical social work faculty, they delineated very important knowledge and skill areas that they did not obtain in their master's program.

Future research could focus on the effectiveness of medical social workers as viewed by themselves, non-social work faculty, and medical students. Research could also be executed on their job responsibilities and on their opinions of the interdisciplinary collaboration concept as utilized by their medical schools. Studies could also be executed on their perceptions of the major contributions of social work to medical settings. It is hoped that this exploratory study will encourage further research into medical social work. It is also hoped that the needs and concerns of the medical social work faculty as indicated in this project will be given serious attention to by social work educators, practitioners, and researchers.
NOTES AND REFERENCES

* The authors wish to express their appreciation to Cheryl Chambers who served as a research assistant to this project.


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