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Family Preservation: A Professional Reform Movement

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Family Preservation is examined as a manifestation of collective professional activity intent on reforming various aspects of the social welfare system. George Smelser's theoretical framework is used to analyze and interpret the emergence and development of the Family Preservation Movement. The article identifies societal problems which spawned the movement, the formation of a shared belief system, and the confirmation and sanctioning of those beliefs. Factors which mobilized increasing numbers of professionals to the cause, efforts which reflect collective action, and the conventionalization and standardization of the movement are discussed.

Family preservation has emerged as a galvanizing concept cutting across diverse social welfare sectors and related helping professions. There are numerous perspectives on what family preservation means, and a wealth of opinions on what it has come to represent. According to Nelson, Landsman, and Deutelbaum (1990) it reflects an area of rapid growth in child welfare services. For Geismar and Wood (1986) family preservation represents an underutilized way of involving the entire family when working with juvenile delinquents. In the human services literature "home-based services", "home-based family centered treatment", and "family-based services" are additional phrases often used to describe family preservation programs (Pecora et al., 1987). Some academics and professionals choose to see the concept limited to short term intensive service programs that strive to prevent the out-of-home placement of children, while others adopt a more expansive family support orientation (Kammerman, 1990). In the broadest sense family preservation espouses a philosophy that most childrens' needs are best met by their natural families, contends that by helping parents to
more effectively function as caregivers and childrearers, family and community life can be enhanced, and exhorts various levels of government to initiate and implement policies and programs to strengthen and support the well-being of families.

Despite the heightened prominence, rapid expansion, and increasing implementation of family preservation programs, reservations have been raised. Wald (1988) acknowledges a place for family preservation in the family and children’s service continuum, but questions whether it is always congruent with the goal of child protection.

Applying Relevant Sociological Theory

This article proposes that one of the best methods for interpreting and understanding the evolution of family preservation is to analyze it from a sociological perspective and interpret it as an expression of collective professional behavior. From this perspective family preservation represents a professional reform movement which seeks changes in policies, programs and practices primarily in the social welfare arenas of child welfare, juvenile and youth services, and mental health.

According to Genevie (1978), social movements are “collectivities that develop out of a desire on the part of a relatively large number of individuals to change or resist change in some aspect of the environment...” (p. 00). The social welfare system functions as part of the larger society and as such is influenced by social movements occurring beyond its boundaries. Examples of external movements affecting social welfare are the Community Empowerment Movement (Boyte, 1980) and the Women’s Movement (Zinn, 1980). The social welfare system also operates as a micro society within the larger social order and consequently is susceptible to movements generated by groups within its boundaries. The Patients’ Rights Movement in mental health represents action on the part of an internal constituency to affect change on that system (Ziegenfuss, 1981).

Smelser (1963), one of the foremost modern theorists on the subject of collective behavior, describes it as “mobilization on the basis of a belief which redefines social action”
Whittaker (1991) sees family preservation prompting “fundamental changes in thinking in the family service and child welfare fields” (p. 294). Tavantzis et al., (1985) point out how home-based services for juvenile delinquents necessitates shifting one’s focus from how problems arose to how they are perpetuated. For those involved in the movement, family preservation represents a novel means of shaping the interactions between clients and the service system particularly in terms of agency and worker responses.

Brown and Goldin (1973) see Smelser’s conceptual work as focused on the long-range social movement in contrast to Turner’s (1964) concentration on the short-term crowd and Goffman’s (1961, 1967) emphasis on interpersonal interactions. Smelser’s theoretical orientation, although open to a number of criticisms, is seen as having heuristic value for interpreting several decades of family preservation related work.

Adapting the Smelser Paradigm to Family Preservation

Smelser’s (1963) theoretical model proposes a number of stages in an episode of collective behavior.

First — the emergence of structural strains
Second — the growth of a shared generalized belief
Third — the confirmation of this belief by a precipitating incident
Fourth — the mobilization of the collectivity
Fifth — collective action and social control

In using Smelser’s stages as a guide, one important distinction must be made. While his framework suggests the stages occur in a linear and sequential process, I assume the stages occur in an overlapping and even simultaneous fashion. It is the conceptual distinctions and the general process proposed by Smelser’s stages, and not their hypothesized temporal order, that is most useful in making sense of a host of historical and contemporary events related to family preservation. Therefore, this article recasts Smelser’s stages as dimensions of an episode of collective behavior.
The Emergence of Structural Strains

Census data from 1970 revealed major shifts in family composition, new dynamics underlying family formation, and expanded labor force participation by female adult family members. Nearly 1 in 8 children were living in one-parent households, just under 11% of all babies were born to unmarried women, and over 42% of all women were working outside of the home (U.S. Bureau of the Census, 1970).

From a contemporary vantage point these figures can be seen as harbingers of trends that would only accelerate over time. In the 1970s these changes were viewed in one of two ways: either the family was on the verge of dissolution and might no longer be able to play its traditional role in biological, social, and economic reproduction (Hobbs, 1975); or, it was a viable institution that could accommodate and adapt to this new set of social circumstances (Bane, 1976).

Increasing attention was paid to American family life in general and on families being served by the welfare state. Over time a host of initiatives included under the mantle of parent empowerment served to demonstrate that the policy and program needs of middle-class parents, and their expression in the form of family support services, were really not that different from the needs of socio-economically disadvantaged parents (Stehno, 1986). This helped establish the relevance and merit of broad-based family support services for the poor, an idea central to family preservation.

The Family Preservation Movement emerged in response to one particular structural strain on the social welfare delivery system—the failure to address the needs of vulnerable families and the resultant emphasis on out-of-home placements in foster care, residential facilities, group homes, etc., for children from those families.

The negative consequences of public agencies using placement as the primary response to vulnerable families have been documented by a number of researchers, theoreticians, and clinicians in child welfare, juvenile justice and mental health. Scholars have cited a number of potential problems with foster care and foster care drift beginning with Littner’s research
(1956) and followed shortly by Maas and Engler's (1959) seminal study. The research of Geiser (1973), Knitzer and Allen (1978), Fanshel and Shinn (1978) and the work of Persico (1979) demonstrated how the foster care system in the child welfare arena had failed to provide many children with permanent living situations. Glueck and Glueck (1950), Alexander (1974), and Tolan et al. (1986) argued that intrafamilial issues had to be considered and dealt with when responding to delinquent acts committed by youth, and showed that working with the family can have favorable outcomes. Anthony (1974), Minuchin et al. (1978), and Tattler et al. (1982) all voiced similar concerns that emotionally disturbed children could be best helped by working within the family system and avoiding institutionalization.

Structural strains have been sustained as a result of the sheer scope of the problems with which the social welfare system must contend. According to the National Center on Child Abuse and Neglect, 1.8 million cases of abuse and neglect were reported in 1991, a figure more than double that of a decade ago. The foster care population nearly doubled in size between the early 60s and late 70s—going from approximately 245,000 in 1961 to around a half million children in 1977. Then, after a modest decline in the late 70s and early 80s—attributable in large part to reductions in the length of time spent by children in substitute care, and not really a result of less children entering the system—the foster care population was on the rise again by 1983 (Pelton, 1990).

The child welfare sector had unwittingly established financial incentives for placement, creating monetary strains. The 1961 Aid to Dependent Children (ADC) Foster Care Amendments to Title IVA of the Social Security Act authorizing matching funds to states for children from ADC eligible families placed in foster care as a result of judicial determination of need (McGowan, 1990). Towards the middle of the 1980s a number of government officials became exceedingly anxious over the spiraling costs associated with substitute care payments (Smith, 1987). State executives, legislators, and budget analysts caught in a tight financial squeeze brought about by the long-term fiscal consequences of Reaganomics, and desperately looking for places to trim state outlays, identified the uncapped and
open-ended character of foster care payments as a way to cut costs (Bruner, 1988).

There continues to be ample evidence of these structural strains taking an enormous human and monetary toll. In an environment characterized by increasing reports of abuse and neglect, adolescent and child mental health problems, and juvenile offenses, the consequences of overlooking the real concerns and basic needs of families and emphasizing placements have taken on a heightened urgency.

The Growth of a Shared Generalized Belief

During the period of time the strains were being identified, a shared generalized belief began to surface among disparate groups of human service professionals. They contended that working with families and trying to keep them together as opposed to separating children from their parents would be better emotionally and developmentally for young people (Goldstein, Freud, and Solnit, 1973, 1979).

One particular historical trend reinforced the growth of this shared belief. This has been the increasing awareness and acceptance within the helping professions of viewing families as systems and the more widespread employment of specific family centered services, therapies and counseling techniques. In the social service sphere the famous St. Paul Family-Centered Project responded to the collective needs of multi-problem families from 1948–1968 (Horesji, 1981). Pavenstedt (1967) reinforced the importance of involving the entire family system when working with multi-problem families. During the 1970s and early 1980s a small number of primarily private providers transferred these principles in the course of working with families deemed at risk in order to avoid placement of children in substitute care (Hutchinson and Nelson 1985). For professionals working in child welfare the concept of “permanency planning” suggested a means of overcoming the problems associated with placing children in foster care (Maluccio et al., 1980). Bryce and Lloyd (1981) compiled a composite portrait of how to conduct family centered practice in the homes of families to prevent placements.
Minuchin and his associates (1967) at the Philadelphia Child Guidance Clinic applied systems theory and forged structural family therapy as a way of effectively responding to families mired in poverty and faced with juvenile delinquency. Alexander's and his colleagues' work with delinquent youth and their families in the early 1970s at the University of Utah showed how family focused interventions could ameliorate a number of family problems and greatly reduce recidivism (1973, 1977).

In mental health during the mid-1960s multiple impact therapy was employed as the basis for intensive work with families in crisis (MacGregor et al., 1964). Also, during the mid-1960s a number of therapists including Pasamanick, Scarpitti, and Dinitz (1967) and Langley and Kaplan (1968), showed that either in-home or out-patient family treatment minimized the need for hospitalization, reduced the length of hospitalization, if necessary, and linked the family to other services they needed. Various practitioners such as Bellack and Small (1965) and Mann (1973) demonstrated the effectiveness of short-term and focused therapy with outpatients.

Even though there was little, if any, cross-fertilization among these similar efforts in the various sectors, cumulatively these program and treatment orientations in mental health, child welfare, and juvenile justice helped pave the way for the foundation of the family preservation belief system. The belief system, as it has coalesced, is predicated upon a growing professional consensus that every child should grow up in a permanent family, and proposes that the best way to accomplish permanency is by working with all family members in order to preserve families and prevent the placement of children outside the home. Family preservation accepts the fact there will be instances where substitute care is needed, but this option should only be exercised after all other viable alternatives have been exhausted. Yet, even if placement is necessary, every effort should be made to reunify the family as quickly as possible.

Whittaker (1991) articulates the tenets of the family preservation doctrine and distinguishes it from the traditional approach in the field of child welfare. Family preservation calls for shifting from a child rescue to a family support philosophy.
Treatment ideologies under family preservation help families meet their essential needs in more natural settings, such as the home, by way of imparting life skills and linking them with environmental supports as opposed to employing "personalistic psychologies" designed to assess and resolve the pathologies of individual members. The belief system promotes the establishment of a service continuum to overcome the deficiencies of an inflexible, wasteful, and redundant delivery system based on categorical programs.

A set of values directly tied to the philosophy have evolved to guide family preservation practice. According to Maluccio (1991) the principles held in esteem are: people can change; clients should be regarded as colleagues or partners; the worker is responsible for instilling hope; families need to become empowered; the worker needs system support.

With a cogent philosophy and core set of values the shared generalized beliefs of the Family Preservation Movement have gradually gelled.

Confirmation of Belief by Precipitating Incidents

A number of precipitating incidents involving the needs of children and of families served to confirm professionals shared belief in ideas that are basic to family preservation. These incidents led to the passage of Public Law 96-272, the Adoption Assistance and Child Welfare Act of 1980, which helped sanction the value and importance of the family preservation approach.

The emergence of the "children's rights movement" as detailed by Gross and Gross (1977) brought the concerns facing young people in our society to the attention of the general public, policy makers and professionals, and suggested means of improving delivery systems, institutional practices, and laws. The campaign and election of Jimmy Carter to the presidency in 1976 cast the spotlight on family issues, since Carter had made the strengthening of families a major thrust of his election effort. Steiner (1981) interprets Carter's emphasis on the family as a surrogate for efforts in the child care and child development arena, lead from the outset by Walter Mondale, and as a spinoff of the policy work stimulated by the Moynihan analysis of the black family.
The difficulty in coming up with solutions to these vexing problems and the challenge in building broad based political support for competing solutions didn’t diminish concerned parties belief that governmental responses to these issues were necessary. A cadre of elites was engaging in creative synthesis regarding the challenges confronting poor and troubled children and families. According to Diamond (1983) early on in the Carter Administration members of Congress, opinion leaders, intellectuals, social welfare advocates, and bureaucrats searching for ways to assist children mutually reoriented their thinking and analysis and settled on the family as the basis for improving the lot of children. The renaming of the old Department of Health, Education and Welfare’s Office of Child Development to the Administration for Children, Youth and Families no doubt represented this shift in perspective. Steiner (1981) identifies a similar transformation in the work of the Carnegie Council on Children and the National Research Council’s Advisory Committee on Child Development. Both groups shifted from their original early 1970s charge of examining children’s and social service concerns to issuing reports in the mid to late 1970s that instead spoke to the needs of families and the creation of family oriented policies. Professional journals mirrored the interest in the family. Entire issues of Daedalus, Spring, 1977, the Journal of Marriage and Family, August, 1979, and Social Work, November, 1979 were devoted to family policy (Dempsey, 1981).

Congress had begun to deal with specific child welfare matters prior to the election of Carter. Senator Alan Cranston introduced legislation in 1975 on adoptions while Representative George Miller was tackling problems in the foster care system. Representative Miller was able to obtain substantial support within the House for a draft statute primarily aimed at overcoming the foster care system’s emphasis on separating children from their parents (Pine, 1986). As the Carter Administration became entangled in the complexities of trying to formulate a cogent family policy, responding to children in need of parental care was eventually chosen as the core element (Steiner, 1981). Taylor (1981) offers a cynical interpretation of this decision, arguing that the overwhelming nature of support in the House
for the foster care reform draft legislation prompted Carter's staff to make it the centerpiece of their family policy effort. Regardless of the reasons stimulating interest, once the executive and legislative branches were sufficiently smitten with the idea of child welfare reform the stage was set for ongoing legislative activity.

Pine (1986) traces the political intrigue and maneuvering behind the Adoption Assistance and Child Welfare Act, P.L. 96-272. Employing Heclo's (1978) concept of the "iron triangle", Pine documents how the combination of attention and activity by congressional staffers serving on the Senate Committee on Human Resources, the Senate Subcommittee on Children and Youth and Public Assistance, and the House Judiciary Committee, top level bureaucrats working in the federal Children's Bureau, along with interest groups such as adoptive parent organizations, the Children's Defense Fund, and the Child Welfare League of America laid the groundwork, created the momentum, and forged the strategy for the development and approval of the legislation.

The legislative intent of P.L. 96-272 was to alter the way in which the public child welfare system was serving dependent children suffering from abuse and neglect (McGowan and Meezan, 1983). It was written to support and preserve the integrity of families, reduce the number of children "drifting" in the foster care system, set guidelines for permanency planning, and reverse those federal financial incentives which had made foster care placement an immediate and seemingly advantageous choice in response to abuse and neglect cases. The law sought to keep families intact by preventing the unnecessary separation of children from their parents, and emphasized the importance of providing services to support and strengthen families in an attempt to avoid removing the child and placing him or her in substitute care.

The passage of P.L. 96-272 simultaneously affirmed family-based reformist sentiments and established the broad policy legitimacy for family preservation by calling for widespread system reforms and spearheading the establishment of family-centered programs consistent with family preservation philosophy and values.
Much of this mobilization occurred against the backdrop of continuing interest in the family by politicians at all levels of government during the 1980s. At the federal level legislation touted as supporting the family was regularly introduced and lauded, and the idea of supporting the family became one of the few available issues around which politicians from across the political spectrum could rally. Yet, the variety of means advocated to render assistance to families reveals very different economic, political, and social ends. For example, most politicians pronounce support for child care programs but disagree about whether the government should manage the service or provide parents with tax breaks and let them choose their own provider. Upon closer inspection, the "family political agenda" has generally consisted of a mix of initiatives aimed at diverse classes or special groups and has quite often contained an implicit ideological perspective (Mannes, 1990).

Mobilizing the collectivity for the Family Preservation Movement meant getting more and more policy makers, administrators, and direct service workers to create and implement family preservation programs. Several sources have helped make this happen throughout the decade of the 1980s.

The Administration on Children, Youth and Families within the Department of Health and Human Services has used policy-implementation demonstration grants during the mid to latter part of the decade to foster the expansion of family preservation programs.

Federal funds have also been used to support the creation and ongoing operation of the National Resource Center on Family Based Services at the University of Iowa School of Social Work. The Center's efforts to expand the application of various family centered approaches throughout the country have also brought an understanding of and support for family preservation to human service policy and program staff (1980, 1982, 1983).

The creation of a National Family-Based Services Association, the establishment of state chapters of the association, and the holding of a growing annual national conference to
bring the believers and the curious together have also served to energize a collective group of professionals.

The establishment of regional efforts such as the Family Preservation Institute at the Department of Social Work at New Mexico State University have also contributed to rallying support for the reform movement and advancing the movement’s cause.

The primary mobilizer, though, has been the Edna McConnell Clark Foundation. Peter Forsythe, Director of the Program for Children at the foundation, has provided the impetus for much of the attention and activity. For Forsythe, “Family preservation services can revolutionize the way we think about helping children and their families.” (Edna McConnell Clark Foundation, no date). In order to accomplish this objective the foundation has provided massive financial support, estimated in the neighborhood of thirty million dollars, to highlight and promote family preservation. A generous portion of the Clark financial commitment to family preservation has gone to the Behavioral Sciences Institute, the organization that provides training and technical assistance for one specific intensive family preservation model known as “Homebuilders.” The foundation has also sought to secure the participation of policy elites. Funds have been given to strategic organizations such as The Center for the Study of Social Policy, the National Conference of State Legislatures, the National Council of Juvenile and Family Court Judges, the Child Welfare League of America, and the Children’s Defense Fund. The Clark Foundation initiative has advocated for the establishment of family preservation programs at the state and local level, provided seed money for the start-up of new programs, disseminated instructional programs describing how to apply the concept, and trained direct service and management staff in administrative and practice techniques (Nelson, 1988).

Without the financial muscle and strategic planning of the Clark Foundation it is highly unlikely that the degree of activity surrounding family preservation would be as extensive as it is.

Collective Action and Social Control

A groundswell of group action representing the Family Preservation Movement is evident in the exemplary and creative
program implementation work in numerous states including New York, Arkansas, Maryland, California, Iowa, Minnesota, Michigan, Missouri, New Mexico, Tennessee, Kentucky, New Jersey, and Connecticut (Frontlineviews, 1990). The result of these numerous state efforts has been to actively involve an ever increasing group of social welfare employees in family preservation work.

Even though Smelser acknowledged control exists to some degree in every phase of collective behavior, social control was assigned to the fifth and last stage of his framework and was seen as an attempt by those in power to dissipate the changes precipitated by the collective action. Another theorist of collective behavior, Turner (1964), defined the processes of social control in more appropriate terminology directly relevant to the Family Preservation Movement. He called it "conventionalization as control". For Turner, society's continuous attempt to reassert institutional order serves as a constant force for conventionalization. Reform movements run counter to the prevailing orthodoxy and the rules of the game, and even though they operate on a different belief system and propose a new way of doing business, the newly emergent norms of a reform movement are eventually "drawn into the traditional institutional framework of society" (Brown and Goldin, 1973, p. 145).

In the context of the Family Preservation Movement the process of conventionalization can be noted in the introduction of several pieces of family oriented legislation in the 101st and the 102nd Congress as well as in bureaucratic efforts to promote standardization and institutionalization as family preservation programs are increasingly implemented.

Golden (1990) identifies two approaches to fostering reform and change in the public sector that can help us appreciate the normalizing effect of the proposed legislation. The Policy Planning Model consists of "innovative ideas carefully refined into statute and policy" (Golden, 1990, p. 220) wherein conformity and compliance are promoted through the use of controls and incentives. The emphasis here is on rational thought and the careful planning and crafting of specific policy ideas. In contrast, the Groping Along Model represents experimentation and exploration wherein new ideas are tried out in applied settings and adjustments are made based on what is learned.
It is the interplay of experiences and adjustments that characterizes the Groping Along Model. The proposed legislation shifts the Family Preservation Movement away from its historic "groping-along" character and aligns the continuing evolution of it with the Policy Planning Model. The proposed legislation strives to formalize in statute what has been to-date a "bottom-up" expression of innovative and reformist collective action.

Introduced, though not passed, in the 101st session of Congress were, H.R. 5020, known as the Family Preservation Act of 1990, H.R. 5125, labeled the Children and Family Services Act of 1990, and S.3174, understood as a bill to amend Title IV of the Social Security Act. These three pieces of legislation would among other things have mandated such statewide services as preplacement prevention, family preservation, reunification, and aftercare; established a new uncapped entitlement effort to offer intensive family based crisis intervention programs for children at imminent risk of placement; and created a new entitlement program supporting the preservation and strengthening of families and avoiding the need for foster home placements. In the 102nd session of Congress similar pieces of legislation have been introduced. S4, the Child Welfare and Preventive Services Act, would amend Titles IV, V, and XIX of the Social Security Act to establish innovative, preventive child welfare and family support services in order to strengthen families and avoid placement in foster care. As part of the effort to elicit state action several million dollars is to be set aside for states to conduct pilot projects to improve program coordination and focus a range of services on meeting the needs of children and families. H.R. 2571 would promote family preservation and the prevention of foster care with an emphasis on families where substance abuse is occurring, as well as the improvement of child welfare, foster care, and adoption services. Even though none of these bills have been approved, there is widespread agreement that a major piece of child welfare reform legislation with family preservation as a central component will eventually pass the Congress.

It is useful to contrast the role of these current legislative proposals with the role played by P.L. 96-272. While the Adoption Assistance and Child Welfare Act emerged in response to a
number of precipitating incidents and served to confirm ideas central to the Family Preservation Movement, the proposed bills appears to reflect the process of conventionalization at work. Differences appear to be based upon the point in the movement's evolution the various legislation emerges and how it relates to circumstances and events at those points in time. P.L. 96-272 arrived on the scene when there were a relatively small but growing number of fledgling or isolated family preservation programs in operation, and the statute served to legitimize expanded awareness, interest and program development. The current crop of legislation appears after a great deal of institutionalization has occurred at the state and local level, is being considered precisely because institutionalization has occurred, and aims to promote conventionalization.

Meanwhile, bureaucratic forces will continue to be at work to enforce standardization and institutionalization. As social service agencies from various levels of government implement greater numbers of family preservation programs, they will be under enormous pressure to establish uniformity and consistency in the services being rendered. The eventual development of bureaucratically driven rules and regulations for the programs will emphasize discipline and conformity (Merton, 1968). The ascendancy of institutional order will be at work through the processes of cooptation to diffuse the reformist sentiment underlying family preservation and make the approach a part of "business as usual". The ability to withstand these potent forces will be a challenge. This is one reason why radical reformers often fear and fight conventionalization, even if it means they will not be acceptable to the mainstream.

Standardization is also being promoted from within the movement itself. The enormous financial resources supporting the dissemination of the Homebuilders Model contributes to its being seen by many as the singular approach to family preservation.

For the Family Preservation Movement, the combined effect of these legislative and bureaucratic actions will be to foster conventionalization. As family preservation programs shift from being the novel and the outlier to the more mainstream and widely accepted approach, the movement needs to consider
if and how it can avoid, or even resist, the consequences of being associated with or becoming a part of the status quo.

Conclusion

The Family Preservation Movement has or is currently experiencing all the dimensions of an episode of collective behavior consistent with the Smelser paradigm. The Smelser framework has demonstrated heuristic value in helping to interpret and clarify the evolution of this professional reform movement.

The social welfare arena is replete with reform movements. Some have their origins within that arena while others have external roots. These reform movements' influence upon the dynamics and substance of policy formulation, program design, and service delivery is often enormous. They deserve the attention of scholars and practitioners. Those interested in trying to understand how expressions of collective professional behavior and professional reform movements develop and grow are encouraged to make use of frameworks and theoretical concepts from the social movement and collective behavior literature based upon their explanatory power for the Family Preservation Movement.

Note

1. The article was written by the author when he was an assistant professor in the Department of Social Work at New Mexico State University and Director of the Family Preservation Institute.

References


Family Preservation


Doubling Up: Low income Households
Sheltering the Hidden Homeless

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The costs and benefits of sheltering the homeless experienced by "informal shelter providers"—people who shelter their homeless friends and relatives—are investigated. The benefits of informal sheltering to the community are also examined. Informal shelter providers are among the most destitute in the community, and they are at great risk of becoming homeless themselves. The community receives considerable benefit from informal sheltering. The dependency of the community on the fragile system of informal shelter providers for prevention of homelessness indicates the inadequacy of present housing programs and the failure of our housing policies. Recommendations for preserving and nurturing the invisible but extensive system of informal shelters are made.

As more and more attention has been focused on the homeless, it has become increasingly clear that most people unable to afford housing of their own are not living in shelters or outdoors. Most live with friends or relatives (Applebaum, 1990a; Erickson & Wilhelm, 1986; Hope & Young, 1986; Robbins, 1984; Schecter, 1984). Much still needs to be learned about these "doubled-up homeless", but our understanding of them is beginning to expand. However, almost nothing is known about the people who house the homeless, the costs they incur, the benefits they receive, and the benefits they provide for the community by keeping people off our streets and out of shelters. The authors have been unable to locate any studies of these "informal shelter providers"; what little is known about them has appeared incidentally in studies focusing on the doubled-up homeless (Schecter, 1984; Star, 1985; Wright, 1989).

The information available primarily concerns estimates of the numbers of doubled-up households. For example, Star
reported that in New York, more than 30% of the apartments in public housing were illegally occupied by second families that had no other place to go. Similarly, one Chicago study found that fully half of the 100,000 general assistance recipients sheltered friends or relatives (Wright, 1989). Schecter (1984) estimated that between 1978 and 1983, families living with friends and relatives because they have nowhere else to stay increased from 1.3 million to 2.6 million. Finally, Wright’s (1989) estimate as to the number of persons homeless on any given night in the U.S. (500,000) and his estimate of 50 people doubled-up because they cannot afford housing for every 3 people living in the streets or in shelters, suggests informal shelter providers could be sheltering over 8 million people on any given night.

These findings clearly show that informal sheltering plays a key role in keeping many people off our streets. Development of more understanding of these arrangements is needed if we are to preserve this important link in the prevention of homelessness. Of particular interest in this regard is the question of costs and benefits experienced by those who open their homes to others. Housing others must inevitably result in crowding and associated costs, and these costs must be particularly burdensome for low income households. The available evidence suggests that when these costs become too high, informal shelter providers often stop sheltering the homeless (Hope & Young, 1986; Gioglio, 1989; Thorman, 1988; Wright, 1989). Policies and programs for supporting informal sheltering must be based on a thorough understanding of the costs and benefits of sheltering friends and relatives if they are to be successful.

This report presents some preliminary findings about the costs and the benefits reported by those who open their homes to homeless friends and relatives. Benefits to the community provided by informal sheltering are examined.

Operational Definitions

Defining homelessness. The difficulties in defining the concept “homeless” have been widely discussed (Applebaum, 1986;
Doubling Up

1990a; Rossi, 1989; Wright, 1989). One of the main issues of contention involves whether those who double up with friends or relatives should be considered homeless. Some (cf Wright, 1989; Rossi 1989) argue that those who double up are not “literally homeless.” Rather, they are “marginally housed” (Wright, 1989) or “precariously housed” (Rossi, 1989) and should not be lumped with either the homeless or those who are conventionally housed. Others (cf Applebaum, 1986; 1990b; Hope & Young, 1986) argue that failure to include the doubled-up in definitions of the homeless seriously distorts the magnitude of the low income housing problem in the U.S. Resolving these definitional debates is beyond the scope of this paper, and the more sophisticated definitions suggested by Wright and Rossi are unnecessary for our present purposes. Our focus is on the people who shelter their friends and relatives because it is the provision of this shelter that prevents these “marginally housed” or “precariously housed” people from becoming “literally homeless.” Accordingly, we defined the homeless as those who answered “yes” to our survey question, “At any time during the past year were you unable to afford housing of your own?”, and who also indicated that they lived with a relative, with a friend, in a shelter, in a vehicle or outdoors.

The doubled-up homeless. However, it is important to distinguish between the homeless living in public shelters and those who double up with friends and relatives because they may differ in important ways. Shelters are the least preferred choice for most homeless persons (Hope & Young, 1986). Furthermore, not all types of homeless persons are equally likely to use shelters. For example, families and women with children try to avoid shelters because they fear the “rough element” (e.g., single males) and poor conditions at many shelters and missions, and they may prefer to live with other families or even to live outdoors to avoid them (Schecter, 1984; Simpson, Kilduf & Blewett, 1984). Furthermore, many shelters do not even admit women and children (Hope & Young, 1986). As a consequence, the homeless in shelters are primarily composed of adult men who are unable to turn to friends and relatives for help (Applebaum, 1990b; Wright, 1989). We defined the doubled-up homeless as all
respondents who reported living with either a friend or relative because they could not afford housing of their own.

Current informal shelter providers and past informal shelter providers. Since most homeless persons live with family or friends, the bulk of the providers of housing for the homeless are private households. We have labeled these households "informal shelter providers." Because homelessness is episodic, sheltering others is also a short-term phenomenon (Hope & Young, 1986; Wright, 1989). Accordingly, our sample is divided into two groups: 1) "current providers"—those who were sheltering the homeless when they completed our survey—, and 2) "past providers"—those who had sheltered the homeless at some time during the past. This report primarily concerns current informal shelter providers because the data about the households of past informal shelter providers might not pertain to their households at the time they were sheltering homeless persons.

The Research Design

Very little is known about the people who house the doubled-up homeless because they are an extremely difficult population to identify and locate for study. Since the existing literature suggests that the doubled-up homeless are likely to share living accommodations with members of other poverty households (Hope & Young, 1986; Star, 1985; Wright, 1989), our general research strategy involved identifying and surveying a low income group from a single community likely to be sheltering the homeless—low income residents applying for energy assistance in Spokane, WA.

The population and the sample. The data were collected as part of a larger two year study of low income housing conditions in Spokane, WA. The data were gathered with surveys distributed to the clients of the Spokane Neighborhood Centers, most of whom were waiting to apply for energy assistance. The Neighborhood Centers energy assistance program administers most of the government and privately funded programs for energy assistance available for residents of Spokane, WA. In 1990 they provided energy assistance for 29,516 residents. The population of Spokane was 179,000 in 1990.
Spokane's harsh winters make energy both essential for survival and costly. As a consequence, we are confident that our respondents are typical of those in greatest need. However, our approach does limit our sample to low income families. As previously noted, the available literature suggests that most informal shelter providers are low income households. Therefore, we are confident that our sampling method does not seriously under-represent informal shelter providers.

Of the 470 households in our sample, 82 (17.4% of the sample) were current shelter providers, and 193 had never sheltered others. There were 191 past shelter providers (they were not sheltering anyone when the survey was completed, but they had done so in the past), and 4 did not answer the question. Thus, a surprisingly large proportion of the sample (273 or 58%) reported housing homeless persons at some point in time. In 1989, we found about the same proportion (54.4%, N = 469) reported housing homeless persons at some point during the year. The disparity between the number of current shelter providers and the number of past shelter providers is not surprising. Since homelessness in the United States is often episodic and short in duration, we would expect only a fraction of informal shelter providers to be sheltering the homeless on any given day.

Instrument and procedure. The 47 item survey covered four general areas. First, the respondents were asked to describe and evaluate their homes. Second, they were asked to describe the people who live in their homes. Third, the respondents were asked to describe the costs of their home, including the costs of fuel, rent, property taxes, utilities; to provide information about household income; and to indicate whether they had been homeless during the previous year. Lastly, they were asked to provide information about any homeless people they were sheltering at the time of the survey.

Undergraduate sociology students distributed the surveys and assisted the respondents with them whenever possible, but because of scheduling conflicts, they could not always be present. Therefore, a sign with an appeal for volunteers, directions for completing the survey, and a box for finished surveys were made available in the waiting areas of each site. Because
our survey had to be simple enough for self-administration in a short period of time, we were forced to avoid the use of complex open-ended questions. Data were collected from late January through the end of March, 1990. Our sample represents about 9% of the 5305 households receiving energy assistance during the time period of the study.

Findings

Eighty-two respondents reported sheltering 156 homeless persons. Fifty-one percent (n = 44) sheltered friends, 27% (n = 23) sheltered relatives, and the rest indicated some other relationship (mate; employee; boyfriend or girl friend of a relative; brother or sister of boyfriend or girl friend; boy friend or girl friend, acquaintance).

The Costs of Sheltering the Homeless

Monetary costs of sheltering others. Examination of Table 1 reveals that the household incomes of informal shelter providers are remarkably similar to the incomes of those who have never sheltered others. However, housing costs are higher because informal shelter providers are much more likely to rent or own single family dwellings (63%) than are nonproviders (43%), and shelter providers are much less likely to rent apartments (23% vs. 40%), χ² (2, N = 271) = 10.53, P<.01. Houses, especially older houses, have more “wasted space” such as entry rooms, basements, etc. than apartments. Therefore, they provide more room and greater flexibility than apartments, and are more suitable for housing more than one family. (A comparison of mean housing costs controlling for type of housing revealed only trivial differences between the housing costs informal shelter providers and nonproviders; the largest difference was only $4.04.).

As Table 1 indicates, because informal providers are more likely to reside in houses, they are more likely to devote more than 60% of their household income to housing. Almost two-thirds (65.1%) of the informal shelter providers reported spending at least 60% of their household income for housing, while only half (50.3%) of those who never sheltered others did
Table 1

Comparison of Informal Shelter Providers with Those Who Never Sheltered the Homeless: Household and Financial Conditions

<table>
<thead>
<tr>
<th></th>
<th>Informal Shelter (n = 82)</th>
<th>Never Sheltered (n = 193)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean Number in Household</td>
<td>3.5</td>
<td>2.8</td>
</tr>
<tr>
<td>Mean Number of Rooms</td>
<td>6.1</td>
<td>5.2</td>
</tr>
<tr>
<td>Mean Number of Bedrooms</td>
<td>2.6</td>
<td>2.2</td>
</tr>
<tr>
<td>Mean Rooms Per Person</td>
<td>2.1</td>
<td>2.5</td>
</tr>
<tr>
<td>Mean Bedrooms Per Person</td>
<td>.8</td>
<td>1.0</td>
</tr>
<tr>
<td>Mean Bathrooms Per Person</td>
<td>.46</td>
<td>.55</td>
</tr>
<tr>
<td>Mean Rent</td>
<td>$257.00</td>
<td>$237.00</td>
</tr>
<tr>
<td>Mean Energy Cost</td>
<td>$121.00</td>
<td>$114.00</td>
</tr>
<tr>
<td>Mean Total Housing Cost</td>
<td>$373.00</td>
<td>$334.00</td>
</tr>
<tr>
<td>Monthly Household Income:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Below $450.00</td>
<td>40.0%</td>
<td>40.5%</td>
</tr>
<tr>
<td>Below $650.00</td>
<td>53.8%</td>
<td>53.2%</td>
</tr>
<tr>
<td>Below $850.00</td>
<td>75.1%</td>
<td>75.7%</td>
</tr>
<tr>
<td>Below $1300.00</td>
<td>90.1%</td>
<td>94.8%</td>
</tr>
<tr>
<td>Percent Spending Over 60% of</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family Income on Housing</td>
<td>65.1%</td>
<td>50.3%</td>
</tr>
</tbody>
</table>

so, $\chi^2 (1, N = 243) = 4.68, P<.05$. Clearly, the availability of financial resources is not related to the decision to shelter others, but sheltering others is associated with paying a larger percentage of family income for housing because informal sheltering is associated with residence in single family dwellings. Unfortunately, our data do not allow us to determine whether residence in a single family dwelling is a consequence of sheltering others, or if it usually precedes the decision to shelter others. Given the relatively short stay of homeless families in informal shelters (45 or 55% reported sheltering the homeless for less than six months and 66 or 80% reported sheltering the homeless for less than a year), we suspect that most informal shelter providers rented or bought their homes before deciding to shelter others.
The non monetary costs of providing shelter. Respondents were asked to rate their housing by evaluating the physical condition of various aspects of their home and various factors related to the quality of their neighborhood on a seven point scale. Values on the scale ranged from 1 (inadequate) to 7 (excellent), with scores of 3 and 5 labeled as “fair” and “good.” The following analysis focuses on those who were dissatisfied with their homes. For this analysis, dissatisfaction was defined as a rating of less than “fair” (a rating of 1 or 2).

Despite paying more for rent, informal shelter providers report a little more dissatisfaction with the condition of their plumbing (24.7% vs 17.0%), but the difference is not statistically significant. They report a great deal more dissatisfaction with the quality of the kitchen appliances in their homes (28.4% vs 16.5%), $\chi^2 (1, N = 253) = 4.29, P<.05$. This greater level of dissatisfaction could be explained in two ways. On the one hand, it is possible that the housing occupied by most informal providers (older single family dwellings) is in worse condition than the housing of nonproviders. On the other hand, the presence of additional persons could place too many demands on both the bathroom and the kitchen fixtures. We believe that the latter explanation may be the most correct because very low rent apartments are also likely to be in poor condition, and we found that informal shelter provider’s are no more likely than nonproviders to be satisfied with the condition of their heating equipment, walls and floors. If the homes of informal shelter providers were in poorer condition than the homes of nonproviders, we would expect dissatisfaction with these indicators to also be higher. This difference suggests that it is the greater demand placed on the two rooms most difficult to share—the kitchen and bathroom—that is the main source of their dissatisfaction. Our interpretation is also supported by the evidence in Table 1 that greater demands are in fact placed on the bathroom plumbing of informal providers—they report fewer bathrooms per person.

With one exception, informal providers appear to live in the same quality or better quality neighborhoods than nonproviders. Differences between the percentage of informal providers and nonproviders who were dissatisfied with their access
Doubling Up

to bus lines; distance to shopping, schools, jobs and doctors; and quality of the schools were very small and inconsistent, and none were statistically significant. Fewer informal providers than nonproviders were dissatisfied with their access to services such as bus lines (7.3% vs 9.0%), shopping (14.6% vs 18.0%) and doctors (16.0% vs 22.1%), but they were more likely to report dissatisfaction with their neighborhood in regard to their safety from crime (37.0% vs 33.3%).

It appears that informal shelter providers incur considerable costs when they shelter the homeless, and they must meet these costs without significantly better financial resources than non-providers. Furthermore, as the following discussion will show, there is no evidence that informal shelter providers gain much from the people they shelter.

The Benefits of Providing Shelter

We examined both the monetary and the non-monetary contributions of the homeless to informal shelter providers to determine the extent to which the homeless were able to offset the costs of sheltering them. As Table 1 indicates, according to the 58 respondents who answered this question, most homeless persons contribute some money to the household, but the size of their contribution is usually quite small. More than half contribute less than $150.00 a month, and two-fifths contribute less than $100.00. Clearly most informal shelter providers receive little money from the people they shelter.

While the financial contribution of the homeless is generally quite small, it is significant that almost 80% provide something. However, the total monthly household income of informal providers is almost identical to that of non-providers (see Table 2), and informal providers incur greater monetary and nonmonetary housing costs than non-providers.

Similarly, the homeless provide surprisingly few non-monetary contributions to the home that shelters them. As Table 2 shows, the homeless primarily provide help with chores and companionship to those who shelter them. These activities, along with babysitting, probably should be viewed more as an attempt to offset the costs of sheltering the homeless than as a benefit gained by informal shelter providers. While it appears
Table 2

*Contributions of the Homeless*

<table>
<thead>
<tr>
<th>Financial Contributions</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less Than $50.00 Per Month</td>
<td>13</td>
<td>22.4%</td>
</tr>
<tr>
<td>$51.00 - $100 Per Month</td>
<td>13</td>
<td>22.4%</td>
</tr>
<tr>
<td>$101.00 - $150.00 Per Month</td>
<td>6</td>
<td>10.3%</td>
</tr>
<tr>
<td>$151.00 - $250.00 Per Month</td>
<td>10</td>
<td>17.2%</td>
</tr>
<tr>
<td>$251.00 - $350.00 Per Month</td>
<td>5</td>
<td>8.6%</td>
</tr>
<tr>
<td>$351.00 - $450.00 Per Month</td>
<td>7</td>
<td>12.1%</td>
</tr>
<tr>
<td>More Than $451.00 Per Month</td>
<td>4</td>
<td>6.8%</td>
</tr>
<tr>
<td>Number Reporting</td>
<td>58</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Nonfinancial Contributions</th>
<th>Number Reporting</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does Chores</td>
<td>61</td>
<td>74.3%</td>
</tr>
<tr>
<td>Companionship</td>
<td>41</td>
<td>50.0%</td>
</tr>
<tr>
<td>Baby Sitting</td>
<td>21</td>
<td>25.6%</td>
</tr>
<tr>
<td>Other</td>
<td>11</td>
<td>13.4%</td>
</tr>
<tr>
<td>Number Reporting</td>
<td>82</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

that many homeless people in informal sheltering situations try to share in the work of running a household, they seem to have little else to offer.

Overall, it appears that informal providers probably do not benefit greatly from providing shelter. Given the limited contributions of the homeless to informal providers, it is probably most accurate to consider their contributions as an attempt to partly offset the obligations they incur when others house them. This finding suggests that the primary motivation for sheltering others involves intrinsic personal considerations, rather than extrinsic benefits.

*The Contributions of Informal Shelter Providers to the Community*

While informal shelter providers do not seem to benefit personally from sheltering others, the community clearly benefits from informal sheltering. Our data suggest that informal shelter providers play a key role in the prevention of homelessness in Spokane. If we assume our sample of 470 Neighborhood
Doubling Up

Centers clients is representative of the 29,516 households who received energy assistance from the Neighborhood Centers in 1990, then it follows that about 17% or one out of six of these households are currently housing homeless individuals. If these providers were unable to continue their activities, social service agencies would be overwhelmed by the demand for shelter for the homeless.

Informal shelter providers served all segments of the homeless community. The largest single category of people sheltered by informal providers were adult males (71 or 45% of all people sheltered), perhaps because childless men are less likely to be eligible for public assistance than are women with children. Informal providers also shelter many "new homeless"—women and children. Over one-fourth of those sheltered were women (41 or 26.3%), and more than a fourth were children under 18 (44 or 28.2%). If our sample is representative of the 29,516 energy assistance recipients, extrapolation of our percentages to the population suggests that about 5,000 informal shelter providers sheltered almost 10,000 otherwise homeless individuals.

It is difficult to estimate the contribution of informal sheltering in other communities. As previously indicated, the few available studies suggest that far more otherwise homeless people are housed by low income friends and relatives than by shelters for the homeless (Wright, 1989). However, the extent of informal sheltering may vary from community to community depending on a number of poorly understood factors. For example, regulations concerning the eligibility for social services vary widely, and some programs (such as AFDC) severely restrict doubling up of adults. Furthermore, the extent of doubling up may depend, in part, on the housing resources available to low income households. As earlier discussed, people living in single family dwellings (either owner occupied or rentals) are much more likely than apartment dwellers to report sheltering others. Since the supply of low rent single family dwellings probably varies greatly from city to city, the extent of informal sheltering may also vary a great deal. However, even in cities with high rents and property values, such as New York, it appears that the number of people housed by informal shelter providers greatly exceeds the number housed by private and public shelters for
the homeless (Gioglio, 1989). Therefore, easing the financial and personal costs of informal sheltering may be a very cost effective approach for reducing and preventing "literal homelessness."

**Homelessness Among Informal Shelter Providers**

One of the most striking characteristics of informal shelter providers is their own housing experiences. Informal shelter providers reported high levels of homelessness, and current informal shelter providers were somewhat more likely than nonproviders to have been homeless. Thirty-one (38%) of the current informal shelter providers reported being homeless themselves at some time in the past, whereas 49 (28%) of the nonproviders reported being homeless, $\chi^2 (1, N = 275) = 3.72$, $p=.054$. These results underscore the precarious nature of informal shelter arrangements. Many shelter providers appear to have unstable housing arrangements themselves, and therefore, they are unlikely to be able to provide long-term housing.

**Conclusions**

It is beyond the scope of this paper to discuss all of the suggestions for ending homelessness, but most policy analysts agree that three key ingredients of any such program are expansion of the availability of low cost housing, increasing the incomes of the working poor and expansion of public assistance (Foscarinis, 1991; Kiesler, 1991; Kondratas 1991; Rossi, 1989; Wright 1989). The ultimate solution to the problem of homelessness is to insure that there is an adequate supply of low income housing, and that all Americans have the resources to insure access to it.

However, we believe that support for informal shelter providers should be considered as a stopgap. Ending even episodic homelessness (as opposed to chronic homelessness caused by alcoholism and other personal problems) will be extremely costly because the cost of providing adequate low income housing is so high (Wright, 1989), and because less than half of the homeless are currently receiving any form of public assistance (Wright, 1989). Expansion of existing housing programs and public assistance programs to cover all homeless people, including the
doubled up homeless, will be costly, and securing adequate funding for such programs will be difficult if not impossible as long as the current recession strains federal, state and local budgets. Furthermore, even if we embarked on such a program now, there would still be a need to support informal shelters while adequate housing is being constructed.

We also believe that public shelters are not likely to replace informal sheltering. Informal shelters appear to be preferable to public shelters, especially for families (Schecter, 1984; Shinn, Knickman & Weitzman, 1991; Simpson, et al., 1984). The research suggests that public shelters are a last resort (Gioglio, 1989; Shinn, et al., 1991). We can expect that many with access to even the is best shelters will seek doubling up arrangements. The following statement is from an essay written for us by a homeless woman we encountered during the course of our fieldwork. She was forced to use a public shelter for women escaping domestic violence, and she describes what we believe is a common reaction to public shelters:

it [the shelter] was actually pretty nice inside, and they attempted to make it homelike and comfortable. But it was not. I don’t want to sound ungrateful; I very much appreciated that we had a place to stay, but I hated being there. It wasn’t home, it was an institution. There were bars on the doors and windows and a bunch of rules and regulations. Understandably, the bars were for security sake, but under the circumstances, rather than making me feel safe, they dehumanized me even more and made me feel even more the bad person who had done something terribly wrong.

I felt like I was losing my mind; every nerve in my body was screaming with tension. I was depressed and emotionally exhausted; my mind was racing and I just wanted to be by myself where I could meditate and pray and calm down a bit, but there was no where to go where I could be by myself. We were not allowed to go outside. Already feeling utterly vulnerable and helpless when I entered, I was warned to check in any valuables in the office because things got stolen.

Our informant then found a doubling up arrangement, that, in many ways appeared to be less desirable than the shelter, but she still preferred it. The informal shelter providers were
alcoholics, their children did not get along with our informant’s child, the providers had difficulty meeting the additional costs for food, and our informant shared a double bed in an unheated basement with her son:

There was no heat down there and it was crowded—just enough room for a double bed, which [my son] and I shared. My eleven year old son protested to the sleeping arrangement, but we had no choice, unless we wanted to go back to the shelter, and I absolutely did not want to do that. At least I knew these people and felt a bit more comfortable. However I hated imposing, asking for help. . . . [The informal shelter provider] insisted we stay there, but she talked a lot about how broke they were and how much food cost, etc.

Shinn et al. (1991) Report that most homeless people do not turn to shelters until they have completely exhausted their social networks. Accordingly, they have suggested that aid designed to reduce the costs of doubling up must be provided to informal providers as quickly as possible to insure that it reaches them before the people they are sheltering leave (or are asked to leave). Shinn et al. (1991) have suggested programs designed to reduce crowding in doubled up homes such as day care or after school recreation programs, but financial assistance should also be made available.

While informal sheltering is the primary source of housing for the homeless, informal sheltering has operated with little or no financial support from the community. As rents and home prices continue to increase, we may have to devote more resources and effort to nurturing and preserving the invisible but extensive system of informal shelters. A crucial need in this regard is to develop ways to keep houses in the low income housing pool. Our data clearly document the importance of the single family dwelling as a resource for informal sheltering. As rents and property taxes increase, low income home owners and single family residence renters will experience greater and greater difficulty keeping their homes unless ways are found to help them. Since the housing market will not automatically meet the needs of the poor, we must take steps to encourage the construction and renovation of low income single family
dwellings, and to protect the suitable low income housing that presently exists.

Informal shelter providers also appear to need more financial support than nonproviders because so many devote too much of their income for housing. Rossi (1989), suggests the creation of a program such as “Aid to Families with Dependent Adults,” that would subsidize families if they supply housing, food and other care to adult family members who cannot support themselves. Since our data suggest that both family and friends are informal shelter providers, we would extend Rossi’s recommendation to include assistance to doubled-up households that also shelter friends. We would recommend the creation of a program ("Aid to Informal Shelter Providers") directly subsidizing households providing shelter with a monthly stipend, much like AFDC (Aid to Families with Dependent Children). Or, subsidies could come in the form of a housing or tax credit, with additional household members listed as dependent family members or dependent non-family members. If informal shelter providers were financed in this manner, the economic strain generated by any additional household members could be eased, enhancing household stability, and lowering the eviction rates from informal shelters. Efforts to make it easier for people depending on public assistance, AFDC, and other forms of aid to the needy to share a home without risking reductions in their allotments or penalties for violating the law may also be needed.

Subsidies for informal shelters could also help reduce the nonmonetary costs of sheltering the homeless by helping the recipients obtain more suitable housing for doubling up. With additional funds, informal shelter providers would have more opportunities to secure more suitable single family residences, or perhaps even purchase a house of their own.

One final recommendation supported by our research is that there is a clear need to develop a research agenda to further our knowledge concerning this group. Informal providers play such an important role in the prevention of homelessness, that they should not be ignored by either researchers or policy makers.

The crucial role played by informal shelter providers in keeping the homeless out of shelters and off the streets is a clear indicator of the inadequacy of present social support
systems for the needy. These informal shelter providers are among the poorest households in the community, and many face the constant threat of becoming homeless themselves. That such a destitute population should be the primary agents for preventing homelessness is a testament to the failure of our current housing policies and the inadequacies of our housing programs.

References


Doubling Up


Homelessness: The Service Providers’ Perspective On Blaming the Victim

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Randy Stoecker
The University of Toledo
Department of Sociology

Service providers who work with the homeless are frequently characterized as victim blamers. Eighteen service providers who work with homeless people were interviewed. The victim-blaming typification oversimplifies service providers’ views on homelessness and of the individuals their programs serve. Service providers have a wholistic analysis of homelessness which encompasses both individual and systemic components.

Introduction

A tremendous amount of research in the U.S. has been devoted to defining contemporary homelessness and identifying its causes in order to recommend policies for its solution. Politically active organizations such as Housing Now and the Coalition for the Homeless also work to influence policy. Ultimately, however, it is service providers who interpret policies through implementation of the programs they develop, based upon their perceptions of their clients’ situation. Whether their interpretations of homelessness agree with those of the researchers, activists, and policy makers has important implications for both the service providers and the homeless they serve. This paper explores the perceptions of homelessness service providers.
How do they perceive homelessness, and what do they propose as solutions?

**Blaming the Victim vs. Blaming the System**

When examining why people become homeless, researchers have taken two basic perspectives. The first, an individualistic perspective, focuses on the characteristics of the homeless themselves, resulting in “bad people” and “bad luck” explanations. “Bad people” explanations focus on personal factors which contribute to homelessness, such as illiteracy, substance abuse, and mental illness (Koch, 1987; Wright, 1987; Sullivan and Damrosch, 1987; Redburn and Buss, 1987; Kaufman, 1984; Bassuk, 1984). “Bad luck” explanations show how personal crises such as marital dissolution, physical illness or injury, or unanticipated major expenses can suddenly plunge people into poverty (Redburn and Buss, 1987; Kaufman, 1984; Cooper, 1987; Koch, 1987; Sullivan and Damrosch, 1987).

The advocates of the second, a critical perspective, focus upon the systemic factors—political and economic—which produce homelessness (Marcuse, 1988; Fabricant and Epstein, 1984; Stern, 1984). Economic factors include the transition from a manufacturing to a service economy and the accompanying “urban renewal” (Logan and Molotch, 1985; Fainstein and Fainstein, 1986), and the growing scarcity of low-cost housing due to gentrification (Fainstein and Fainstein, 1986; Adams, 1986; Carlson, 1987). Political factors include reductions in social welfare spending (Redburn and Buss, 1987; Rivlin, 1986; Marcuse, 1988) which exacerbate economic displacement. For example, despite the disappearance of low-cost housing, federal subsidies for new construction of such units have come to a virtual standstill (Community Change, 1989; Wright and Lam, 1987).

Ryan (1976) distinguished between individualistic and systemic perceptions of the causes of social problems. He applied the term “blaming the victim” to the individualistic perspective, which he believed to dominate American health and welfare activities. In victim-blaming the causes of social problems are seen as the result of exceptional circumstances in a generally satisfactory system. Thus, anyone who cannot obtain sufficient
income must suffer from a personal deficiency (a “bad person”), or has experienced an unpredictable calamity (“bad luck”).

A “blame the victim” tendency has been observed in current attempts to deal with the homeless. Marcuse (1988) notes that “specialism”—searching for special characteristics in the homeless population and developing programs for each—separates the overall problem from its systemic causes. Attributing homelessness to deinstitutionalization of the mentally ill is a prime example of specialism which obscures the real causes which are the lack of low-cost housing and inadequate incomes (Snow et al., 1986, 1988; Marcuse, 1988). Huttman (1990) adds that service providers also have a stake in homelessness: their own livelihoods. Having been trained to diagnose and treat individual problems, their jobs are dependent upon having clients who require such services. Huttman suggests that, to protect their interests, service providers interpret the needs of the homeless as individual problems requiring the specialized treatment they are equipped to provide.

According to Ryan, social problems cannot be solved by individualized approaches because they do not attack root causes. He advocates a systemic, or “universalistic”, approach which argues that individual problems are the outcome, and not the cause, of social problems. Those who approach homelessness from this perspective believe that homelessness must be attacked at its social-economic roots through programs designed to eliminate poverty. Carliner (1987) stresses the need to provide adequate low-income housing through entitlement and regulatory reform. Marcuse (1988) calls for public control of the distribution of housing and of economic development. Roberts and Keefe (1986) suggest establishing guaranteed adequate income, work projects, and wage supplements for employers who hire the indigent, and recommend the creation of urban “safe places” to meet transient people’s basic needs with minimal restrictions. Furthermore, they believe that efforts by homeless people to establish self-governed communities should be encouraged and supported at all levels.

The critics of victim blaming are correct in emphasizing a systemic perspective. But they minimize the fact that people
often do require individual services. Physical or mental illness, chemical dependency, illiteracy, and the feeling of powerlessness that accompanies such problems will not vanish if housing, jobs, and incomes alone are provided. Milburn (1990:63) argues that "Homelessness is a circumstance...that reflects both an individual's inability to meet his or her needs and society's failure to provide suitable mechanisms that enable all citizens to meet their needs." And while social workers may identify systemic causes of social problems as more important than individual attributes (Reeser and Epstein, 1990), they also realize that resources are limited to providing individual services (Parker-Redmond and Brackman, 1990).

This study attempts to learn the extent to which homelessness service providers adopt a victim-blaming or system-blaming perspective. It explores their perceptions of the causes of homelessness, their solutions to the problem, and their thoughts on the victim-system dichotomy.

The Research Design

The research was conducted in Toledo, Ohio, a city with a developing network of homelessness services, some dating to the early part of the century. Toledo homeless agencies are not the huge, warehouse-style facilities so often portrayed in the media, but attempt to provide a secure environment, with as much privacy and personal attention as possible. They link their clients to a variety of existing services, including income entitlements, education and informational programs, job training and placement services, and health care. The agencies concentrate on providing services not available elsewhere: case management; assistance with emergency needs that might otherwise lead to homelessness; and residential programs.

A Private Industry Council list identified the five shelters and four transitional housing programs serving Toledo in 1990. In all, eighteen interviews were conducted with representatives from eight of the agencies. Two support staff, five counselors, nine administrators, and two board members were interviewed. A number of service providers, especially administrators, perform multiple roles. The interviews do not reveal differences
in perceptions between these groups, though administrators and board members are most familiar with funding issues and are the most involved in political activities on behalf of the homeless.

Service Providers' Perceptions of Homelessness

What do service providers believe causes homelessness and what do they believe might solve the problem? Do they blame homelessness on the homeless, on the system, or on both? How do they perceive the victim-system dichotomy?

The Causes of Homelessness

Service providers were asked what they believe causes homelessness, and to rank order multiple causes. While most see both systemic and individual causes of homelessness, thirteen of the eighteen informants cite systemic factors as the top causes. The lack of affordable housing was listed most frequently as the primary cause. A social worker asserted that:

...the number one outstanding feature is the lack of adequate low-income housing. That's number one.... [T]he urban renewal that they're doing—it's not for low-income housing, it goes for condominiums. Or if they're any houses that are decayed or anything.... [I]f there's fires they tear those buildings down when really, they could modify them somehow and make them into low-income housing, which they're not doing.

The economy, jobs, and/or wages were also frequently mentioned at the top of the list of causes. one board member described the problem this way:

The biggest cause of homelessness, really, is financial. People do not have enough money to buy or rent housing. Of course, you can look at it from a different angle and say we don't have enough affordable housing available. But it comes down to financial regardless of what way you look at it.

The remaining systemic factors given as causing homelessness are governmental policies and funding cuts. Of all causes cited by the eighteen informants, these three systemic causes—
housing, economy, government policy—were cited a total of 13, 10, and 6 times, respectively.

Two service providers listed only individual causes of homelessness: eviction, disasters, and drugs and alcohol. Their feelings about the problems were considerably different, however. One of these two, a support worker, saw drug abuse as something that overpowers people.

Drug abuse is just a terrible thing. You know, it’s more epidemic now, than even... It just tears families down, causes divisions, sometimes permanent divisions, amongst family and friends, and it will take you even to your grave... I live in the inner city and I see so much of it—how it just rips a person and prevents them from getting ahead, and really getting a handle on life, keeps them off track all the time.

The second, a social worker, was the only informant to place the responsibility for homelessness squarely upon the individual.

This may be kind of a rash statement, but people... become homeless, for the most part, because they screwed up their lives in some way. Whether it’s due to chemical dependency, whether it’s due to lack of budgeting, whatever, it’s something that they’ve created. Unfortunately, I can’t take away that pain. So, I guess in essence, it’s their dance... it really is...

Interestingly, both of these informants were emphatic about the solution to homelessness—affordable housing.

The most common perception of the causes of homelessness, regardless of the top ranked cause, included both systemic and individual factors. Fourteen informants gave such responses. Some service providers explicitly connected individual problems and systemic causes, as this outreach worker did.

Personally, I feel that homelessness has been created. Created by, I’ll say the system, because homelessness exists in places other than Toledo to the numbers that it is now... Drugs play a big role in homelessness... There are a lot of homes that you find in the inner city that you find boarded up, not because the person wasn’t able to pay the rent, necessarily. But they were boarded up because unemployed people or underemployed people, in order to survive, were selling drugs out of their house.
Overall then, service providers perceive homelessness as having both systemic and individual causes. They see many clients as having individual problems, such as chemical dependency and inadequate education, leading to financial difficulties which make securing and retaining adequate housing problematic. Nevertheless, most see homelessness as the result primarily of systemic factors: lack of affordable housing, the economy, government policy. As Milburn (1990) describes, they tend to view homelessness as the result of an interaction between individuals and a faulty social system.

Ideal Solutions

How would service providers solve homelessness if they had unlimited funds and complete authority to implement their plans? Given that most cited both individual and systemic causes of homelessness, it is not surprising that most included both components in their solutions. All eighteen informants, even those who listed only individual causes, cited systemic components in their ideal plans to end homelessness.

Fifteen of the informants included building and/or rehabilitating to provide safe, affordable housing in their ideal plans. For some, this was the first and foremost issue. A social worker explained that affordable housing is increasingly scarce as she set forth her solutions to homelessness.

Housing. Housing with a capital H. . . . When I began this job 5 years ago I had landlords calling me daily—they had an apartment here, they had a house there, did I have anyone to fill their home? . . . Those days are gone, they’re gone.

Job training and development is a solution mentioned by eight informants. The need for updating job skills was emphasized by one counselor: “The world is more technical. The technicians of today are the laborers of tomorrow. Now if the laborers of today don’t have skills, they’re going to be pushed aside.” Creating public awareness to stimulate involvement was mentioned by four informants. One social worker would give an object lesson to legislators: “I suppose if I had some real power I’d get on the policy makers—that’d be a good start right there. Bring a couple of them down here, let them live in an abandoned building . . .”
Three informants cited economic measures such as raising the minimum wage or establishing income equity. Two informants stated that welfare should be reformed to grant higher benefits and stop the practice of cutting benefits as soon as a client is employed. A director/counselor stated:

I have not seen a person come into this office yet, and I've been here going on eight years, that has come in here and said 'I want to be on Welfare'. They want to get off. If they get a job making... minimum wage, they're gonna be basically penalized for it. They'll start taking away the Food Stamps that don't last anyhow. When you get a job, it costs to go to work... you've got to get clothes. And if you've got kids... you've got a babysitter to worry about.

Service providers also included individualized services in their ideal solutions, as they believe that the failure to address individual problems perpetuates homelessness. They firmly advocated programs with education and substance abuse treatment components. A program director/counselor said:

I would make it a condition upon their getting the housing that 'I want you actively involved in education.... Those who can go into job training, I want you to go into job training.... You have an alcohol problem, get the alcohol problem addressed. You've a drug problem, you get that addressed. You have a psychiatric problem, get that addressed.' And you work to support them. Because if you don't do that, if I just give them housing, I'm not solving the problem. Because guess who I'm going to have to find housing for in 10 years? Your children.

Five informants mentioned a need for training in daily living skills. They stated that they often have clients who were evicted for failing to maintain a property and then are difficult to place in permanent housing. A social worker explained: "When I do get a landlord that is willing to work with our clientele, it doesn't seem to last very long.... With some of our population, if you provide a home for them... and they get into that apartment and demolish it, that's a problem...." Educational measures aimed at instilling values in youth were mentioned by four informants as a long-range solution. Four informants
also explicitly mentioned rebuilding self-esteem as part of their ideal solution. A social worker explained why.

This is a generation that has really suffered from a lack of self-worth, self-esteem. So I'd be out there in the neighborhoods running groups to help them realize what their gifts and talents are. Once they began to believe they could do something, then offer job training and jobs they could go into. You can't tell me that people don't want to work. The majority of them really do, but they've been knocked down so often it takes so much to go out and try again, try again. So it has to be a wholistic approach.

Three informants included treatment for chemical dependency. However, they are concerned that the approach to drug treatment not follow the current trend. A board member/shelter director expressed this concern: "[A]ddiction itself is a disease. And we need to come, as a society, to terms with that fact, and we need to address it...because right now we're treating it too much as...a crime." Two service providers would include more appropriate mental health services in their plans to end homelessness. Half of the informants also say that centralization and/or coordination of all services is important to meeting the needs of the homeless.

Service providers do see systemic change as necessary to ending homelessness. Sixteen of the 18 informants combine systemic and individual solutions, and two focus exclusively on systemic solutions. The changes they recommend, however, are reform-oriented, not aimed at the radical social restructuring advocated by the critical perspective.

Discussion of the Victim-System Dichotomy

What do the service providers themselves think of the victim-system dichotomy? Fifteen indicated that individual and systemic approaches are complementary and that both are necessary to eliminate homelessness, reflected in this statement by a shelter director.

You're talking about changing the individual or changing the system. I think we're going to have to work at coming up with a way of doing it together. I think we're going to have to work
hand-in-hand, again, to change the individual, and to change the individual you have to change the system.

The three remaining service providers said that systemic approaches are most important because the primary causes of homelessness are systemic. Yet, they also argued that the individual cannot be neglected while the system remains unchanged. One stated:

As a social worker I would say that I don’t disagree that we have to address the problem of homelessness from a broader sociological perspective. . . . I know the argument that by the fact that we put Band aids on people that we pacify them so that they’re not rioting in the streets. But my concern is that if we don’t put Band aids on them, they’ll be dead and they won’t be able to riot in the streets.

There is also a strong belief among service providers that the homeless need and want more than housing alone. They also believe that failure to address individual needs, regardless of any systemic factors which generated them, will only perpetuate poverty and homelessness. However, none say that homelessness can be solved by individualized approaches alone.

When asked about their agency’s approach to homelessness, the majority of service providers indicate their agency focuses on the individual, and that systemic approaches are outside their agency’s capacity. One social worker described their limits.

When I talk about system, I’m talking about Welfare, and I’m talking about policy makers. Again it goes back to that. And I’m talking about entitlement programs, and I’m talking about housing—all those are systems. And so far, I think, a failure. I think the whole system needs to be changed. [This agency doesn’t] have the power to change all that. I mean we grope with it every day as far as the system goes. You might be able to bend a rule once in a while. . . . [S]till, the small loopholes, even if you put them all together, it doesn’t make that drastic of a change. . . . We service clients as best we can with what we can work with, and then our hands are tied, and it goes back to the system.

However, five informants believe their agencies take both approaches by including advocacy in their goals. An administrator said:
We need to go for the bigger picture. The system has to have things in place for a person to utilize when they're ready to go out into the community. We also need those who can help clients prepare to work within the system. This agency's approach is a combination. It forces the system to change by demanding that money be put where the needs are.

One outreach worker sees his agency's goal as systemic change.

Homelessness is profitable—not for the homeless, but for other individuals. But all the focus is on those that are down already. I see people who work at this agency and at others like it as trying to get the focus back to the source of the problem, not on the downtrodden.

All service providers say that systemic change is needed to resolve homelessness, and most believe systemic and individual programs must be combined. They also believe that systemic reform requires change at the policy and public opinion levels. Yet most believe that their agencies are confined to individualized treatment with only a minor capacity to influence public opinion or policy. Hence, they focus on assisting their clients within the existing social system.

Working Within the System

Generally stated, the goal of the Toledo homeless agencies studied is to reintegrate the individual into society. Service providers implement programs aimed toward helping people acquire skills to increase their chances for a stable life in the existing system, however flawed it may be. A director/counselor summarizes this point of view.

You know, I'm not all that happy with society the way it is. But, like it or not, you do have to live in this society or find another one. And since you've got to live in it, you've got to learn how to use the tools that are there to your advantage.

Essentially, service providers have adopted a pragmatic approach to taking care of the symptoms of a larger social problem. The larger problem is seen as society's lack of concern that allows the conditions leading to homelessness to arise and persist.
This public unresponsiveness is daunting. Informants involved in political action for the homeless note that trying to influence legislation is frustrating, making it hard to sustain momentum. One board member explained that "As long as you keep people stretched out, burned out, you not only have a client population that is disempowered, you have a helping population that...doesn't have the energy to do anything beyond what they do everyday." An administrator/counselor lamented that: "...I see how things get started with the government, and then things get cut, and I wouldn't want to depend on that. I mean, it'd be good to have their support. But as far as depending on it financially, I wouldn't want to." And funding can be misappropriated. In one agency director's opinion, "Until community spirit is in place, there won't really be a change no matter how much federal money there is—someone will rake it off the top."

Sixteen out of the eighteen service providers are involved in additional activities to benefit the homeless. However, consistent with Reeser and Epstein's (1990) findings, these activities are predominantly within institutionalized means and are non-conflictual. They either extend services to the homeless directly, or raise awareness of the problem in a non-political context. Service providers use their group affiliations to raise consciousness and, they hope, increase public desire to eliminate homelessness. Change in public attitudes and values was seen by most informants as the necessary precursor to genuine systemic change.

Discussion

Service providers have a complex understanding of the causes of homelessness and its solutions which acknowledges the impact of the social system upon individuals. Their approach, however, assumes the possibility of reintegrating the homeless into the existing society. They propose moderate social and economic reform and social services rather than the radical structural changes advocated by those who take the critical approach. Yet, given external constraints which force their activities to focus on the individual, it is perhaps remarkable that service providers maintain any systemic perspective at all, much less a critical perspective.
One significant constraint is the structure of program funding, which reinforces an individualistic approach to working with the homeless. Agencies must continually look for sources of funding, and all but a few of these sources entail restrictions precluding systemic change activities. Religious organizations and voluntary associations provide basic services, such as food, shelter, and clothing to individuals on an emergency basis. In the 1980s and 1990s, however, as federal spending cuts compounded the effects of economic restructuring, religious and voluntary agencies have been stretched beyond their capacity (Cooper, 1987).

There are some federal monies available to assist the homeless, but only for individual-focused services. For example, the Emergency Food and Shelter National Board Program is designed to meet short-term needs and immediate emergencies (Cooper, 1987). Another Federal program which could help, Section 8 rent vouchers, is hindered by high quality standards that are difficult to find in low-cost housing (Carliner, 1987).

Funding through private foundations is also targeted to specific types of services, and awarded based upon the ability to meet predetermined criteria. The Johnson-Pew grant, for instance, was offered to create demonstration health care programs for the homeless. Besides the many requirements on program design, selection was also determined by city size and potential to generate enough funds to sustain the program after the grant expired (Wright, 1987). Since most foundation grants are time-limited, the search for funding is continuous (Cooper, 1987).

Corporations consciously use grants to manage social change (Roelofs, 1987). By channeling energy into doing good work whose dimensions they control, corporations assure that reforms benefit the present economic system. At the same time, grant-giving enhances corporate legitimacy. Thus, corporate grants, guided by class interests, may have profound influences on the designers of programs for the homeless.

Service providers are very frank about how funding sources effect the types and form of services provided. A shelter director explained:
Funding generally dictates if I even go for a program or not. . . . A lot of the grants that come through say, "We will fund this type of program. We'll fund homeless family education, we'll fund education for homeless veterans, we'll fund job placement for homeless families".

Thus, service providers develop programs for practical ends. They see that their clients lack skills and services that might enable them to be self-supporting in the existing social system, and that funding is available to provide those skills. They then design programs to take advantage of such funding. As the present social system perpetuates homelessness, they expand services. The range and scope of programs they believe are needed increase their reliance upon government and/or corporate funding. They are unlikely to voice a radical critique of the sources that make their programs, however inadequate, possible.

A second constraint on service providers' ability to adopt and practice a more critical perspective is the prevailing political ideology. To adequately care for the homeless, let alone attack the systemic causes of homelessness, political support is necessary. Yet that support is lacking. Piven and Cloward (1972) argue that governmental social welfare programs expand only during periods of civil unrest, contracting once stability is restored. So long as social stability prevails, relief is made so degrading that those who are capable will accept any form of labor at any wage to avoid the humiliation of receiving relief. Only wide-spread economic displacement stirs sufficient civil disruption to force concessions in relief. Thus, relief acts as a safety valve. Keeping the release mechanism tight requires that relief be unattractive and acceptable only to those who are desperate. Major policy changes, such as Social Security and Unemployment Compensation, are rare.

Despite massive economic displacement, homelessness in the 1980s and 1990s has not generated sufficient civil disorder to wrest major policy concessions. Organizing the homeless to apply political pressure is problematic. Fabricant and Epstein (1984) contend that organizing cannot be limited to small scale advocacy projects. Broad coalitions must be forged between the homeless and service workers to increase financial viability and
political clout. Yet, coalitions restrict the ability to press for systemic solutions, as radical demands and/or disruptive tactics can dissolve alliances with moderates and conservatives (Piven and Cloward, 1977; Schumacher, 1978). Stern (1984) illustrates this problem with the reaction against welfare rights organizing in the 1970s. The changed attitude of the welfare recipients who in the 1970s demanded increased benefits redefined the relationship between themselves and non-recipients. What had been a condition of charity and receipt became one of obligation and rights. The result was a loss of public support for poverty programs and alienation of many former allies. Stern foresees a similar fate for support of homelessness programs should the homeless and their advocates shift the framework of their demands from charity to entitlement.

Service providers who work with the homeless must contend with the limitations on funding and the constraints imposed by the dominant social and political culture. Designing programs within the restrictions of this victim-blaming climate necessarily results in services that imperfectly fit their perceptions of the needs of their clients. Perhaps, the struggle to stem the rising tide of homelessness, one person at a time, within these contours distracts service providers from acquiring a critical analysis of the existing system. The work of repairing the individuals whom that system damages takes priority.

Note
1. Judy Aulette suggested this distinction in her comments on an early draft.

References


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Women Offenders Incarcerated at the Ohio Penitentiary for Men and the Ohio Reformatory for Women from 1913–1923

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Unquestionably, women offenders have been subjected to discrimination by the criminal justice system. However, the quality and extent of the discrimination have been the subject of debate. Early male scholars wrote that women offenders were treated chivalrously and leniently. Later female scholars have disagreed and contended that under so-called chivalry women offenders were punished more severely, especially for sex crimes. World War I had a national influence on women imprisoned in reformatories for prostitution, as federal legislation was passed to suppress prostitution and related behaviors. This paper examines qualitative and quantitative data from 1913 to 1923, especially data on the women committed to the Ohio Reformatory for Women, the extent of the influence of World War I, and whether feminists' analysis of women's incarceration holds. The authors conclude that the War had some national influence on women incarcerated for prostitution, but little or no influence with respect to women imprisoned in the Ohio Reformatory for Women. The findings also challenge feminist scholars' recent view of women's incarceration, at least with respect to Ohio.

Undoubtedly, discrimination has existed in the criminal justice system with respect to some female offenders (Champion, 1990; Schur, 1984). The nature and extent of this discrimination, however, has been the subject of different views. At one time, male scholars wrote that women, for the most part, have benefited from chivalrous treatment by the criminal justice system (Pollak, 1950; Robinson, 1922). Later, feminist scholars have countered that women even under so-called chivalry were
subjected to longer periods of incarceration than men (Armstrong, 1982; Sokoloff & Price, 1982). Additionally, other feminist scholars have written that the discrimination perpetrated upon women by the criminal justice system has been more pronounced with respect to sexual behavior (Klein, 1982; Rafter & Natalizia, 1982).

However, these latter views may be somewhat limited and provincial because early literature reveals that many women's reformatories were built during World War I and soon thereafter when a growing concern emerged about the effect of both venereal diseases on men preparing to go to war and on women's and infants' health. Believing "immoral" sex to be the culprit, society began a somewhat aggressive campaign to eliminate sexual immorality by incarcerating women prostitutes for reformation. To the extent that women were the primary targets of this campaign, discriminatory practices occurred in apprehension, trial, and imprisonment. However, this does not indicate widespread discrimination against women for all offenses (Armstrong, 1982; Cain, 1990).

The purpose of this paper is to examine the historical records on women offenders incarcerated at the national level, but especially in Ohio from 1913 to 1923. This period was selected for several reasons. First, the Ohio Reformatory for Women was completed and began accepting women offenders on September 1, 1916. Before the opening of the reformatory, women had been imprisoned in a segregated section of the Ohio Penitentiary, a prison for male offenders. Because basic data exist on microfilm at the Ohio Historical Society from 1913, analysis can be made of the types of offenses that led to imprisonment. Also, analysis can be made of sentence length and actual incarceration. If feminist scholars are correct, the data should support their view that violations of sexual norms were punished more severely and constituted the priority of the criminal justice system.

Second, analysis during this time-frame should reveal the impact of World War I, which began in 1914 and lasted to 1918, on admissions at both the Ohio Penitentiary and the Ohio Reformatory for Women. Observations can be made regarding types of women imprisoned before, during, and soon after the War. In addition to the microfilm, the Ohio Historical Society
possesses original letters to and from the superintendent of the women's reformatory. These letters, along with other primary and secondary accounts, should illuminate the national and state policies that might have had an impact upon women incarcerated at the Ohio Reformatory for Women.

The View of Women Offenders
During the Early Reformatory

The belief that reformatories were exerting unfair social control over women during the late 19th and early 20th century may be based on a misinterpretation of the concept of social control (Rothman, 1983). Rafter (1983), for instance, argued that New York Reformatory for Women's two main purposes were controlling women sexually and vocationally. But, as David Rothman has noted, the term social control is used frequently in critical discussions and frequently abused because writers do not explain the context in which it is used. The term was originally coined to convey harmony and cooperation, but in the 1950s and 1960s, it was transformed into a definition meaning repression and coercion. Likewise, cooperation and harmony were transformed into concern and conflict. With respect to prisons and reformatories, social control took on a pejorative meaning. The failure to identify the context in which social control is used is an abuse of the term, says Rothman (1983). Therefore, asserting that women's reformatories were used to repress women's sexuality is partly right. However, the broader question is: did society have a greater rationale in incarcerating female offenders?

Venereal diseases seem to have been a major concern of society in the early 1900s. According to Dr. Lena Beach, Superintendent of a Minnesota reformatory, World War I had properly forced society to deal with the issue of these diseases (Beach, 1923). Venereal diseases resulting from prostitution threatened war preparations (French, 1919; Falconer, 1919). The government became so concerned about the effect of prostitution on the war effort that it passed a federal law in 1918 called the Chamberlain-Kahn Bill, that made it a federal crime to engage in prostitution near a military establishment (Falconer,
This law was used in 1918 to incarcerate 19 young women from Greenville, South Carolina (Falconer, 1919). Although the war effort was a key concern, certain social welfare concerns existed regarding the suppression of prostitution. As French (1919) wrote “for military efficiency and for social welfare, prostitution must go” (p. 12). The social welfare concerns were reflected by the effect of venereal diseases on women’s health. For instance, Anderson (1918) wrote that gonorrhea carried serious health problems not only for enlisted servicemen but also for women and fetuses.

In the public mind, the chief cause of venereal diseases was sexual immorality. As Dexter (1927) wrote, “all venereal diseases originated from sexual immorality” (pp. 194–195). Dexter stated that ideally sexual relationship should be within marriage, but this goal was unattainable. Nonetheless, he stated that there “is no reason why every possible effort should not be made to reduce the volume of prostitution and immorality, since every such reduction would immediately show itself in a reduction of venereal infection” (Dexter, 1927, pp. 194–195).

Although attributing venereal diseases to sexual immorality seems rash, data gathered from several statistical studies had supported this view. For instance, a review of one study showed that 89% of 466 females incarcerated at Bedford Reformatory had either syphilis or gonorrhea (Dexter, 1927). A New York venereal clinic reported the sources of infection among its clients as follows: 37% street prostitutes, 19% house prostitutes, 15% unknown, and wives 2% (Dexter, 1927). These data supported the view that immorality was the chief cause of venereal diseases. As a result, the consensus was social welfare policy should be geared toward attacking this immorality.

President Wilson, in accordance with this policy, allocated from his War Emergency Fund money to provide rehabilitation for women who were a threat to the military. The job of administering this program was given to the Section on Reformatories of the War Department’s Commission on Training camp Activities. Funds were made available through it for hospital treatment of prostitutes in an effort to eliminate the problem of servicemen’s infection. Detention hospitals were established in some states, but the women were hospitalized only during the
time of their infection (Falconer, 1919). Thus, recidivism was a recurring problem.

Recognizing the wastefulness and futility of treatment because of the recidivism rate, treatment officials concluded that "the work of the venereal hospital must be linked by a strong social service work to a larger program. The patients must be passed on to something definite; be it to a job under close probation, or to a period of training in an institution" (Falconer, 1919, p. 6). Hence, the reformatory promised needed control and plans were initiated to expand both the number of reformatories for women and the quality of the few that existed.

The War Department seems to have had some effect on the building of reformatories for women. Prior to World War I, six women's reformatories existed in the United States. Six more were built during the war, and six more followed soon afterward. Five of the post-war six reformatories were built in 1920 (Freedman, 1981). Basically, women's reformatories were to provide custody, preservation of health, reformation of character, education for self-support, and prevention of progression to hardened criminals (Rogers, 1917). Other innovations were family group housing, mental and physical examinations, all women staff, admission of infants, indeterminate sentences, and parole (Rogers, 1929). Indeterminate sentences generally given ranged from a minimum of one year to a maximum of three, five, ten, or twenty years depending upon the offense (Gillin, 1926; Haynes, 1939). These intervention practices resulted primarily from recommendations of penologists and social workers (Rogers, 1917).

However, some correctional administrators and penological scholars during this period questioned the mixture of felons and misdemeanants in reformatories, especially as more reformatories for women were built. Yet, the reason for the mixture for both men and women offenders was not difficult to understand. According to Robinson, when society shifted from the Classical School of crime control to the Positivistic School, the distinction between a felony and a misdemeanor became unimportant. The Classical School emphasizes letting the punishment fit the crime, and the Positivistic School emphasizes letting the punishment fit the offender. Robinson wrote "in view
of the kinds of crimes which women commit, it is probable that the woman guilty merely of a so-called misdemeanor, for example, soliciting on the street, is more apt to be in need of the reformatory discipline than is the one guilty of a felony" (Robinson, 1922, p. 128). Accordingly, a woman convicted of immoral conduct may receive the same indeterminate sentence as a woman convicted of manslaughter.

Having established the broader parameters of female offenders who were viewed as a threat to society, the authors of this paper now turn to the State of Ohio.

The Ohio Reformatory for Women

Organizational Structure

The Ohio legislature, following the lead of other states, passed legislation in 1911 to build the Ohio Reformatory for Women in Marysville, Ohio and thereby ceased the practice of incarcerating women offenders at the Ohio Penitentiary for Men in Columbus, Ohio. The initial paroling authority was the Ohio Board of Administration on recommendation of the superintendent. For paroling purposes, offenders were classified as either Class A or B. Class A offenders could not be paroled under five years, and they constituted the most serious offenders. Class B offenders were eligible as follows: First offenders could be paroled after two months in the reformatory, second offenders after four months, and third offenders after six months (Rogers, 1917). In Ohio, for the most part, sentences were “fixed” within a range. For instance, forgery was punishable by 1 to 20 years, grand larceny 1 to 7 years, contributing to delinquency or neglect of a minor 2 months to 3 years, manslaughter 1 to 20 years, and second degree murder or first degree murder with a recommendation of mercy carried a life sentence. However, if a woman was sentenced to life imprisonment, she was eligible for parole after 5 years (Ohio Board of Charities and Corrections, 1913). This was considerably less than men sentenced to life imprisonment, who had to serve at least 25 years before being eligible for parole (Opinions of the Attorney General of Ohio, 1913).
Regardless of the sentence given (excluding cohabitation or delinquency), the law required a woman to serve at least a year. Her release was based primarily on her conduct (Forsythe, 1933). But before parole was granted, input from the community was solicited through notification in the largest newspaper of the inmate’s home town or where the crime had been committed. The notice ran in the newspaper once a week for three consecutive weeks. Upon learning that the required notices had been given, the parole board considered releasing the inmate (Forsythe, 1933). If the woman was paroled, her final discharge from institutional control was the date her maximum sentence expired. For instance, if a woman was sentenced to 1 to 3 years in 1916 and was paroled in 1917, her final discharge from institutional control would have been in 1919. However, this final discharge date could be shorter, provided the field officer and superintendent concurred.

Ohio, like four other states, established a minimum age for women offenders admitted into its reformatory, but no maximum age. As Robinson stated, “the removal of the maximum age limit for women is in line with our known policy of dealing more leniently with women” (Robinson, 1922, p. 129). Theoretically, sentencing an offender to a reformatory is less punishing than sentencing to a prison or penitentiary. Thus, by sentencing all women offenders to reformatories regardless of age, there was no need to send them to penitentiaries, either to all-women penitentiaries or women’s sections of male penitentiaries (Robinson, 1922). The minimum age was set at 16, and included women convicted of both felonies and misdemeanors (Growdon, 1931; Ohio Board of State Charities, 1913).

Officially, the Ohio Reformatory for Women opened on September 1, 1916 with 29 women who were transferred from the Ohio State Penitentiary. Mrs. Louise M. Mittendorf, a former juvenile probation officer, was named superintendent of the reformatory. Ohio law specifically required naming a woman superintendent and required women as far as possible for the other staff positions (Opinions of the Attorney General of Ohio, 1916). In line with the national policy, both felons and misdemeanants were housed in the reformatory (Cox, Bixby, & Root, 1933). The superintendent determined punishment for breaking
reformatory rules, usually consisting of loss of privileges or confinement to one's room. Serious infractions, such as refusing to work or gross insolence, led to confinement in punishment cells. Extreme cases called for less rations (Cox, Bixby, & Root, 1933).

The Ohio Reformatory for Women segregated inmates by race. Three buildings were established for white offenders and one for black. White females were classified following a psychological test and placed into one of three living quarters. Women with office skills, trusties, and matrons' assistants were housed in one building. Laundresses, seamstresses, and crafters were in another; and the remaining white females in the third. Because only one building was designated for black females, they were not classified (Forsythe, 1933). The reformatory utilized the Bertillion system to identify potential recidivists for prison officials. This system, named after the Frenchman Alphonse Bertillion, postulates that "while the bone structure of the body does not change after reaching maturity, individual variations are so elaborate that a series of minute measurements provides an infallible identification" (McKelvey, 1936, p. 141). Therefore, during admissions to the Ohio Reformatory, bodily measurements were recorded and used to predict which women would likely become recidivists.

**Institutional Programs**

The Ohio Reformatory for women provided many of the programs considered rehabilitative during this time, including the indeterminate sentence, literacy and trade instruction, and wholesome farm labor (McKelvey, 1936). Also, the reformatory allowed children up to 2 years of age to stay with their mothers (Cox, Bixby, & Root, 1933). No silent system was employed. The women could write two letters per month and receive books and magazines directly from publishers. Only immediate relatives could visit (Cox, Bixby, & Root, 1933). Records reveal that the reformatory had a type of work-release program called a "probationary system", whereby inmates were employed in private homes throughout Ohio. Wages—3 dollars per week at the inception of the program and 5 dollars later—were paid to the Reformatory weekly, monthly, or at end of service. Clothing
expenses were taken from each woman's salary and the remainder was paid to the woman at discharge. At one time, 50 to 60 women were involved in this program (Undated letter from Superintendent Mittendorf, 1919–1921). Other inmates employed in the reformatory were paid 5 to 6 cents per day, except for the women who unloaded coal from the freight cars, who were paid 10 cents per day (Cox, Bixby, & Root, 1933).

Letters from the Superintendent reveal a little about institutional life. For instance, Mrs. Mittendorf wrote a letter dated September 18, 1922 in which she acknowledged the appearance at the reformatory the previous Sunday of Reverend Adam Daum from the McCormick Theological Seminary at the reformatory to provide religious services to the inmates at the reformatory. She enclosed in her letter payment of four dollars (Ohio Reformatory for Women, 1921–1924 D–H). Another letter reveals that dental services for inmates were provided by a dentist from Marysville (Ohio Reformatory for Women, 1921–1924 I–M). The reformatory had a choir which sang in the Marysville community. At one engagement, a donation was taken and the choir voted that the money be sent to the starving children of Europe (Ohio Reformatory for Women, 1921–1924).

Other letters to and from Superintendent Mittendorf reveal advocacy by early social workers in behalf of women inmates. For instance, Miss Jennie A. Curtis, Visitor from the Cleveland Humane Society, and Miss Helen Howard, Visitor from Doan District of the Associated Charities of Cleveland, wrote to Mrs. Mittendorf in behalf of Miss Addie Allen, inmate in the Ohio Reformatory. Miss Allen was pregnant and both Visitors inquired about her discharge. Mrs. Mittendorf responded that Miss Allen, convicted of contributing to delinquency, had a bad record and would need to remain in the reformatory for at least a year. Miss Allen had children in the care of the Cleveland Society and was considered immoral because of her living arrangements with several men. Miss Howard further asked Mrs. Mittendorf whether direct communication with Miss Allen about her children in Cleveland would stimulate her "to make plans for their future and to retain
Examination of Quantitative Data on Ohio Women Offenders

In 1913, 36 women and 738 men were admitted to the Ohio Penitentiary. Of these women, 18 were white and 18 black. An examination of the entire list of offenses for this combined total of 774 does not show any women admitted for sex crimes (i.e., prostitution, aiding prostitution, soliciting, or immoral conduct). Two persons were convicted, however, of procuring miscarriages. Assuming these two persons to be female, 34 of the women incarcerated were in the Ohio Penitentiary for offenses indistinguishable from offenses committed by men (Second Annual Report of the Ohio Board of Administration, 1913). This means that women offenders were sentenced for crimes, such as property and personal offenses.

A somewhat similar pattern emerges for the years that followed. In 1914, 28 women were admitted to the Penitentiary: 11 white and 17 black. Scrutiny of the list does not show any incarcerated for sex crimes, but two persons were convicted of abortion (Third Annual Report of the Ohio Board of Administration, 1914). The following year 17 women were admitted: 13 black and 4 white. No one was incarcerated that year for prostitution or abortions (Report of the Ohio Board of Administration, 1915). In 1916, before the Ohio Reformatory began to accept women in September, 22 females were admitted to the Ohio Penitentiary: 12 were white and 10 black. One was incarcerated for "being a tramp", one for abortion, and one for procuring a miscarriage.

If the capacity of the section for women in the Ohio Penitentiary was between 30 and 40, these beds would have constituted a scarce resource. One would think they would have been for the women society thought the most odious. Yet, a review of the penitentiary records on the types of crimes committed for those inmates incarcerated does not reveal a concern for sex crimes or for women who violated society's sexual norms. If prostitution was indeed viewed as more severe than property
offenses, we should see crimes of this nature in the list of the incarcerated. The penitentiary records used to cite the above statistics do not reveal the sentence length or time served. But the Register of Prisoners for the Ohio Reformatory for Women indicates sentence length as well as admission and discharge dates, and time on parole.

This additional information on women incarcerated at the Ohio Reformatory was recorded for this analysis from microfilm of the original logs. Documented were each inmate's name, age, race, offense, minimum sentence, maximum sentence, county of offense, date of admission to the reformatory, parole date, and date of final release. Except for the county, the authors coded all of this information, in addition to recording whether the woman served her sentence without parole and, if parole was granted, whether her parole was revoked.

From 1913 to 1923, 1260 women were admitted to the Ohio Penitentiary and the Ohio Reformatory for Women, according to records kept by the Ohio Historical Society. Of this total, 73% were white and 27% black. Because over 70 types of crimes were represented, the investigators combined these offenses into categories: (1) crimes against persons (including such crimes as homicide, shooting another person, cutting, kidnapping, robbery); (2) crimes against property (including larceny, thefts, burglary); (3) crimes against the family (including contributing to the delinquency or dependency of a child, abortion, and abandonment); (4) crimes against sexual morality (which included prostitution, aiding prostitution, soliciting for prostitution, and residing in a house of prostitution); (5) crimes involving drugs or alcohol (including possession of cocaine or morphine and manufacturing intoxicating liquors); (6) crimes against the public order (including drunkenness and indecent exposure); and (7) crimes involving delinquency (involving all young women adjudicated delinquent in a juvenile court).

Grouped in this manner, 27% of the women were incarcerated for crimes against property, 25% for crimes against the family, 19% for crimes against persons, and 17% for crimes against sexual morality. The remaining three categories constituted about 12% of the women incarcerated. With respect to how inmates left the Reformatory, most, 83%, were paroled; only 9%
served their sentences without parole. Of those paroled, 76% completed their parole period, 19% had their parole revoked for technical violation, and less than 2% had their parole revoked as a result of new offenses. Although the statute creating the reformatory specified the minimum age to be 16 years old for incarceration, one inmate was transferred from a Girls' Home at age 15. Ages ranged from 15 to 75, with a mean age of 27. The mean number of months for minimum and maximum sentences was about 8 and 75 months respectively. However, the mean number of months of actual time served was about 15 months. The mean time on parole or until final discharge was nearly 27 months.

Although the mean time served was 15 months for all categories of offense, introducing race as a blocking variable revealed some striking differences. See Table 1. For instance, white females served about 40 months for committing crimes against persons, compared to about 21 months for black females. This discrepancy is difficult to explain, but likely is based on racism. Because personal crimes are mostly intraracial, it likely reflects that crimes against whites were viewed more seriously than crimes against blacks. An alternative explanation is that because only one building was set aside for black females, compared to three for white females, more pressure was on the parole board to create bed space for new black inmates. However, this explanation does not hold when the time served for other categories are observed. Thus, the explanation that crimes against whites were believed to be more serious is likely correct.

However, with respect to time on parole, black females served double the length of time on parole than white females: 24 months, compared to 48. In fact, the data reveal that black females served longer time on parole than white females for all categories, possibly because the field officers believed black women needed more supervision than white women. Recalling that the Reformatory used the Bertillion system to identify potential recidivists and were taking bodily measurements, one may suspect that this system had a discriminatory effect upon black women who have different facial bone structures than white women.

Another salient difference is the length of time served for crimes against sexual morality and other crimes. The length of
**Women Offenders**

Table 1

*Means of Sentences, Time Served, and Time on Parole By Crime Categories and Race*

<table>
<thead>
<tr>
<th>Crime Category</th>
<th>Minimum Sentence</th>
<th>Maximum Sentence</th>
<th>Time Served</th>
<th>Time on Parole</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crimes Against Persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>14.25</td>
<td>151.40</td>
<td>40.32</td>
<td>24.47*</td>
</tr>
<tr>
<td>Black</td>
<td>15:38</td>
<td>160.25</td>
<td>21.09</td>
<td>48.15</td>
</tr>
<tr>
<td>Crimes Against Property</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>9.33</td>
<td>84.52</td>
<td>13.96</td>
<td>30.30</td>
</tr>
<tr>
<td>Black</td>
<td>8.96</td>
<td>93.41</td>
<td>14.35</td>
<td>40.82</td>
</tr>
<tr>
<td>Crimes Against Family</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>4.37</td>
<td>39.98</td>
<td>12.57</td>
<td>19.16</td>
</tr>
<tr>
<td>Black</td>
<td>3.45</td>
<td>36.00</td>
<td>13.00</td>
<td>23.04</td>
</tr>
<tr>
<td>Crimes Against Sexuality</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>4.89</td>
<td>38.00</td>
<td>11.44</td>
<td>18.20</td>
</tr>
<tr>
<td>Black</td>
<td>3.76</td>
<td>37.22</td>
<td>10.21</td>
<td>26.07</td>
</tr>
<tr>
<td>Crimes Involving Drugs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>3.60</td>
<td>39.20</td>
<td>8.41</td>
<td>16.90</td>
</tr>
<tr>
<td>Black</td>
<td>3.00</td>
<td>36.00</td>
<td>9.64</td>
<td>17.57</td>
</tr>
<tr>
<td>Crimes Against Order</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>7.35</td>
<td>36.77</td>
<td>10.06</td>
<td>14.19</td>
</tr>
<tr>
<td>Black</td>
<td>8.33</td>
<td>36.00</td>
<td>12.53</td>
<td>25.86</td>
</tr>
<tr>
<td>Crimes Involving Delinquency</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>2.98</td>
<td>36.00</td>
<td>13.34</td>
<td>24.17</td>
</tr>
<tr>
<td>Black</td>
<td>3.00</td>
<td>36.00</td>
<td>9.05</td>
<td>31.37</td>
</tr>
</tbody>
</table>

*All means are in months*

Time served for crimes against sexual morality was less than for property offenses or crimes against the family. This contradicts the assertion by some feminist scholars that women who were viewed as sexually immoral were punished more severely than they would have been for committing property offenses. In fact, the data show that the criminal justice system was a little harsher on crimes against the family than on crimes against morality. White juveniles who were delinquent were incarcerated longer than black juveniles.
An examination of the data reveals that for this ten year period, women who committed crimes against property and the family were incarcerated most often. The only exception occurred in 1921 when 29% of the women admitted to the reformatory were incarcerated for sexually related behaviors. This may have been the outcome of a political campaign, as a new governor assumed office in 1921 and who might have campaigned against prostitution. The data also show that a significant percentage of women were incarcerated for personal crimes as compared to sex-related crimes. Prostitution and prostitution-related behaviors exceed personal offenses in the general community; therefore, one would expect to see more women incarcerated for prostitution than for personal offenses. However, the data reveal that in some years personal offenses exceeded sex-related offenses and in other years, sexual-related offenses do lead by a narrow margin. These data provide evidence that Ohio's criminal justice system viewed sexually related crimes less seriously than what has been suggested by feminist scholars.

During the ten years studied, 24 women were sentenced to life imprisonment: 15 white, 9 black. See Table 2. The mean time served was about 106 months, or less than 10 years. This is skewed a little by the fact that one woman served about 35 years after having been convicted of first degree murder with a recommendation by the jury for mercy. If this case were deleted, women sentenced to life imprisonment served only about seven or eight years, a few years after becoming eligible after serving the minimum of five years. Some of these women, as well as others serving less than life, were paroled “out of Ohio forever,” meaning they could never return to Ohio.

Conclusion

This study has discovered the influence of the War Department and World War I on inmates imprisoned for sex related behaviors. Concerned with the effect of venereal diseases on soldiers in training during World War I, Congress passed federal legislation, which the President signed, that made the practicing of prostitution near a military base or camp a federal crime.
Monies were made available to establish detention hospitals for the treatment of infected prostitutes, but such hospitals were abandoned when some women returned repeatedly. Believing more control was needed over these women, as well as more comprehensive social services, society encouraged the expansion of reformatories for women.

Although no convincing evidence exists of the effect of the national policy at the state level in Ohio, one would expect it to have had some effect. Because of patriotism and support for the War, one would expect that the states would become more aggressive at the state level in an effort to suppress and eliminate prostitution. Yet, the Ohio data do not reflect a strong effort to suppress prostitution through use of the Ohio Reformatory for Women. Perhaps, Ohio officials allowed the federal government to take the lead in solving this problem. Perhaps also state officials, although sensitive to the importance of suppressing prostitution, believed crimes against persons, property, and family were more important for domestic social policy than sex-related crimes. The most salient finding from these data was that building the Ohio Reformatory for Women increased the proportion of white females incarcerated. When white females were incarcerated in the Ohio Penitentiary for Men, they constituted about 50% or less of the inmates. But after the Ohio Reformatory for Women was built, they constituted 73%.
In addition, these data challenge the pronouncement that women who deviated from the norms of proper feminine sexuality were targeted by the criminal justice system for harsh treatment. The data question the quality and extent of discrimination against women for inappropriate sexual behavior. The data do not support the view that the reformatory was used to repress women's sexual behavior by punishing this behavior more severely than property offenses. Crimes against the family and property were punished more severely than sex-related offenses.

Furthermore, the data do not support the view that women who deviated from society's norm of femininity by committing violent or "men's" crimes were punished harshly. In fact, the data show relatively lenient treatment for women who committed personal crimes. Although this conclusion is the result of attempting to assess "leniency" and "harshness" occurring over seventy years ago, it is supported by observers closer to this era. For instance, in 1933 Forsythe studied the records at the Ohio Reformatory for Women from 1920 to 1924 and examined closely the women who were given life sentences or 10 years to life. She cited eight cases and noted that not one was in the reformatory for 40 months and asked "why were they released before they served even half of their minimum sentence?" She concluded that the "rapid turn-over is an appalling fact" (Forsythe, 1933, p. 59). This is especially telling when one considers that male prisoners with life sentences had to wait 25 years before being eligible for parole. Thus, observers who have written that women offenders were treated more leniently by the criminal justice system may have been more correct in their assessment than others who have stated that chivalry or female deviance generally brought harsher treatment.

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Upper Middle Class Support for the Idea of Family Allowances

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There is a newly arisen opportunity for reassessment and redirection of children's policy using non-ideological, pragmatic solutions. Middle class attitudes toward family allowances are crucial to the implementation of the proposed solutions. This paper presents preliminary data indicating that current middle class attitudes are favorable toward the idea of family allowances. Potential explanations of this phenomenon are presented along with policy implications.


Family allowances exist in 67 countries, including most industrialized nations in both Eastern and Western Europe and in Canada and Israel (Bell, 1987; Kadushin & Martin, 1988; Kamerman & Kahn, 1978). These allowances usually are provided on a flat-rate, specified amount per-child basis; and are universal, (that is, provided regardless of parental income level or work force status), tax-free, begun when children are born and financed out of general tax monies (Bell, 1987; Kamerman, 1989).

The United States does not have a family allowance system at present. An opportunity for reconsideration of this policy may now be at hand, however (Aldous & Dumon, 1990; Ozawa, 1991). This opportunity for reassessment and possible redirection of policy stems from a confluence of the astounding shift in the political situation in Eastern Europe (which reduces the need for massive defense expenditures); an economic downturn

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that has revealed problems in the infrastructure of the economy (the discovery of the deteriorated state of bridges and highways due to lack of appropriate attention raises the possibility of a similar deterioration in human capital resources due to lack of appropriate attention); and the persistence and expansion of social problems associated with poverty in spite of current social policy (for example, the continued high level of teenage pregnancy; and the failure of welfare spending to decrease).

Social scientists and social service professionals can perform several functions in such a reconsideration of policy (Aldous, 1989; Aldous & Dumon, 1990): the shaping of issues through advocacy; the providing of rationales for policy by conceptual and theoretical analysis; and the guiding of the political process of policy making by empirical research. The roles of advocate and expert need to be kept separate to be most effective, however (Aldous & Dumon, 1990). Advocacy is a value based activity but providing expertise is a knowledge based activity (Rosenthal, 1992). If the two are comingled and not adequately differentiated, the credibility of the expert is likely to be diminished (Aldous & Dumon, 1990; Rosenthal, 1992).

The failure of the United States to implement a family allowance policy is generally attributed to a lack of public support. This lack of public support is thought to be grounded in value and ideological considerations: a historical bias against direct governmental involvement in the personal welfare of citizens (Granger, 1989); a historical lack of strong support for child welfare polices in general (Chilman, 1973; Sargent, McDermott, & Carlson, 1982; Zimmerman, Mattessich, & Leik, 1979); the view that the social and economic status of a child properly is dependent on the status of its parents (Heclo, 1986; Ozawa, 1991); and the belief that the status of parents reflects their adherence to the nation’s central value, the “work ethic” (Heclo, 1986; Ozawa, 1991; Williamson, 1974).

Ozawa (1991) has presented a cogent analysis of child poverty that shifts the focus from value laden ideological issues to a more value-neutral pragmatic issue. She provides a rationale for a family allowance system in terms of an investment in “human capital” that is required to ensure the continuation into the future of today’s level of US economic productivity.
The concern of the present paper is the political process that results in the implementation of social policy. The assumption that the public's attitudes ultimately shape governmental policies is widespread. Sociologists (Aldous & Dumon, 1990; Coughlin, 1979; Hasenfeld & Rafferty, 1989; Kleugel, 1987; Kleugel & Smith, 1981; Lauer, 1971; Rainwater, 1974); political scientists (Burstein, 1979; Monroe, 1983; Page & Shapiro, 1982; Rubin, 1980); social scientists (Eckart & Durand, 1985; Feagin, 1975; Williams, 1989; Wright, 1977); policy analysts (Bajgier & Moskowitz, 1982; Benton, 1983; Ozawa, 1991); and social workers (Chilman, 1973; Granger, 1989; Klemmack & Roff, 1983; Macarov, 1981; Wohlenberg, 1976) all assume that citizens' attitudes affect the implementation of policy in legislation.

Some segments of the public are considered more important than others for influencing legislation (Benton, 1983; Marmor, 1983; Monroe, 1983). The groups crucial to legislative action are variously referred to as "elites", "activists", "influentials", "leadership echelons" or "attentive constituents" (Benton, 1983). The common theme in these characterizations is that, to be influential, a member of the public must be active in the political process—likely to vote in general, and, in particular, interested in a given issue and likely to vote on it.

The upper middle class tends to supply these crucial voters. In general, the higher the socioeconomic class, the more likely the members of the class are to vote (Lane, 1959; Milbrath, 1965); those in the middle class are more likely to vote than those in the lower class and the working class; and members of the upper middle class are most likely to vote (Milbrath, 1965).

The middle class has been seen as pivotal in policy determination regarding child welfare issues (Kamerman, 1989) and poverty issues (Kleugel, 1987; Lauer, 1971). While other groups such as child advocates and social reformers are important because they raise issues and arouse concern, the middle class is essential to policy implementation because it provides the votes required by politicians to validate the politicians' legislative decision making. Aldous and Dumon (1990) perceive the passage of the federal Family Support Act of 1988 as the result of consensus within the middle class that government welfare policy should reflect the values of individual obligation, the
importance of work and the centrality of the family. Contemporary child abuse policy is a reflection of middle class values (Zimmerman, 1985), and day care became an issue only after large numbers of middle class mothers entered the work force (Aldous & Dumon, 1990).

Thus, information about the middle class’ attitudes toward family allowances would appear to be crucial in developing a political strategy to take advantage of the newly developing opportunity for reassessment and possible redirection of policy regarding child poverty. Unfortunately no such information now exists in the literature. The following study is a preliminary attempt to provide initial empirical information on the topic. It is especially apropos in that the issue of family allowance is framed in the study in a non-ideological way which makes the information directly relevant to Ozawa’s (1991) pragmatic rationale for a family allowance system.

Method

The study describes a middle class sample’s attitudes toward the idea of family allowances. The sample was 160 masters degree level students in three professional schools within a single small metropolitan New York City university who were nearing completion of their degrees in Spring 1990. This sample comprised nearly all students who were completing these degrees at that time. Data were collected from 62 business students, 54 education students and 44 nursing students by self-administered questionnaires administered during a class session at the end of the semester. This university does not have a medical school, a law school, nor an engineering school; it does have a graduate school of social work, but the students of this school were excluded from the study because they were thought to be less representative of the general middle class public in as much as they would have explicitly studied social policy issues and would perhaps have a professional interest in child and family advocacy.

The sample is clearly upper middle class by virtue of its graduate education and its "professional" occupational status. This upper middle class status is confirmed by the sample’s current high household income levels: half (49%) report annual
household incomes between $35,000 and $55,000; only 22% report incomes—even as students—below $35,000, the approximate median income for households in New York State the year of data collection (U.S. Bureau of the Census, 1989).

The mean age of the sample is 30 with the distribution skewed positively. Slightly more than half (57%) were not married; 75% were female; and 89% were white. In terms of families of origin, 27% of the sample come from poor or working class homes; more than half (55%) of the respondents come from middle class homes; and 18% come from upper middle class and well-to-do homes.

Support for family allowances is measured by a four-item additive scale, each item having nine alternative response categories. The items are of two styles. One style presents a series of statements and the respondent is asked to report the degree of agreement or disagreement with each statement. Two of these statements referred to the federal government providing financial assistance to all families with young children. The other style asked the respondent to consider several provisions of hypothetical “bills pending before the US Congress,” and to report the level of approval or disapproval of each provision. Two of the provisions referred to guaranteed allowances to all families which contain young children.

In scoring, the response weight for the negative item was inverted and the weighted responses summed across the four items. The scores theoretically could range from 4 to 36; high scores represented high support for family allowances. The reliability of this support for the idea of family allowances scale (Cronbach’s alpha) was .75. The scale has face content validity.

**Findings**

There were no statistically significant differences in level of support for the idea of family allowances among the three subsamples from business, education and nursing. The three subsamples were, therefore, combined into a single sample for reporting level of support.

The general level of support for the idea of family allowances was quite high within this upper middle class sample (Table 1); the mean level of support is 24 on a scale for which the
neutral point is 20. There was great variation in level of support within the sample, however, with the actual scores ranging from one possible extreme to the other—that is from 4 to 36.

Table 1

<table>
<thead>
<tr>
<th>Degree of support for family allowances (scale score)</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strong support (30–36)</td>
<td>35</td>
</tr>
<tr>
<td>Support (23–29)</td>
<td>55</td>
</tr>
<tr>
<td>Neutral (18–22)</td>
<td>35</td>
</tr>
<tr>
<td>Rejection (11–17)</td>
<td>28</td>
</tr>
<tr>
<td>Strong rejection (4–10)</td>
<td>7</td>
</tr>
<tr>
<td>Totals</td>
<td>160</td>
</tr>
</tbody>
</table>

Over half (56%) of the sample clearly approve the idea of family allowances; slightly less than a quarter (22%) were neutral; and a similar proportion rejected the idea of family allowances. Moreover, 22% of the sample expressed strong approval, but only 4% were strongly rejecting. The level of support for the idea of family allowances was not related to the variables of age, gender, marital status, ethnicity, household income and degree of social mobility (Table 2).

Discussion

These data indicate that there is considerable sentiment favoring the idea of family allowances among middle class Americans, and that the level of hard core opposition to the idea is relatively small. One must, of course, be careful in generalizing these findings. They come from a restricted convenient sample of graduate students in the professional schools of a single university. This university, however, has a reputation of being relatively conservative in its social, political and economic outlook; and the students in the graduate school of social work—who would be more likely to contain advocates
for the underprivileged—were excluded from the study. Thus, any obvious bias in the sample might be expected to be in a conservative direction.

These findings are clearly preliminary and need to be confirmed within a larger more representative sample. Nevertheless, these findings are consistent with conclusions of other observers, reached on the basis of more indirect data, that the American public, in general, is more aware of the need for a children's policy and more favorably disposed toward the implementation of governmental policies to deal with children's issues now than it has been for some time (Granger, 1989; Kamerman, 1989; Scales & Brunk, 1990; Wisensale, 1990).

The relatively high degree of support for the idea of family allowances found within this upper middle class sample seems to contradict established beliefs: "welfare" spending is not particularly popular among citizens in general (Feagin, 1975; Granger, 1989; Williamson, 1974; Wright, 1977) or among the middle class and well-to-do in particular (AuClaire, 1984; Kleugel, 1987; Lauer, 1971); indeed, "cutting 'welfare' may be especially appealing (to the middle class because they) do not directly benefit from spending on anti-poverty programs" (Kleugel, 1987, p. 84).

### Table 2

**Analysis of Variance for Family Allowances by Selected Demographic Variables**

<table>
<thead>
<tr>
<th>Variables</th>
<th>(df)*</th>
<th>F ratio</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Profession</td>
<td>(2,157)</td>
<td>1.44</td>
<td>.24</td>
</tr>
<tr>
<td>Age</td>
<td>(2,142)</td>
<td>.30</td>
<td>.74</td>
</tr>
<tr>
<td>Gender</td>
<td>(1,153)</td>
<td>3.45</td>
<td>.07</td>
</tr>
<tr>
<td>Marital status</td>
<td>(1,142)</td>
<td>1.58</td>
<td>.21</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>(1,153)</td>
<td>.10</td>
<td>.75</td>
</tr>
<tr>
<td>Household income</td>
<td>(2,149)</td>
<td>.84</td>
<td>.44</td>
</tr>
<tr>
<td>Social mobility</td>
<td>(2,146)</td>
<td>.55</td>
<td>.58</td>
</tr>
</tbody>
</table>

*n's differ from variable to variable because of missing information in a few questionnaires.
Two explanations may be suggested for this "new" attitude. The first explanation is in terms of the self interest theory which asserts that people support policies that are in their own immediate personal self interest (Hasenfeld & Rafferty, 1989; Heaton, 1987; Kamerman, 1989; Sudit, 1988; Williamson, 1974). In this conceptualization, the middle class has differentiated family allowances from traditional child welfare and public welfare areas. That is, the middle class does not perceive family allowances either as a program targeted at a specific type of deprivation or welfare program for the poor, but rather as a program which would help families in general including their own (actual or potential). Family allowances are thus viewed as personally benefitting themselves.

The second explanation of the high level of support for family allowances in this sample is that it contains a substantial number of a "...‘new class' of younger, high SES groups who favor rather than oppose the expansion of government" (Eismeier, 1982, p. 137), especially in terms of support for governmental investment in the postindustrial infrastructure of society. In this conceptualization, certain segments of the middle class view family allowances as an investment in "human capital" that will ensure the continued economic and cultural productivity of the nation in the future. A family allowance system becomes, in this view, an appropriate allocation of society's resources, an appropriate investment in conserving and maintaining the essential nature of the present society.

In both of these "explanations," the middle class has begun to differentiate family allowances from broader poverty, public welfare, child welfare and child poverty issues. Such an analysis implies that child welfare and children's policy advocates, if they wish to maximize the potential for successful passage of family allowance legislation, also need to differentiate family allowances from broader child welfare issues. Such partialization of the children's agenda will facilitate the use of Ozawa's (1991) compelling "investment in human capital" rationale for a family allowance system. The use of this value neutral rationale will avoid a head to head ideological value conflict that reformers are unlikely to win (Ozawa, 1991; Rosenthal, 1992).
The findings from this preliminary study of this relatively small non-representative sample are unlikely to be compelling in and of themselves to legislators in the political process of implementing social policy. Nevertheless, the potential implications of the findings, if they can be verified in a larger representative sample, are considerable. An obvious next step is an attempt at replication.

Finally, one must note that we do not, at this point, really understand the underlying dynamics of attitudes toward family allowances. Speculations regarding two potential explanations of the empirical findings were presented above, but these are only plausible starting points for further attempts at explicating such dynamics. A deeper understanding of these phenomena would be extremely helpful in attempts to generate additional support for a social policy of family allowances. Given the importance of public support in validating legislative action, an understanding of the dynamics of middle class support for family allowances is crucial to enabling our nation to move closer to "... improving the prospects of the least of us"—our poor children—and "... assuring a more productive, just, and civil nation for all of us" (Schorr, 1988, p. 294).

References


Public Policy and the Energy Needs of Low Income Families

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University of Iowa
School of Social Work

The Iowa legislature debated whether to change its utility disconnection policy. The debate centered around three questions: 1) whether family size or income influences energy consumption; 2) whether elderly people consume more energy than families; and 3) whether energy subsidies foster increased energy use and energy waste. This paper reports energy consumption patterns for a sample of low income people. Economic demand theory predicts that energy consumption will increase as income increases. This hypothesis was statistically rejected. Second, legislators' assumptions about energy consumption were formulated into hypotheses. These hypotheses were statistically rejected.

Public Policy and the Energy Needs of Low Income Families

Energy price increases during the 1970's affected the ability of low income people to pay utility bills. Customer disconnections increased as the arrearages for utility companies climbed. The problem of arrearages and disconnections led to a public policy debate: should government meet the energy needs of low income people through the regulatory function or through the welfare function? States implemented a variety of energy protection mechanisms to deal with the arrearage and disconnection problem: disconnection moratoriums; rate relief; spreading the cost of unpaid bills across all customers; checkoff programs; and mandatory budget billing. This paper reports energy consumption patterns for a sample of low income people. Finally, the paper applies the study findings to energy policy options.

Public Policy Debate

The Iowa legislature was under pressure to change its utility disconnection policy. There was considerable dissatisfaction
with the disconnection moratorium which protected customers from energy disconnection during high consumption months from November through March. Utility companies were dissatisfied because they were holding millions of dollars in unpaid gas and electric bills. Human needs advocates were dissatisfied because customers had no protection after March 31. Further, once a customer was disconnected, the utility company usually would not reconnect service until the arrearage and a service deposit were paid.

But legislators found it difficult to formulate policy. First, consumer lobbyists supported proposals quite different from lobbyists for utility companies. Second, none of the proposals provided sufficient data about the number of people who would be affected, or the projected fiscal cost of each proposal. As the debate continued, legislators began to ask questions about the cost of energy subsidies, energy consumption patterns, and energy conservation.

The debate centered around three researchable questions: 1) whether family size or family income influences consumption; 2) whether elderly people in single family homes consume more energy than families in similar dwellings; and 3) whether energy subsidies foster increased energy use and energy waste. This study empirically tests the validity of policy maker assumptions. We collected income and consumption data to statistically test the questions and hypotheses expressed by policy makers, particularly whether low income people have special characteristics which influence energy consumption.

Energy Protection Models

Low income families typically reside in housing which has not been adequately weatherized from wind, cold and precipitation. Energy costs can constitute a considerable portion of a poor family's income. In the tier of states known as the frost belt, an estimated 25 million poor people spend up to 20 percent of "after tax" income on energy (Cullen, et. al., 1983).

When poor people spend a significant portion of income on energy, they must reduce consumption for food, clothing and medical care (Cullen, et. al., 1983). Unlike other consumer
goods, a family can not shop for a secondhand cubic foot of gas or a slightly used kilowatt of electricity. All a poor family can do is try to consume less energy (Deerwester, 1987).

Rate relief was proposed for helping low income people obtain sufficient energy. The lifeline model (a form of rate relief) would provide a minimum number of kilowatts for customers on low or fixed incomes, and a special rate for this use (Lawrence, 1979). The model assumed that income has a strong, positive effect on demand. Therefore a lifeline rate would "subsidize" use by low-income people and "tax" use by high-income customers.

Two problems emerged with the lifeline model. First, it was electricity based, and most people in the frost belt use natural gas to heat homes or apartments. Therefore, the lifeline model would not help most low income people with overall energy costs. Second, researchers found that electricity use varies for reasons largely unrelated to income (Burgess and Paglin, 1981).

Utility companies and economists generally opposed rate shifts on the basis they distort the market and lead to wasteful use (Scott, 1981). Utility companies argued that rate preferences for low income people "are a subsidy" (Davis, 1982:197). Economists concluded that income transfers are easier and cheaper to administer, as well as more effective in reaching the target population, than rate relief (Aaron and Von Furstenberg, 1971; Berg and Roth, 1976; Burgess and Paglin, 1981).

Another model to help utility companies and customers deal with energy costs is the Guaranteed Service Plan (GSP). The GSP model helps low-income people pay current energy costs while also making payments toward arrearages from unpaid bills. A GSP guarantees that a customer who makes regular payments of a specified amount to the utility company will not be disconnected. These payments cover energy costs and arrearage payments. Common payment thresholds are 10 or 15 or 20 percent of a customer's annual income.

A critical element of the GSP model involves writing off arrearages too large to be paid by a low income family. A GSP limits current energy costs and limits arrearages to keep the total cost burden within a designated percentage of a family's income. Once a GSP plan is established for a customer,
the arrearage amount does not grow, even if current energy costs exceed the payment plan. Utility companies, regulators and poverty advocates concluded that the GSP model can be effective. This occurs because the shortfall between utility bills and manageable GSP payments does not significantly differ from the bad debt which companies currently write off (Colton and Hill, 1987).

Method

This study is based on a sample of 483 households randomly selected from more than 11,000 Polk County households receiving help from the federally financed Low Income Energy Assistance Program (LIHEAP). In Iowa, any family below 150 percent of poverty is eligible. Approximately half the eligible people apply for a subsidy.

The study collected de-identified household data from the LIHEAP application. Utility companies generated a monthly gas and electric consumption statement for each LIHEAP household. Households using deliverable fuels were excluded. Energy data was analyzed for the six month heating season—from November 1 through March 31. This period is the high consumption season, and fits both the seasonal disconnection moratorium as well as a "guaranteed service program" model.

The study uses income and consumption data to examine the energy consumption patterns of low income people. The study also calculated the common GSP thresholds ("percent of income spent on energy") of 10, 15 and 20 percent of income. The legislative debate about the possible influences of household characteristics such as family size and family income led us to include several of these independent variables in the study to determine if they were good predictors of seasonal energy use. The selected variables were: annual family income; number of persons in the household; single versus multi-unit dwellings; number of preschool children; elderly families; and amount of the LIHEAP grant.

Findings

Data analysis begins by examining energy consumption for households and then proceeds to test whether there are con-
consumption differences between households in the various GSP thresholds. We then test for energy consumption differences for different types of households. Finally, data analysis tested which variables make a statistically significant contribution to energy consumption.

The utility company provided total consumption data for all residential customers served by the company. Natural gas consumption by LIHEAP households in the sample is comparable to consumption by all residential users. The “table of means” for income and energy consumption in Table 1 contains the income distribution and gas consumption for Polk County households. The category Polk is all Polk County households. The category LIHEAP is all LIHEAP households for the sample. The remaining categories contain households which fit the “percentage of income categories.”

The typical LIHEAP household in Table 1 consumed 989 CCF for the heating season, about 5 percent higher than the 941 CCF consumed by the typical residential household buying energy from the utility company. The typical LIHEAP household consumed 80 percent of its annual gas usage during the six-month heating season. Seasonal electric consumption represented 54 percent of annual use. We computed correlation coefficients to test the relationship between income and gas consumption. The correlation coefficient (.071) between income and gas consumption did not fit the usual economic assumptions for market behavior, i.e., household income for the sample does not predict gas use.

We then tested to determine whether there are differences between the consumption patterns of households in the various thresholds for GSP categories (“percent of income spent on energy”). We want to note however, that household income—and percent of income spent on energy (GSP categories)—are two quite different variables.

For this sample, energy (gas and electric) consumption increases as the “percent of income spent on energy” increases. The differences between energy consumption for households in the 20 percent category versus households in both the 10 percent and 15 percent categories were significant at the .01 level. Households spending more than 20 percent of annual
Table 1

Liheap and Polk County Households Income by Seasonal Gas Consumption

<table>
<thead>
<tr>
<th>Income</th>
<th>Seasonal CCF</th>
<th>% Avg CCFUSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Polk</td>
<td>$36,842</td>
<td>941</td>
</tr>
<tr>
<td>LIHEAP</td>
<td>7,114</td>
<td>989</td>
</tr>
</tbody>
</table>

Liheap Households GSP Thresholds of Income Spent on Energy By Seasonal Gas Consumption

<table>
<thead>
<tr>
<th>Category</th>
<th>Income</th>
<th>Seasonal CCF</th>
<th>% Avg CCFUSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 10%</td>
<td>9,340</td>
<td>813</td>
<td>86.3</td>
</tr>
<tr>
<td>10–15% Cat</td>
<td>5,471</td>
<td>975</td>
<td>103.6</td>
</tr>
<tr>
<td>15–20% Cat</td>
<td>4,891</td>
<td>1302</td>
<td>138.4</td>
</tr>
<tr>
<td>Over 20% Cat</td>
<td>3,849</td>
<td>1680</td>
<td>178.5</td>
</tr>
</tbody>
</table>

Income on energy averaged 1680 CCF; households in the 10–15 percent category averaged 975 CCF; households in the category under 10 percent averaged 813 CCF.

Income and energy consumption for households in the "percentage of income categories" are negatively related. LIHEAP households with heating season energy bills exceeding 20 percent of annual income have lower income and higher energy use than those in the other categories. These households used more gas than either the typical sample household or the typical Polk County customer. We also tested to determine if differences in seasonal electrical consumption contribute to variation between the categories. The hypothesis was rejected. Further analysis showed there is minimal difference in electrical consumption between households in the 10 percent of income category and those in the 20 percent of income category: $274 and $279 respectively.

Every household in the 20 percent category had income below the 100 percent poverty level (less than $8,850 for a family of three). This group had an average annual income of $3,849, which is only 10.5 percent of the average household income ($36,842) for Polk County. Income for this group was 54 percent
of the average income ($7,114) for all LIHEAP households.

Families living in multi-unit dwellings receive lower LIHEAP grants than families in detached houses. The LIHEAP rules assume that apartments are cheaper to heat than houses. We tested the hypothesis that families in detached houses consume more energy than families in apartment units. This hypothesis was rejected. The outcome was opposite the predicted direction.

The energy consumption difference between detached units and apartment units for all LIHEAP families in Table 2 was significant (T-test) at the .01 level. The difference between detached units and apartment units for families in the 20% of income category was significant (T-test) at the .01 level.

We then looked at gas consumption rates for families which fell into the "20 percent of income category" compared with the average for all families. Families in detached houses had seasonal gas consumption 32% greater than the average for all families in like units for the sample. Families in apartment units had seasonal gas consumption 166% greater than the average for all families in like units for the sample.

Table 2
Seasonal Gas Consumption in Attached and Detached Dwellings

<table>
<thead>
<tr>
<th></th>
<th>Detached</th>
<th>Attached (Apartment)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consumption All Households (CCF)</td>
<td>1009</td>
<td>1036</td>
</tr>
<tr>
<td>Consumption 20% Households (CCF)</td>
<td>1333</td>
<td>2755</td>
</tr>
</tbody>
</table>

During legislative debate, policy makers questioned whether family composition affects energy consumption. They particularly wondered whether people who are home all day—the elderly, and families with preschool children—consume excessive energy. We tested the hypothesis that elderly people consume more energy than other families in the sample. This hypothesis was rejected. The outcome was opposite the
predicted direction. Average heating season gas consumption for LIHEAP households over age 60 was 962 CCF; average heating season consumption for LIHEAP recipients under age 60 was 1007 CCF. The difference was significant (T-test) at the .01 level. We then tested the hypothesis that families with preschool children consume more energy than other families in the sample. This hypothesis was accepted. Average heating season gas consumption for LIHEAP households with preschool children was 1041 CCF; average heating season consumption for LIHEAP households with no preschool children was 972 CCF. The difference was significant (T-test) at the .01 level.

The economic literature on utilities suggests that the independent variables income, LIHEAP grant and household size are demand variables, and therefore predict energy consumption. They also are continuous variables. The independent variables of dwelling type, young children and elderly were included in the equation because they reflect policy maker beliefs that these variables also influence consumption. These are categorical variables in this data set.

The final step in our data analysis tested which independent variables make a statistically significant contribution to energy consumption. For this analysis, we used the stepwise regression procedure to compute the regression equation for gas consumption. The dependent variable for energy demand in Table 3 is expressed as:

$$EU = \text{Seasonal gas consumption}$$

The independent variables in Table 3 are:

- $I$ = Annual family income in dollars
- $HH$ = Number of persons reported living in the household
- $LI$ = LIHEAP grant in dollars
- $ATT$ = Whether dwelling is detached or multi-unit
- $YC$ = Number of preschool children
- $AGE60$ = Elderly in home

Each independent variable in Table 3 was hypothesized to have a positive effect on energy demand. Unexpectedly, none of the independent variables predicts gas consumption
for this sample of low income families. In fact, the correlation coefficients calculated in Table 3 for each of the variables are barely above zero. This finding was unexpected since it seems to negate (at least for this sample of low income households) the expectations of economic demand theory. Nor does it fit with the assumptions of policy makers.¹

Discussion and Implications

The findings provide important insight on energy consumption by low income people. The analysis in this paper is based on two separate models. First, economic demand theory predicts that energy consumption will increase as income increases. This hypothesis was statistically rejected. Second, legislators also made certain assumptions about energy consumption. These assumptions (proposed as policy guidelines) were formulated into hypotheses. These hypotheses were statistically rejected.

The findings suggest that the choices of low income consumers are not predictable when we consider energy demand purely as function of income. First, as income declined, people not only had less disposable income for energy costs, but energy costs dramatically increased. Second, the low correlation between LIHEAP and energy use indicates that energy consumption does not increase with subsidy size. Thus, people
with very low incomes use more energy. This does not mean they are more wasteful than other people. Rather, we suspect that they are more likely to live in houses converted to apartments, substandard, poorly insulated buildings which do not have the interior walls, ceilings and floors which help reduce energy consumption. Therefore, services such as weatherization or household relocation would produce greater savings.

Third, the findings confirm previous studies that the rate relief model is not useful in meeting the heating needs of low income people. Rate relief for natural gas would further penalize households in the 20 percent of income category, the poorest of the poor, for their poverty. Such households would pay premium rates on consumption exceeding the "minimum use," driving energy costs even higher.

Finally, a GSP for poor families would have to include both the level of poverty, and percentage of income category in the allocation system. LIHEAP funds are now divided among all eligible households. Dollar awards vary depending on family income, household size and whether the dwelling is a house or apartment. Re-allocation would negatively impact on some current recipients (for example, families from 125-150 percent of poverty would have to be dropped from the program) to adequately cover people in the lowest category and to prevent budget shortfalls.

The public policy choices of legislators and utility regulators about energy use were based on political or economic "common sense" assumptions rather than data. But while "common sense assumptions" may predict the behavior of some individuals, they do not necessarily predict behavior for the target population as a whole. This may appear self-evident to the reader, but is not at all obvious in the heat of legislative debate. As funds for social welfare programs tighten, policy makers will be increasingly constrained to make policy decisions which meet the needs and demands of one group at the expense of another group. The efficient and effective allocation of economic resources becomes increasingly important in difficult economic times.

The findings for this study should encourage researchers interested in examining social welfare policy. The findings support the idea that the assumptions and questions raised by
policy makers during debate can be formulated as testable hypotheses. Research does require some familiarity with the welfare program under investigation. It also requires familiarity with the major policy arguments. But with some effort, it is possible to collect and statistically test the data for these hypotheses.

Note

1. Even though electrical consumption does not significantly vary between the heating season and the non-heating season, we tested whether any of the independent variables make a statistically significant contribution to electrical consumption. We used the stepwise regression procedure to compute the regression equation for electrical consumption. Again, there is almost no relationship between electrical consumption and the demand variables income or LIHEAP grant. There is a moderate relationship between electrical consumption and household size.

References

The perspective of families of people with a severe mental illness has become a focus of interest for mental health professionals. This paper reports the results of an ethnographic study of families’ perceptions of dealing with a severe mental illness in their midst. The findings suggest that the families face continual role conflict and ambiguity as the illness moves through characteristic stages. Attention is given to the families’ experience and needs and to social workers’ responsibilities for involving and communicating with such families in order to reduce a portion of their burden.

The perspective of the families of people with a severe mental illness has become the focus of much interest by mental health professionals (Francell, Conn, & Gray, 1988; Grella & Grusky, 1989; Solomon, Beck, & Gordon, 1988). Often, this interest falls under the rubric of family burden and relates to discrete effects of the mental illness on family life (Hatfield, 1979, 1981; Lamb & Oliphant, 1978). Less attention has been given to the continuous or chronic stressors experienced by such families (Kessler, Price & Wortman, 1985).

Stress can be defined as a dynamic state involving uncertainty about something important (Schuler, 1982). The potential to feel stress exists when a person perceives that environmental demands threaten the individual’s capabilities and resources for meeting those demands (Stout & Porter, 1984). Although, stress may result from a variety of factors (Jamal, 1984), two important factors are social role ambiguity and conflict (Kahn, Wolfe, Quinn, Snock & Rosenthal, 1964). Role ambiguity exists when information about the role is vague or inadequate; role
conflict refers to the perception of incompatible demands being placed on a role occupant (Abdel-Halim, 1982).

For families of people with a severe mental illness, a close relative’s severe mental illness is the central source of chronic stress and is critical in precipitating major role changes for family members (Angermeyer, 1985; Thurer, 1983). Recurring cycles of exacerbation and remission of symptoms and the character of the families’ interaction with the system of mental health care also cause much stress. Recently, elements of this interaction have been termed iatrogenic (Lefley, 1989). That is, features endemic to the families’ interaction with the service delivery system have damaging effects on the families of people with severe mental illnesses. While some work has been done with regard to families’ perceptions of their interaction with mental health professionals in different stages of the service delivery system (Bernheim, 1990; Bernheim, & Switalski, 1988; Stewart, 1984), this paper is believed to be the first to describe the families’ perspective of dealing with a mental illness across the stages.

Families deal with four distinct stages in a process of dealing with a severe mental illness: 1) prior to professional help; 2) hospitalization; 3) community care; and 4) a return to primary care by the family. From ethnographic data, this paper describes a process in which the families learn varied roles for each stage. It describes both the families’ adaptation across these stages and the changing and ambiguous role demands that create an unnecessary burden.

Method

Procedure

The framework for viewing the families’ varying positions emerged from a ethnographic study of the families of people with a mental illness (Hanson, 1989). Ethnographic methods (Spradley, 1979) were used to collect data from 34 separate informants, from 29 different families, in a mid-western state about their experiences in dealing with a severe mental illness. The primary data for this method is the analysis of verbatim transcripts of informant interviews. The interviews were
recorded to ensure a verbatim record. The method assumes that analysis of the language used by the informants will reveal an organized picture of the phenomena important to the language users. The size of the sample in this type of research is related to the completeness of the understanding obtained at any given point. Interviews continue until no new information is forthcoming which adds to the cognitive picture.

Interviews started with a form of the question: "What has your experience of having a family member with a severe mental illness been like?" Family members needed only that question to facilitate a lengthy description of their experience. All the informants talked freely and no family member turned down a request for an interview, even on "cold" calls.

The external validity or trustworthiness of interview data depends on the internal variety of the informants. Thus, the sampling in qualitative research resembles purposive sampling in quantitative efforts. In this study, there was an attempt to vary the relationships of the informants to the person with the mental illness. Some variability exists. However, most informants had sons with a mental illness. An attempt was also made to include informants who either were or were not members of the Alliance for the Mentally Ill (AMI). The assumption that members of an active support group might differ from those receiving no formal support seemed plausible. However, these two groups did not differ on the dimensions which became the foci of the study.

The process resulted in a draft narrative which "translated" the families' experience with a family member with a severe mental illness. The draft was given to eight of the informants for a critique of the material. These eight informants indicated that the text accurately reflected significant parts of their experience. Finally, 98 members of AMI completed a survey developed from themes in the interview data, in an effort to cross-validate the findings from the ethnographic data (Hanson, 1989).

In spite of the various checks and balances used, some methodological caution must be made with the findings as reported here. The results focus on parents' views as the view of the family, for example, while the data provided a beginning suggestion that the views of siblings or children may be
different. The families in this study were also either working or middle class. All informants were white. Generalizations to larger populations must consider these sampling characteristics.

Sample Characteristics

The 34 informants for the study were from families of people who have a severe mental illness who lived in eight of the 27 catchment areas of a mid-western’s state’s mental health system. A total of 14 formal interviews were conducted with the 34 separate informants. Nine of the informants were interviewed individually, while the other twenty-seven were interviewed in small group settings. The settings varied from community sites such as the family’s home, restaurants, or the informants work place to agency and office settings. The variation of both the type of interview, individual or group, and of the settings can be seen as a check on informant reactivity to either the interviewer or the setting.

The relationship of the family members to the person with the mental illness was: mothers - 20; fathers - 9; child - 1; wife - 2; sister - 2; and inlaw - 1. The gender of the person with the mental illness is weighted toward the males, n=26. Twenty-four of the informants were affiliated with AMI, while twelve were not.

The criterion for inclusion in the study was that a family member had experienced one or more in-patient psychiatric hospitalizations. The diagnosis of the person with the mental illness is not included, although all had at least one diagnosis of a major mental illness such as schizophrenia or bi-polar disorder. Early on in the process, it became clear that this information is often not available to family members. In some cases, the family has never been told. In others, the person with the mental illness has received many different diagnoses either from a number of several agencies or from a single agency. Typical of many family members’ knowledge of the diagnosis was:

"He has several. Some say schizophrenia. Others say thought disorder. That kind of stuff or combinations. so, I don’t know myself what I would say. To me all things say schizophrenia, but I don’t know enough to say anything."
Findings

The Family Role During The Early Years of The Illness

Successful parenting involves reasonable assessments of the child's developmental level and a gradual fostering of self-sufficiency as the child ages. Most parents handle the process well, helping their children achieve a healthy entry into adulthood. Parents in such families are able to move from a complete "executive" role in infancy to an advisory or consulting role in young adulthood.

For families of people who develop a severe mental illness, this typical pattern progresses until a time between early adolescence and young adulthood. Then, the mental illness begins to assert itself and the normal developmental progression toward self-sufficiency gradually reverses itself. Family members were very aware of this insidious reversal and assigned meaning to changes based on the knowledge at their disposal. For example:

"We can remember from back in high school. We'd sit around the table at meal time and be in a conversation. If he would say something, someone would invariably look at him and say, 'What?'. What he said was not entirely appropriate to the conversation or what he said was appropriate to him, but it didn't really come out so we could understand it. It was a little bit 'off track'."

"His actions became sort of strange, but we wrote a lot of it off to the fact that he was depressed, feeling bad and sorry for himself because he didn't get into the service, didn't have a job, didn't have a girlfriend."

The families said that they noticed problems earlier than others and that they actively sought help. The families felt that they handled the undiagnosed illness in this early stage as well as they could. They used several plausible explanations; i.e. the fits and starts of "normal" development, drug/alcohol abuse, peer problems, or "family" problems. Typical of early helping responses of both the professional and lay networks were:

"The therapist we approached first said that he's just in his teenage years. Some is rebellion, some is experimentation, whatever, that it was a pretty natural thing."
"We had a mental health center here, so we made a call. They immediately wanted to sign us up as clients to see one of their social workers to have sessions to talk. So we had our sessions and it didn’t pertain to anything at all."

"He started smoking pot and drinking. We were alarmed about it and didn’t like it, but everyone said that a little pot smoking is not going to hurt you."

Left to their own resources, the families typically reverted to an active executive parenting role. While resuming this role would usually be considered age inappropriate, the 20/20 vision of hindsight suggests it was a normal and appropriate reaction to an abnormal situation.

Unfortunately, the families had no prescribed role to use as a model, i.e., no social guide on how to be a parent of a person with an undiagnosed severe mental illness. Although the families felt that they handled the situation as well as they could, they also experienced tremendous stress from much unsureness about how to be a parent. For example:

"We were sure it was something it that we were doing." "I have this thought, I have this fantasy. I’m mad because I didn’t invent those baby carriers or study the Indians, because if I could have just fastened him to me I think he... See I fantasize about what I could have done to him to have him be different or feel different."

Families described much role conflict during this early period. They struggled to fulfill the role of "normal" parents, thus encouraging self-sufficiency and independence. They were also torn by the need to respond to the deterioration they saw by increasing their caregiving. They often received feedback that they were not fulfilling their role properly, without receiving information on how to parent correctly. For example:

"Almost everyone in our family thought that it was something that we were doing wrong. He’d stay with my mother sometimes and finally went to live with his aunt. That did no good at all and he finally left, took off. Even now some of them don’t believe that there is anything wrong with him, that we should be doing something different. It’s really a mess."
The families suggested that the stress of not knowing how to be a parent of a person with a severe mental illness, when combined with their inability to be both a caregiving parent and a launching parent simultaneously was tremendous.

“We felt that they were saying that he was trying to avoid responsibility. That he had a good thing going and why work or do anything when he didn't have to. It made a lot of sense and we did everything we could, but we couldn't bring ourselves to say you're going to move out. Because in the back of our minds we had the feeling that we knew a lot better than they did that he had some limitations that were preventing him from doing what they thought he could do.”

“You get to the point where you're ready to reach for anything that's a straw that might help. Is there something that we could be doing?”

The Family Role in Hospitalization

For the families in this study, the early years of dealing with the undiagnosed illness lasted from three to fifteen years before formal entry into the mental health system. Entry can occur via acceptance at an out-patient facility. However, the initial entry for these families was through admission to an in-patient psychiatric hospital; most commonly a public state hospital.

The families had feelings of much hope and relief connected with the first hospitalization.

“I thought he'd get better there. In fact, that's what I told him.”

“I thought he would come out of the hospital with an understanding of what his problem was, how to handle it and go on with his life in a much more normal fashion. That was a great expectation!”

“It marks the first time that a loved one deserves and qualifies for care.”

Early in the hospital stay, however, the families experienced two major demands by inpatient staff: 1) that the family remain uninvolved and uniformed and that 2) all decision making functions be the exclusive domain of the professional staff. Each of these demands contributed to a major change of role for the
families and quickly became sources of conflict between the family and hospital staff.

The families' experience indicated that the demand for non-involvement was not expressed directly, but rather communicated through the staff's behavior and through messages about what is good for the patient.

"We would go for visits, which were regulated, and, on those days, we did not see any staff. I think we had one or two meetings with the doctor who was treating him and he was very guarded about what he would say or even what he thought was best!"

"The first hospital he was in ended up telling me it was none of my business. The last one told me to just put up with the mistakes he is making."

Families were very aware that hospital treatment is now short-term. They wanted all of the information that they could get for use when their relative returned to them, as was almost certain to happen.

"(A private hospital) did the best job. The family must agree on admission to see a social worker weekly. This was most helpful to see as it was our first experience with hospital care. We discussed progress, treatment plans, coping methods, blame, guilt, letting go, and taking care of yourself during a crisis. (A different private facility) offered no family support and the treatment plan was not shared. The family was treated like outsiders and we were often upset because of the lack of communication!"

Families also learned that executive decisions about caregiving were the domain of the professionals. They firmly believe that their thoughts, experiences, opinions are not valued and that they should not interfere.

"One time I went to see him and he just fell on me and began to cry... It was a tough visit. None were particularly joyful. The next day I called twice and probably the following morning. Lo and behold, the social worker called and said, 'You're calling too often. Quit being a smother mother. We can't allow you to do this.'"
The families experienced much doubt about whether or not they were reading the expectation right. They all decided that they were, in fact, expected to remain on the sidelines. All had much opposition to doing so.

"I went to see the guy and he said, 'You love your son too much. Leave him alone. He's got to get to the bottom before he'll get better.' Well, I couldn't accept that philosophy!"

*The Family Role in Community Programming*

The transfer of treatment from the hospital to the community changed the role demands for families in three ways. First, families felt that they were expected to resume its role of seeking and obtaining resources.

"Basically, families handle their own mentally ill person, so you'd better know the hospital system. You'd better know what's available in the community. You'd better know how to access treatment and vocational programs and the welfare system... It's up to you to find out what's available, to know the benefits and to go out and seek them."

"There all just all these things. If they didn't have the family to fall back on..."

Second, the family felt obligated to resume a role of directly providing basic help. Food, shelter, safety are frequently not available through the community mental health system for the person with the mental illness (Hatfield, 1979; Johnson, 1990). The families indicated that neither is survival skill training.

"I've intensely with him ever since he left the group home. To help him with his independent living skills, VocRehab and SRS. Trying to get him into some kind of program or something. it takes about 20 hours a week."

Third, the families believe that community professionals expected them to act as ward attendants insuring that their family member had transportation, supervision, complied with medication, adhered to schedules for time-structuring activities, attended programs, kept appointments, and much more. Typical of these kinds of expectations was:
"This young fellow, and this kind of ticked me off, said, 'Now, these people are going to have this meeting at a certain time and I want you to get your son down here. I want to make this clear. Will you see that he gets here?' I said, 'I'll do the best I can, but he's 25 years old. I can't take him like a little kid by the hand and lead him down there.

He wouldn't go. Anyway the doctor said, 'Just forget the whole thing. He'll never see a psychiatrist in this town again.'"

In one sense, families were back on more familiar ground when their loved one was in a community program. That is, some of their former caregiving role was returned to them. However, the data suggested that such ambiguity and conflict remained due to the fact that the executive role remained in the hands of the professionals, relegating the family to a subservient role.

The Family Role as Caregiver of Last Resort

Families could choose to adapt to their role of family members of a person with a severe mental illness, if the treatment process were reasonably static. That is, if typically a person with a severe mental illness were continuously served by either an inpatient or community program from the time of diagnosis of the illness until a return of an ability to exercise self care. The families' role varies somewhat between the hospital and community programs, but the families suggest that it is essentially to do as told by mental health professionals. Given an understanding of this meta-rule much of the role ambiguity and conflict could be avoided by compliance.

However, the families invariably described situations in which they were "back to square one". They described frequent and unpredictable situations in which their relative became a non-patient or non-client and was without formal help. When this occurred, the family felt forced to re-assume a total caregiving role.

Because of this reality, they felt that they could not ever give up the executive role they held before professional intervention. To do so would leave them unprepared to resume total responsibility, as they often must.
"They put my son, who was still very psychotic, into a satellite apartment, with no supervision... He walked all the way home and stood in the bushes. My daughter looked out of the window as we were eating and said, 'Mom, he's standing out there in the bushes.' We had told him it wasn't appropriate for him to live at home, but he would rather stand in the bushes than live in an apartment where he was terrified."

"Well, the funny part of the story if you can still laugh, is that after we brought him in and fed him, intending to take him back after we ate, we got a call from the mental health center telling us that he was no longer eligible for the program because he had left without permission."

"You're suddenly back to square one. What are you going to do? You bring him in and start over. You flounder around, get out the phone book and say, 'Look, what can we do next?' What facility or program can we try?"

Discussion

This study is one of a very few efforts that have applied ethnography to phenomena of importance in caregiving for families of people with a severe mental illness. While validity and trustworthiness issues are addressed by the diversity manifested in the group/individual interviews, the variation of the settings, inclusion of both AMI and non-AMI informants and were extended by use of a survey, caution should be advised for generalizations from the findings. Although there is a high degree of correspondence with the findings of related studies (Francell, Conn & Gray, 1988; Grella & Grusky, 1989), further investigation into the family experience is needed. In spite of the methodological compromises, however, the findings do appear to paint a rather clear picture of a portion of the family experience.

The results suggest that families of people who have a severe mental illness; face continual role conflict and ambiguity as the illness revolves through its characteristic stages of treatment and no treatment. First, they are torn between an ideal of "normal" parenting and their logical adaptation to the parenting needs of a person with a severe mental illness, albeit undiagnosed. Second, their natural and necessary tendency to resume caregiving
is judged as wrong by hospital personnel and their role changes to that of bystander. Then, the families are conditionally expected to resume caregiving and are given a role resembling that of a ward attendant when their loved one returns to the community. Finally, they must, by default, often resume both exclusive and executive caregiving until their loved one is either rehospitalized or enters new program.

Obviously, there is nothing that social workers can do to relieve families' stress before they come into formal contact with the mental health system. However, once the contact is made, social workers can help families by recognizing both difficulty these families have faced and the tremendous effort they have put forth, to a greater degree than has existed in the past. Acknowledging these families' strengths can go far to normalizing their challenge and, thus, reducing stress once contact has occurred.

It is also true that macro-level phenomena dictate that families will continue to face numerous and often unpredictable system entries and exits by their loved one. Certainly, social workers need to advocate for change at this level. However, social workers can also ease families' burden by more actively involving families in helping efforts. Families are interested in involvement (Spaniol, 1990) and such involvement is rapidly becoming the standard for effective helping (Lefley, 1990; NIMH, 1988). Minimally, social workers can help the families anticipate and plan for the inevitable transitions.

Finally, communication with families is critical for helping the families reduce role ambiguity and conflict and for removing an unnecessary burden and stress. Social workers are usually the professionals responsible for acting as a liaison between agencies and institutions and the family. They must bear much responsibility for changing the unproductive patterns of the past (Goffman, 1961; Rothman, 1971; Terkelsen, 1990).

The necessity of improving communication with families and of changing the traditional patterns of interaction is dramatically demonstrated by one daughter's plea:

"The latest thing is that my Mom wrote a letter to this therapist and it's the most heartfelt letter that I've ever read. This guy didn't
even respond to it. Not even an acknowledgment that he received it. There were specific things that she wanted help with. She did an excellent job of identifying manageable things that he could respond to and there was nothing. Mom’s invisible. How can her thoughts and feelings be invisible to this man?”

References


Arguments that have been presented for and against HCAs are considered below. The focus is on debates around traditionalist and feminist standpoints. Another central concern is to draw attention to the contextual boundaries of these debates; therefore we shall consider arguments both from the U.S. and Europe. Finland is presented as a special case, because this Scandinavian welfare state has an exceptionally extensive HCA programme.

In the 1950's a new policy was introduced in the State of California and Sweden for taking care of frail elderly people (Horowitz & Shindelman, 1983; Sundström & Löfstrand, 1990). To motivate and help relatives in their caregiving work, the governments started to grant cash benefits for caregivers. Here they are called home care allowances (HCAs). Since these early applications, the model of home care allowances has later spread to several countries in Europe and in one form or another to 35 States in the U.S. (Linsk, Keigher & Osterbusch, 1988).

The HCAs are used as a pragmatic medium to solve several problems in the care of the elderly. If it were possible to match together different interests, the frail elderly, the caregiving relatives and the government would perhaps all be satisfied with the outcome. It would be an exemplar of a service system which fruitfully combines different actors (a "welfare mix", see Anttonen, 1989; Evers & Wintersberger, 1988).

Home Care Allowances as a Result of Modernizing Social Norms

In western countries the traditional social norm is that good, decent people should take care of their neighbors, be they
children, handicapped or frail elderly people. This has applied most particularly to relatives and women. In exceptionally difficult circumstances where relatives have been unable to meet their caregiving responsibilities, the church and later the government have provided institutional care. In this setting HCAs would only be possible as part of poor relief.

Modernization, however, has made the normative duty of caregiving more ambiguous (Bracker, 1988). Individualism has gathered momentum, and social norms now recognize that everyone has a right to a life of his or her own. Feminists have been insisting that this right also belongs to women, and that the duty of caregiving also concerns men.

Responsibilities of caring have also become more reciprocal. It is felt that people deserve their fate: if a parent mistreats her child, for instance, the child will not be blamed for ignoring or forgetting her or him later in life. The caregiving responsibility is no longer unconditional as it used to be; nowadays it is more like a private contract. This is also reflected in legislation. For example, since 1970 children in Finland have no longer been obliged to provide care for their parents.

The Statements of Traditionalism

In western societies there is a set of traditional assumptions which continues to direct the discussion about HCAs. According to this set of ideas:
— elder care is primarily the responsibility of families and informal social networks; and
— elder care is especially an obligation for women.

Traditionalism also contains, at least implicitly, some views on the duty of the state:
— the state should not intervene in the home care of the elderly, for this would obscure the social tasks of families and therefore be counterproductive ("the familist critique"); also
— the administration of an intervention would be difficult and unnecessarily increase the expenses of care ("the public economy critique").

However, deviation from these principles is tolerated if the relatives or social networks simply do not have the resources to cope with the task.
Traditionalism is an ideology of the past that has much in common with classical liberalism. It is no surprise that traditionalism fits well with the description by Osterbusch, et al., (1987) of the prevailing community care ideology in the U.S.. This ideology fears state intrusion on family life and individual liberties far more than it fears collective abandonment of individual members of the society and polity.

The Moral Critique: Do HCAs Erode Family Responsibilities?

The traditionalist critique often looks at HCAs from an historical perspective and sees the introduction of these allowances as a sign of eroding family responsibility. This line of argument occurs frequently in evaluations of U.S. home care support systems, for instance. The policy is that any reduction in the amount of care provided by families to the severely disabled is highly undesirable and should be carefully avoided (see e.g. Arling & McAuley, 1983; Gruenberg & Pillemer, 1981; Stephens & Christianson, 1986; Youket, 1981).

In a few words this critique may be summarized in two suppositions which undergird popular thinking about caregiving: 1) that attaching money to caring relationships is a modern phenomenon and is only characteristic of money conscious capitalist societies; and 2) that earlier generations have carried the responsibility of filial caregiving without any external help.

These popularizations (which were very common in family sociology during the 1960s) have met with a critical response in historical research. Treas (1977), for instance, has emphasized that earlier generations living in agrarian society were not free of calculative attitudes towards caregiving. Father retained the property deed until his death. Last will and testament bound the heir to his filial responsibilities.

Waerness (1990) and several other researchers have commented that in prior centuries, long-term caring for elderly relatives with disabilities was a far lighter burden for families since relatively few people survived serious illnesses and the aging process to reach their seventh, eighth, or ninth decade, especially if they were poor. During the past few decades the need for care has increased quite dramatically. And even earlier,
Brody (1981) and Shanas (1979) showed that in modern society home care was much more common than previously assumed.

Schorr (1960), a historian, has noted that under medieval church law, children were held responsible for their aged parents, but this charge was shared with the church and prosperous members of the community. It is only in the twentieth century that social norms have expected adults voluntarily to sacrifice the resources of their own, their spouses, and their children to assist parents before the community will assume any responsibility.

Despite formal demands, enforcement of regulations that children or spouses pay for the care of the elderly have been weak historically (Callahan, et al., 1980; Gratton & Wilson, 1988; Thomson, 1984). Of course, governments also began to search for more positive ways to help and motivate relatives for caregiving. In the United States, mothers' pensions were the first example of a home care allowance system. Poor mothers (especially widows) were paid for caring for their own children in order to save the costs of institutional care (Abramovitz, 1988).

Money has been involved in the complex relationship between homes and old-age welfare long before the introduction of the system of home care allowances. Grandparents have been locked up in their bedrooms with minimal care for the sake of their pensions. Rich elders have been looked after with extra special care; caregivers have been disinherited. In comparison with these situations, home care allowances provide a better opportunity to control the relationship between money and care.

The familist current of the traditionalist critique: Do monetary relations destroy the autonomy of the family or the relations of family members?

Abramovitz (1988) notes that many theoretical and policy discussions about the family have presupposed that women would lose part of their moral virtues if they were paid for the work they do for relatives. In the words of Finch and Groves' (1983), monetary relationships have been viewed as contaminants of caregiving for children, the old, and the sick, that ultimate "labour of love". Arling and McAuley worry that "payment for care formalizes the family's obligations and
its role in caregiving. Does this change the nature of care? (1983, 306)."

Many classics of sociology have shared this concern and preferred clear distinctions between family, state and market. Simmel (1981), for example, pointed out that human relationships based on economy and reason are alike in the businesslike manner in which people and things are treated. He noted that the formal justice which is a necessary element of such relationships is often accompanied by emotional distance and indifference, two qualities particularly dreaded in the home.

In the realm of sociological theory, a form of psychic splitting has occurred. Money has been understood to be a necessary and constructive force in the complex world of work and in commercial and technological exchange beyond the family and household. At the same time, it is recognized that money has a destructive effect on family relationships. This view of Simmel's is shared by among others, Weber, Durkheim, Tönnies, and Habermas. The suspicion of money's influence on human relations, the dread of the connection between dirty money and holy family, leaves western societies deeply ambivalent about introducing government payments into familial affairs.

Altruism in the family has been compelled economically and normatively. Women as the less powerful partners have based their relationships on financial considerations. These two bits of historical data are not taken into account (or even into consciousness) for they spoil the nostalgic conception of the safe hearth in an otherwise hostile world.

There is a commonly expressed fear that quality will suffer if caring is done for money. However, as Dalley (1988) points out, this argument is never heard when speaking of the work of physicians. In the medical institutions, the operant assumption is that the most valuable, responsible, and demanding work must be the best rewarded labor.

Like physicians, caregivers need rewards, both symbolic and material, for the arduous jobs they perform, often over long periods of time. Love and money are not mutually exclusive elements that ruin each other. Instead for many centuries they have been cohabitants of both public and private domains,
domains in which personal relationships and commercial value have been juxtaposed closely and complexly.

Several home care researchers emphasize that economic aid actually changes the caring relationship in a positive way. From the elderly patients' point of view, external support is also a psychological relief: it makes it easier for them to ask for help. As the caregiver is paid for the work he or she is doing, the patient sees the caring relationship as a more balanced one (Kotakari, 1989; Keigher & Murphy, 1990).

It is often suspected that HCAs put extra strain on the relations of caregiving relatives. "If a primary caregiver were given a financial payment, other caregivers might be reluctant to share responsibilities" (Arling & McAuley, 1983, 305). This result may not be uncommon, but one wonders why Arling and McAuley forget that money is also a medium which is used to foster the sharing of work. HCAs are a resource that can be used for buying services and for rewarding informal helpers. As Ungerson (1990) observes, the allowances may be used to find new caregivers whose motive may be money instead of duty. This is not necessarily detrimental to the quality of care.

Our conclusion, in short, is that the traditionalist familist critique is founded on a masculinist point of view. It also ignores many of the counterarguments raised in empirical research.

The Economic-administrative Critique: Are HCAs a Waste of the Taxpayers' Money?

The traditionalist critique tends to take a negative attitude towards new governmental interventions in elder care. However, new forms of intervention might be accepted if they relieved the government of some of its burdens. Thus, for some commentators, home care allowances are a waste of tax dollars devoted to purchasing services that would have been provided at no expense to the public purse" (Stephens & Christianson, 1986, 4). Some others, however, see HCAs as an opportunity to reduce the costs of institutional care.

The chief stated reason for the government's interest in home care allowances is the delay or avoidance of institutional
care for the frail elderly (Arling & McAuley, 1983). Kane and Kane (1987) say it remains unproven that home care programs decrease hospitalization or prevent or postpone the use of nursing homes. Another team of researchers disagrees and argues that home care does reduce the amount of nursing home care (Rivlin & Wiener, 1988). There is probably no definite answer, because the results are likely to vary in different caring systems.

One common objection, especially in the U.S. debate, concerns the abuse of allowances. Recipients might abuse the allowances by exaggerating disabilities or giving insufficient care (cf. Callahan, et al., 1980; Linsk, et al., 1988). There are two relevant counterarguments: First, the competence of the medical profession sets a definite limit to how far exaggeration is possible; and second, given the level of the benefits, cheating is not very much worth the effort. Nevertheless it is clear that it is more difficult to control the quality of caregiving at homes than in institutional care.

A Feminist Critique:
Do HCAs Imply Suppression of Women?

The main challenge to traditionalist ideas has come from feminism. There is a broad consensus of opinion among feminists that:
— elder care is a central responsibility for society, and to make the situation of caregivers at homes bearable, caregiving must be supported with public resources;
— women of working age have the right to opt for gainful employment outside the home;
— home care of the elderly is hard work which should be shared by both women and men.

Many feminist researchers—especially in the U.S.—are in favor of HCAs. Although they are not seen as the only possible or even the most desired way of supporting home care of the elderly, HCAs nevertheless help women to cope with this extremely heavy task and at the same time make one part of housework visible (e.g. Horowitz & Shindelman, 1983; Keigher, 1990; Nissel, 1980; Osterbusch, et.al., 1987; Treas, 1977). This position does not mean that feminists have no reservations or
suspicions about the underlying motives for introducing HCAS: “Although some form of compensation to carers is certainly fairer than no compensation at all, the basic intent of these policies remains reducing government costs” (Osterbusch et al., 1989, 228).

A more negative tone is found in the British feminist discussion, where critical attitudes are largely connected to critical evaluations of British community care policy in general. Finch says that the critique can be crystallized in a viewpoint which she calls a “crude feminist account”: “Women are forced out of the labour market and back into the home, thus accomplishing the following: costs of caring on the public purse are reduced; jobs are released for male workers and the unemployment totals go down; the home is confirmed as women’s rightful place and therefore men’s dominant position is maintained” (1990, 43–44).

HCAs can indeed be seen as one way of excluding women from paid labor—but not from work. Rather, they are tied to work which gives fewer benefits and rights than paid labor. This line of criticism has been largely influenced by the analyses of the Kent Community Care Scheme.

The Kent experiment sought to recruit community care helpers to take care of frail elderly. The vast majority of the helpers, 94 percent, were women. The caregivers received small compensations for doing tasks which were regarded as unavoidable. A central problem with this experiment was the contradiction between payment and compensation. It was very difficult for the caregivers to keep the amount of work done within the limits specified in the agreements. The caregivers and their family members took extra responsibility for their patients. The work contract included very few rights for the worker. However, it succeeded in keeping the caregiver outside ordinary wage work (Ungerson 1990).

Ungerson draws attention to the contradictory ideology which was used to legitimate undercompensation: “The assumption is that nominally paid workers will provide better-quality care since they are doing the work for love rather than money, although the payments in themselves mean that the workers will provide a consistent and continuous service based on a binding contract” (Ungerson 1990, 20–21).
The Kent experiment is a case of underpaying caregivers who are not relatives. This may be a more problematic issue than paying HCAs for relative caregivers. However, feminist researchers have also criticized the second alternative, referring particularly to the endangered position of the caregiver. The basic argument is that HCAs can be seen as a policy which will encourage more people to take on caring tasks in extremely difficult circumstances, and to continue them for longer once they have started (Finch 1990). Another argument is that if some one individual is being paid to do the care-giving work, the financing institution may be of the opinion that it is unnecessary to have many—or any—support or substituting services (Ungerson 1990).

Home care allowances may also cause elderly patients to place quite unreasonable demands on their caregivers (Qureshi 1990). Some near relatives may feel that they are fully exempted from all caring responsibility, as the patient is receiving paid help. Chief responsibility may entail sole responsibility. This critique was also mentioned by the traditionalists.

It is important to note that the feminist critique expresses ambivalence about as well hostility toward HCAs. Finch notes that "...this same set of policies, which has effectively sought to confine women to the home has at the same time taken some account of women’s demands and women’s needs" (1990, 44). Ungerson (1990), for her part, says that the payment might provide the basis for two further developments: first the recruitment of many more men into the role of domestic carer, and, secondly, the possible pooling of individual carers’ resources such that they can use their pay to organize more collectively based services for groups of dependent people.

As far as the patients are concerned, HCAs are thought to have mostly positive consequences. Community care may offer a more satisfying and independent life to handicapped or infirm people than any of the alternatives previously available; it may also do that at the expense of women whose unpaid labour provides family care (Finch 1990). Another advantage is that a HCA may make the patient less anxious about being a burden.

But there may also be other feelings. First, most elderly people do not want to be a burden for their relatives. Therefore
they do not want to live with their offspring (Sundström 1986) and wish that their helpers were paid (Qureshi 1990). Second, increased dependence on the family may undermine the autonomy of patients (Finch 1990). Qureshi and Walker (1989) conclude that to be a family member can be a unique disadvantage as well as an advantage in dealing with a particular elderly person. Families may engender both the best and the worst of relationships.

In spite of all the criticism the feminist attitude towards HCAs is in practice mostly positive. This is confirmed by the observation of Finch (1990) that the decision by the European Court, which enforced the British government to pay Invalid Care Allowance also for female spouses, has been regarded as a victory—not as a defeat for women. However, as Finch points out, it is important to remember that the support for caregivers does not represent any challenge to the traditional division of labour, which ensures that many more women than men are actually doing caring work. The issue is whether the short-term gains for individual women in having their unpaid work socially recognized and supported would in effect undermine longer-term attempts to produce a society in which housework and caring, are no longer seen as women's work.

The Contradiction Between Finnish and American Points of View

Debates on social policy are mostly waged in the context of a given welfare system. This means that similar basic opinions may in different situations lead to opposite political demands. We shall illustrate this by using Finland as a case in point.

Finland has adopted a very positive position on the use of HCAs. This can be seen, first, in a non-restrictive entitlement to HCA. The caregiver and the patient may be spouses or close relatives, and there are no restrictions on their incomes or properties. The caregiver may be anybody who is over 18 years of age and whom the social authorities regard as capable of doing the job.

Second, the popularity of HCAs is seen in their acceptance
as a system for supporting childrens’ day care. Since 1985, HCAs have constituted an alternative to communal day care. The state will pay a HCA for parents who waive their right to communal day care for all their children under 3 years of age. In addition many cities pay an extra allowance to avoid establishing new day care places. HCAs for parents can be as high as 3900 Fmk (about $900 a month); the lowest state allowance is about 1500 Fmk (Sipila 1992).

Within the confines of this paper it is impossible for us to go into a detailed discussion of the reasons for the popularity of HCAs in Finland, but these are some of the most important ones:

- The participation of women in the full-time labor force is higher than in any other western country.
- Children are no longer responsible for their parents’ livelihood.
- Institutional care is economically an easy option in Finland because hospital care is strongly subsidized, and residents of nursing homes pay a fee that is based on their income.
- The Finnish government must calculate the total costs of hospitals and nursing homes, not just the costs of special programs. The overall responsibility for organizing and financing old-age welfare lies with the public sector.
- Finns trust their government and do not see the misuse of social allowances as a serious problem.
- In the 1980s there has been a tendency to bestow new rights for social services on citizens.
- The probability that women might become caregivers against their will is clearly lower in Finland than in most other countries.

These factors make it understandable why in Finland the HCA-system is not regarded as an expansion of the social security system but as an attempt to abandon the governmental commitments that were made during the Golden Age of social democracy (from the 1960s to 1980s). Some of those commitments were legal (such as the subjective right to day care), others more implicit (such as the expectation that one would always have a place at a nursing home if necessary).
The main difference to the American political atmosphere is that in Finland, the strongest support for HCAs comes from political parties which advocate traditional values. The major advocates of home care in Finland have been the powerful agrarian and the small Christian party (Haapaniemi, 1990). Leftist parties, in general, have favored professional and institutional care and paid labor for women (Vpk 1984).

The reasons why agrarians and Christians have preferred home care are not only the costs, or convenience in the case of isolated countryside farms. These parties have in general pursued a pro-family policy, struggling against both individualism and professionalist institutional care. Among them HCAs have been seen as a possibility to revitalize the family’s and relatives’ caring responsibility.

From this perspective the system of home care allowances is an attempt to uphold and strengthen that responsibility in a situation where the family could hardly cope without it. As Waerness (1990) observes, the public care provided is often the minimum which is needed to enable the family to take the main responsibility for its old members.

In Finland, HCAs are not seen as a threat to family ethics because they rarely exempt relatives from their caregiving work. Allowances are granted under such conditions that hardly anyone is willing to look after any other patient except their own relatives. And as Keigher (1990) points out, the system clearly fails the market test: the relationship between the money and the work is far from reasonable.

The negative attitude of Finnish feminists against HCAs has been most forcefully voiced by leftist female politicians, who have drawn special attention to the threat they represent to women’s participation in the labor force. This is thought to be the cornerstone of women’s autonomy in general. On the one hand, social services create employment opportunities and, on the other hand, qualified services offer the opportunity for other women to work without having to worry about caring duties.

However, this line of feminist critique has not proved strong enough to prevent the development of HCAs in Finland.
Discussion

The discussion of home care allowances consists largely of arguments that are either in favor of or against the welfare state. Depending on the perspective, HCAs may be understood as an extension or a reduction of the welfare state, or as a strengthening or a weakening of family members' or women's caring responsibilities. It all depends on the observer's viewpoint.

Since the 1960s the amount of welfare services has risen very sharply in many societies, thus reducing the relative amount of caregiving required of the family in those societies. Home care allowances are one pragmatic medium for cutting the growth of social services. For some families it has provided a useful alternative, but others would have preferred to see investments in public services.

In the U.S., traditionalists have been pleased to see that HCAs have had great difficulty in getting off the ground. Feminist advocates of HCAs have failed to get a very enthusiastic response. In Finland, HCAs have enjoyed for broader acceptance largely because of the pressure by traditionalist parties. HCA policies have developed along very different lines in the U.S. and Finland, but both cases clearly highlight the importance of the traditionalist arguments in the political discussion of the 1980s and amidst the challenges to Finnish welfare state tradition and the "family values" debate in the U.S. of the 1990s.

References


The Fifty Percent Divorce Rate: 
Deconstructing a Myth

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Department of Sociology

An overview of competing perceptions about divorce in the United States establishes the basis for a discussion of the incidence of divorce, divorce rates, and the public myth of a 50 percent divorce rate. A partial explanation for the acceptance of this myth is offered through a discussion of the salience of attitude as well as other public issues.

Introduction

We are informed by some learned individuals that the divorce rate in the United States is fifty percent (e.g. Zastrow 1988). The news media further informs us that for every two marriages, one will end in divorce. The data reported regularly on marriages and divorces in local newspapers tend to support this latter contention for it does appear that one divorce is recorded for approximately every two marriages.

That the myth of an approximate 50 percent divorce rate is perpetuated by both professionals and lay persons should be a matter of concern for the facts simply do not support the claim that the American family is "falling apart", as evidenced by a "fifty percent divorce rate." That this myth is repeated by members of the clergy and young impressionable students is one thing; that the myth is perpetuated within college and university classrooms is another matter.

In the following section the myth of a fifty percent divorce rate is addressed using data reported by the U.S. Department of Health and Human Services. The purpose of this article is to provide a brief discussion of the phenomenon of divorce and to distinguish between a large number of divorces recorded yearly and the divorce rate.
The Normal and The Pathological

In the *Rules of the Sociological Method* (1938) Durkheim is informative in establishing the importance of social facts. Social facts, according to Durkheim (pp. 1-14), are things or data which should be used by the sociologist to explain social change. Durkheim was especially interested in using rates to monitor the fluctuation of social phenomena as he aptly demonstrated in numerous studies of social change. When the rates change, either downward or upward, Durkheim advised (1938, p. 13) it is important for sociologists to search for the structural reasons for why this change is occurring. An increase in the rate of crime, for example, could mean that the passage of a new law is responsible for the increase or perhaps a current law, which had not been used for a period of time, is now being invoked. Similar reasoning can be used to explain a decrease in the crime rate, according to Durkheim.

Demographers advise that yearly fluctuations in rates do not establish that change is occurring in society. Indeed, a more conservative approach to evaluating the social change process would require using data over a consecutive five year period. Durkheim (1938, pp. 55-56) was aware of the significance of cautious evaluation of social phenomena, stating:

> We shall call 'normal' these social conditions that are the most generally distributed, and the others 'morbid' or 'pathological.' If we designate as 'average type' that hypothetical being that is constructed by assembling in the same individual, the most frequent forms, one may say that the normal type merges with the average type, and that every deviation from this standard of health is a morbid phenomenon.

Recording of social facts and the subsequent conversion of the incidence of an event into rates represents the basis for misunderstanding the U.S. divorce rate. The divorce rate is not increasing, it is not 50 percent, and it did fluctuate somewhat during the past 15 years. Rather, as the incidence and rate data reported in Table 1 show, since 1981 the divorce rate has decreased. Some modest upward fluctuation is found for 1982 and 1984, but for the remaining years since 1981 the rate of divorce has either remained stable or the rate has decreased.
<table>
<thead>
<tr>
<th>Year</th>
<th>Divorces and Annulments</th>
<th>Rate per 1,000, Total Population</th>
<th>Ratio per 1,000 married women 15 years and over</th>
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<td>4.7</td>
<td>—</td>
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<td>1983</td>
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<tr>
<td>1957</td>
<td>381,000</td>
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The data trends shown in Table I are informative, using Durkheim’s insights. The rate of divorce is considerably higher today (4.7 in 1988) than it was in 1940 (2.0 per 1,000), and a steadily increasing rate is recorded throughout the past three decades. But the divorce data clearly show a stable or declining rate during the 1980s. Of course, statements such as the following offered by Zastrow (1988, p. 352), tend to confuse the issue:

Now, one out of two marriages ends in divorce.
This high rate has gradually been increasing.
Prior to World War I, divorce seldom occurred.

The source upon which the above quotation is developed, according to Zastrow, is the “NBC News White paper: Divorce is changing America” Program shown on June 3, 1986.

Many analysts report divorce data correctly. For example, Montero and McDowell (1986, p. 142) state: “In the decade from 1966 to 1976 alone, our rate of divorce doubled, from 2.5 to 5.0
Divorce Rate Myth

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per 1,000." This is a correct statement. An equally reasonable and correct way to deal with the data recorded for divorce and marriage is cited in an introductory family text authored by Dickinson and Leming (1990, p. 330), who state

In 1988 there were approximately 2.4 million marriages and 1.2 million divorces—Americans were almost twice as likely to marry as to divorce in this year. Does this mean that one-half of all marriage end in divorce? While many have assumed that these figures indicate that 50 percent of all marriages end in divorce, we know that most of the divorces in 1988 involved marriages contracted in prior years. Consequently, based upon this information, it is not accurate to say that 50 percent of all marriages end in divorce.

As Eshleman (1985, pp. 579–580) notes, numerical comparisons of marriages and divorces for any given year can be confusing. But Eshleman also points out,:

"40 percent of all marriages occurring in a given year are remarriages of one or both spouses. Persons who divorce and remarry in the same year contribute to both the number of marriages and the number of divorces." (Dickinson and Leming 1990, p. 330).

These statements evaluate the issues appropriately, suggesting also that use of the appropriate figure in the denominator of the rate and ratio formuli is essential to our basic understanding of an important social issue for which academics assume the responsibility for teaching students. In the following section the appropriate methods are discussed.

Divorce Rates and Ratios

As shown in Table 1, it is appropriate to speak of the general upward trend in the divorce rate for the past 25 years, but the pattern of divorce since 1976 has been relatively constant, ranging between 5.0 and 4.7. To argue that the divorce rate is increasing, when in fact the divorce rate has actually declined since 1985 (see Table 1), is an obvious misrepresentation of the facts. The myth of an increasing U.S. divorce problem may be attributed in part to the large number of divorces (incidence) recorded. According to Blalock (1972, p. 37),
Bases involving large numbers such as 1,000 or 100,000 are often used in computing rates, another type of ratio, whenever the use of proportions or percentages might result in small decimal values. Birth rates, for example, are usually given in terms of the number of live births per 1,000 females of childbearing age. Murder rates may be given in terms of the numbers of murders per 100,000 population.

Similarly, divorce rates involve large numbers. For this reason it is important to keep the facts surrounding the U.S. divorce rate in proper perspective by using correct figures. For example, the divorce rate is equal to the number of divorces occurring in a population during a specific year divided by the number of marriages in the population. This ratio is then multiplied by 1,000, 10,000 or 100,000 to eliminate decimals. Thus, the divorce rate equals

\[
\frac{D}{P} \times K
\]

in which \(D = \) divorces, \(P = \) the population at risk, and \(K = 1,000\). The rate is crude because, as Saunders (1988, p. 41) notes, the entire population of marriages of all ages is in the denominator and divorces of all ages are included in the numerator. But the divorce rate is refined when the rate represents

... the number of divorces per 1,000 women over age 15. This measure compares the number of divorces with the total number of women eligible for divorce (adult married women) and hence is a more valid indicator of the propensity for divorce. . . . Age specific divorce rates (number of divorces per 1,000 married women in each age group) are available, but they do not provide an overall rate (Lamanna and Riedmann 1991, p. 546).

Information pertaining to divorce may again be misrepresented when the data, such as Lamanna and Riedmann (1991 pp. 544-545) report as refined divorce rates, are in fact divorce ratios. As Nock and Kingston (1990, p. 245) show, the divorce ratio divides the number of divorced persons by the number of married people per 1,000. Thus, in a population of 500 people, in which 20 divorced people live, the divorce ratio would be:
Divorce Ratio = \frac{20}{480} (\text{divorced people}) \times 1,000
\approx 0.0416666 \times 1,000
\text{Divorce Ratio} = 41.6666 \text{ per 1,000}

The rate of divorce, based on the 10 divorces in this same population, would be:

\text{Divorce Rate} = \frac{10}{500} \times 1,000
\approx 0.02 \times 1,000
\text{Divorce Rate} = 20

The distinction between the divorce ratio and the divorce rate is significant. But this misunderstanding is exacerbated when analysts such as Lamanna and Riedman (1991, p. 543) report divorce rates for the years 1980–1987 to be in excess of 20 per thousand while neglecting to point out that these reported rates, drawn from U.S. Department of Health and Human Services data, actually are age-specific divorce ratios documented for married women 15 years and over. The actual U.S. divorce rate, using the total population at risk in the denominator of the equation, ranges between 4.7 and 5.3 per 1,000 (U.S. Department of Health and Human Services, “Monthly Vital Statistics Report” 39, 12 supplement 2, p. 7). The data in Table 1, shows the rates and the ratios in separate, side by side columns.

Discussion and Conclusion

The purpose of this paper is to illustrate that the validity of public views of the U.S. divorce problem is questionable. In general, the data reported support the conclusion that the U.S. divorce rate is considerably lower than the 50 percent reported in some introductory textbooks as well as by the news media and other credible authorities. The divorce rate has been relatively stable since 1975, and the rate actually has declined during the past five years.

The overreporting of the U.S. divorce rate begs the question regarding why so many individuals believe the rate is 50
percent. One possible explanation for this belief may lie in the salience of attitude toward divorce since the passage of what has become known as the no-fault divorce act. Divorce is more common during the past 25 years and this fact has important public policy implications. First, divorce is considered problematic when it affects children when diminished resources affect the quality of family life. Increasing numbers of people are effected in numerous ways by the pattern of divorce recorded during the past two and a half decades. Thus, as a social issue, divorce is salient as is the salience of attitude toward divorce. Students and others are particularly sensitive to sensational kinds of information. Divorce data are of this nature, especially when one knows of or is directly affected in some way by divorce.

Second, as noted by Sears, Peplau, Freedman and Taylor (1988, pp. 134-135), the social milieu affects salience. For example, a decade of conservative thinking affects social values, making previous liberal attitudes less acceptable. The divorce rate is decreasing, perhaps because, as Jackson (1991, p. 15) suggests, the economic conditions of the late 1980s and early 1990s are causing people to avoid divorce. Some of the reasons cited by Jackson, such as for the sake of the children, the cost of making two house payments, and to keep intact an estate, are similar to those reported by Cuber and Hanoff (1966) in their study of the attitudes of upper middle-class Americans toward maintaining an unhappy marriage. Such external constraints are, as noted by Sears et al. (1988, p. 136), likely to be salient factors or stimuli which highlight divorce as an important social issue.

Another issue which may be of significance to the salience factor is the current desire to bond to one person. Many other salient stimuli provide potential causal explanations for why divorce itself is salient. Among these are the strong public attitude toward avoiding AIDS and the experience of growing up in a single parent home which, according to Dickinson and Leming (1990), cause people to view marriage differently now than in the recent past.

Finally, the myth of a high U.S. divorce rate may correlate highly in the minds of many individuals to develop what Sears et al. (1988, p. 98) call the “illusory correlation.” That is, two factors, such as the “high divorce rate” and the “breakup of the
family as a viable institution argued by religious zealots and others, are viewed as belonging together because they seem to share some common feature. Reported exposure to such illusory correlation stimuli may eventually assume the nature of a social fact. Again, the role of the news media in setting the public agenda, as well as influencing the public's perception of the "divorce problem," projects an inappropriate image of social reality.

I began this discussion by arguing that the public view of divorce is based on the myth that for every two marriages one will end in divorce. The stereotype of the U.S. divorce rate is that it is high, while this stereotype receives an inappropriate, reinforcement stimuli by the news media, clerics, and even portions of the academic community. But the data do not support this public perception in that the salience of attitude does not correspond well with the actual reality. The doubling of the divorce rate took place between 1940 and 1972. The increase and subsequent decline in the U.S. divorce rate represents a trend of modest fluctuation suggesting, in turn, the normalcy of the contemporary divorce pattern. Resistance to this fact, as opposed to a common belief in the myth of a 50 percent divorce rate, may well occur because of other salient public issues and social problems.

References


An earlier version of this paper was presented at the annual meeting of the Southern Sociological Society, New Orleans, LA. The assistance of Sandra Arnold and Kimberly A. Folse is acknowledged with appreciation.
Each evening as we sit by our televisions sets, our sense of sight is shocked by the social problems of the world—the starving in Somalia; racial injustice in South Africa; refugees of Bosnia, and the AIDS orphans of Uganda. Instant communication and easy travel have made the world "smaller". We hear about the globalization of our economies and now three social work educators, Hokenstad, Khinduka, and Midgley, have edited a volume that speaks to the international nature of social problems and the social work profession.

The editors posit that social workers can learn from what our profession is doing in other countries. It is important that we examine and compare how human problems are understood and defined, how theories are developed, practice approaches strengthened, and professional development, in general, promoted.

Profiles in International Social Work addresses three themes: the commonality, diversity, and challenge of the social work profession throughout the world. First, social workers share much that is common: a concern for the human needs of others, humanistic values, knowledge, skill, and a striving for acceptance and legitimation. Second, the profession differs in its methodologies and approaches given unique social, economic, and cultural structures. And third, the profession faces the challenges of lack of status, complex problems, scarcity of resources, and the struggle for social justice.

Ten case studies are presented in this book, each following a similar format: historical and social context; development of social work; roles and functions; social work education; challenges and trends for the profession; and, suggested readings. We read how social workers in Chile and South Africa are in the vanguard of the fight for social justice. In Chile, the profession, weakened by the dictatorship but still a voice for
human rights, is now mediating the transition to democracy and from traditional culture to modernism. Social workers in South Africa are preoccupied with redefining their roles and priorities as they too are called upon to mediate the conflicts of moving from apartheid toward democracy.

The social work profession in all parts of the world is concerned with the condition and effects of poverty. In India, social workers traditionally have worked with governmental and non-governmental agencies dealing with labor welfare, personnel, and correctional services. Their interventive methods of choice have been casework and groupwork. Now there is a call to move away from the American model of social work practice toward a developmental perspective that integrates social work with the country's development efforts in dealing with poverty, health care, housing, and family breakdown.

The profession of social work in Uganda is challenged by the devastating effects of a civil war and the presence of 1.5 million persons with the AIDS virus. There are 25,000 children who have been orphaned because of AIDS. With limited resources, social workers meet these problems though a mixture of direct and indirect social services. In Hungary, we view an emerging profession that is reacting to the political and economic changes from a communist to a capitalist state. Social workers are struggling with ways to respond to unemployment, family breakdown, care of the elderly, and the plight of thousands of refugees and displaced persons as the old social programs and supports are abandoned.

The profession in Japan, Hong Kong, Korea, Singapore, and Taiwan are facing the consequences of rapid economic growth, the breakdown of the extended family, and the need for social policies to handle emerging social problems. Japan has one of the highest percentages of elderly in the world. Social work in these countries is reconceptualizing practice to fit their local cultures.

Finally authors write of social work in the developed nations of Great Britain, Sweden, and the United States. Conservative trends in recent years have greatly curtailed the welfare state in each of these countries. In Great Britain, the social work profession has been greatly weakened by the state's creation
of policies that emphasize regulation and control, and law and order. Similarly, the Swedish government has begun to means test and privatize services. And while the United States has a new government that promises to “put people first”, major cutbacks in social programs have been made over the past dozen years. Meanwhile, the profession has become less and less influential in the development of social policy and more and more specialized in clinical practice. Social Work struggles with how to be simultaneously true to a mission of social justice and the amelioration of individual problems.

Profiles in International Social Work is a very informative and useful book. For teachers of policy and practice, the book contains a wealth of examples that could be used in their classes. By having policy and practice comparisons, students would be able to better understand various approaches the social problems and particular populations. The direct practitioner who works with refugees in the United States will glean from the book the importance of having practice strategies that are culturally relevant in a world that is becoming ethnically diverse.

The book raises a number of relevant issues concerning the future of social work internationally. Will the global trend of conservatism lead to a continued retreat of the welfare state? How will schools of social work adapt to the changes around them in training the next generation of practitioners? Will the search for new models of intervention be successful? And how can the generally low status of the profession be altered? Although there are few answers to these questions, the editors of this volume have performed a real service to the profession by providing the reader with an excellent theoretical basis to understand and compare social work in various countries and by identifying questions for a further exploration of international social work.

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Catholic University of America

International content is the Rip Van Winkle of social work education. Once lively and active, it fell into a long slumber some years ago. Memory of it was kept alive by various old-timers, but it was almost forgotten in the race to include in the curriculum every special interest group able to provoke feelings of guilt, fear or curiosity in the social work leadership. Recently, with the suddenness and urgency of the democracy movements around the globe, international content burst again into general social work consciousness. It has far to go to capture the momentum of the assorted politically correct content areas, but its prospects are improving. Those prospects have been helped significantly by the appearance in one short period of three useful curriculum guides and now, *Internationalizing Social Work Education*, edited by Richard J. Estes.

Everyone interested in this area is aware of Estes’s unique and impressive contributions. Perhaps most influential has been his periodically-updated analyses of international social development, which have become the standard for such studies. In *Internationalizing Social Work Education*, Estes set himself a different task, described in the subtitle: “A Guide to Resources for a New Century”. This 286-page volume is not the careful, scholarly analysis for which Estes is justly acclaimed; neither is it a curriculum guide. Rather, it is sourcebook; a reference, actually, but an unusual one. To those who associate Estes with thorough scholarship and a high order of erudition, it will offer both more and less than they are likely to expect.

The volume comprises seven sections, or “parts”. Parts I, II, IV and V were written entirely or principally by Estes, with individual pieces contributed by Dorothy Van Soest and Lynne Healy. These sections consist of short essays on some aspect of the overall theme: general concepts, such as definitions, models, social policy, research, and so on; and specific topics, such as poverty, women, and hunger. Part VII is an essay by Ann Glusker, addressed to students. The rest of the collection
consists of bibliographies of books, journals and articles, along with the names (and usually addresses) of related organizations which could be fruitful sources for additional, up-to-the-minute information.

As with any edited book, the sections are uneven. Estes’s essay on models of international social work education is particularly strong, an excellent demonstration of encapsulating great amounts of information in useful chart and graph form—a device used very successfully throughout the book by the other authors, as well. All the essays are followed by lists of references. Brief two or three-page commentaries introduce the special topics in Parts IV–VI, and serve as orientations to the topics. The lists of references in Part III cover 14 topics arranged alphabetically from “aging” to “substance abuse”, without introductions to any of them.

Since the book is intended as a guide to resources, the detail in the table of contents is welcome. There is no index. Following the identification of 51 “chapters” (really more like topical headings) is a directory to 28 charts and tables which cover a broad range of subjects. Yet, the detail, too, is uneven, once or twice bordering on the absurd, as in the listing of 9 “maps” which are no more than outlines of continents; rather like listing an edition of Gulliver's Travels which turns out to be the comic book version. Similarly, there is a full-page resume of the editor; brief lines about Van Soest and Healy, who have made distinguished contributions to the literature: and almost nothing about the many students, including Patricia Harding, a doctoral student who wrote or contributed to 14 chapters.

Obviously, there are shortcomings in this volume, but they should not be allowed to detract from its overall merit. Creativity is always risky and this book is very creative. It deals with substantive issues; with curriculum approaches; and with a wonderfully varied range of topics. It addresses problems (e.g., poverty, hunger, unemployment) and populations (e.g., women, children, political refugees) and social issues (e.g., development, privatization, human rights). It is not a text; it is a map: its use depends on where the user wants to go. Anyone with a reasonable sense of direction and even a vague notion of destination
will find this guide extremely helpful, with a place next to other valued references in one's professional library.

Charles Guzzetta
Hunter College


In writing *The Welfare State in Israel*, Abraham Doron and Ralph Kramer tell the story of one of the most overlooked features of Israeli society—the development of the social and political institutions that transformed Israel into a modern welfare state in only forty years. As such, this book is a case study designed to analyze the origins, processes, content, and consequences of social security policy in Israel.

*The Welfare State in Israel* is divided into eleven chapters. In the first chapter the authors create a contextual background by looking at Israel's size, its population, its economy, and its political structure. In the second chapter, they provide an historical overview of the Israeli welfare state. In particular, they identify five historical stages undergone by the Israeli welfare state: (1) the pre-state origins (1920–1948); (2) the second decade (1958–1967) in which the Israeli welfare state was institutionalized and formalized; (3) the third decade (1968–1977) in which there was an expansion of the welfare state in response to shifts in the distribution of power; (4) the fourth decade (1978–1990) which saw uncertainty and slowed growth in welfare functions; and (5) an overview of the social security system at the end of the 1980s.

Chapters three and four describe the changing nature of a social assistance program that served as the only form of income support in the early years of statehood. The fifth chapter discusses the establishment of a national insurance program and describes the political and legislative struggle that preceded the basic law adopted in 1953. Chapters six through nine examine the development of the major national insurance programs that
cover the elderly, children, and the unemployed. Chapter ten explores the social and economic impact of Israel’s social security, including its effects on redistribution, the social structure, patterns of expenditure, and its impact on the Arab population. Chapter eleven concludes with a summary of major trends as well as some conclusions and generalizations regarding social policy in Israel.

The stated goal of Doron and Kramer’s book is to provide the reader with a comprehensive understanding of the social choices made in Israel from 1948 to 1990. Specifically, the authors attempt to analyze the kinds of social policies adopted, how they evolved, how they were implemented, and the resulting changes for Israeli society. The authors were successful in this goal and the book provides a readable and interesting insight into the development of social security policy in Israel.

By using Israel as a case study, The Welfare State in Israel illustrates the interrelationship between economic growth and social security. This book also illustrates how a social security program is shaped in the course of a power struggle between conflicting social, political, and economic interests. On the other hand, by concentrating only on social security and related income maintenance programs the book limits itself to only one sector of the welfare state, thereby minimizing the importance of the private, voluntary social welfare sector, as well as in-kind social welfare programs such as transportation and food subsidies.

The authors begin with the question “How did the new, small, Jewish state in the Middle East succeed in developing a modern welfare state while also absorbing an unprecedented mass immigration that almost tripled its population in the first five years, develop a viable economy, and organize a defense establishment capable of fighting five wars?” While Doron and Kramer do a credible job in explaining the development of the Israeli welfare state, the complexity of Israeli society does not lend itself to easy explanations. Nor does this question allow itself to be answered within the cover of just one book. While The Welfare State in Israel provides an excellent examination of
Israel's social security system, it will hopefully be one of a long line of books that further explores the complex nature of Israeli social policy.

Howard Jacob Karger
Louisiana State University


The Radical Right and the Welfare State is a study of radical right ideologies and political regimes of the 1980s, with particular attention to their effects on social welfare policies. The book is part of a series on international social policy and welfare edited by Stewart McPherson and James Midgley, and this volume is edited by Howard Glennerster and Midgley. Overall, it is clearly written and addresses an important and somewhat neglected topic. None of the chapters is weak; some are quite rich and informative; and the chapters generally work well as a whole.

Midgley's introductory chapter sets the stage by placing political and ideological events of the 1980s in broad theoretical perspective; and David Stoesz's and Midgley's chapter on the radical right and the welfare state brings the book's theme into focus.

Howard Glennerster's chapter on Britain reports that, despite strong anti-welfare state rhetoric, welfare spending has been resistant to major cuts. Similarly, Howard Karger's chapter on the United States finds a lack of deep impact on the social policy structure. Karger brings home the point that there has been much rhetoric and illusion, and little substance and reality in radical right politics (I am reminded of the "family values" theme of the 1992 Bush/Quayle campaign). Steen Mangen writes on the German welfare state, which he says has been cut, but without fundamental changes.

For those who are familiar with the social policy literature (where Britain, the United States, and Germany are frequently analyzed), the chapters on the somewhat less discussed
countries (Chile, Israel, and Canada) may be particularly welcome. Silvia Borzutzky’s chapter on Chile offers a historical and political analysis that is highly informative. It is important to know, for example, that Chile had a long history of democracy and stable government prior to the 1973 coup and Pinochet regime. Borzutzky also provides a good discussion of the involvement of the “Chicago Boys” in Chilean economic and social policy. Karger and Menachem Monnickendam’s chapter on Israel is also set in historical context. These authors report significant retrenchment of government spending for social welfare, but the roots of these changes are interpreted as more economic than ideological. Ernie Lightman’s chapter on Canada emphasizes federal budget problems and federalism.

The final chapter by Glennerster concludes that the empirical record on social spending is mixed. Overall, programs for the poor have suffered most, while welfare policies for the middle class have coasted along such as before in many countries. It would be a stretch to argue that these findings indicate a dramatic departure, a new era, or even the ascendancy of a new ideology, and Glennerster does not make these claims. However, as Glennerster comments at one point, “the continuous revolution is still in process” (p. 62), and history may yet make a different judgement.

If there is a unifying theme in this volume, it is the fiscal crisis of the state in welfare capitalism. In one form or another, this shows up in five of the six cases in the book (Chile is a different situation), and it is a theme that has been pursued often in the past and across the political spectrum, from Buchanan (1977) on the right to O’Connor (1973) on the left. As Glennerster concludes in the final chapter, social policy change “had more to do with the fundamental economic changes of the time than it did with the particular set of policy prescriptions that the radical right was advancing” (p. 166).

Unfortunately, neither the underlying economic changes nor the process of radical right emergence receive as much theoretical interpretation as the reader might want. Economic strain is treated almost as an exogenous condition, when in reality a major portion of state spending in these countries has been for social policy. Also, the reader is left with questions about how
economic strain leads to radical right political emergence. The book is rich in data about this process, but it is not brought together in an interpretative framework at the end.

As Midgley says in the opening chapter, the issue is not whether the welfare state has been destroyed—clearly it has not been. But economic strain is likely to persist, and if it does, the issue is how the welfare state will evolve in the future. Karger and Monnickendam conclude with this intriguing close: “There is, of course, always the possibility that a more creative avenue will be found that increases economic productivity while ensuring the adequacy of welfare benefits. This is the task facing Israel and the rest of the industrialized world” (P. 140).

This line of thought is an intellectual departure from the commonly-accepted formulation of legitimation (through welfare spending) vs. capital accumulation (for economic growth). I too suspect that there are more creative ways to think, that is, that legitimation and accumulation need not always be in conflict. But very likely this would be a social policy structure that is quite different from Western welfare states as we have known them, and also very different from the no-social-policy-at-all prescriptions of the radical right. For those who would like to keep reading, Stoesz and Karger (1992) and Midgley (1992) begin to explore alternatives.

Michael Sherraden
Washington University

References


Although the demise of communism in Eastern Europe at the end of the 1980s will undoubtedly be remembered as an event of historical significance, its magnitude is not fully appreciated by people in the West. However, it is clear that the sudden collapse of an apparently stable political, social and economic system bolstered by enormous reserves of military power is historically momentous. The causes and consequences of the fall of communism are, of course, being thoroughly assessed by Western social scientists and the literature on the subject is growing rapidly. As more social science research focuses on the changes which have taken place, it may be possible to hazard informed guesses at the region's future. It may also be possible to formulate useful normative models which transcend the crass efforts currently underway to transfer Western economic and political approaches to societies that differ significantly in cultural and other respects from the United States.

Attempts by analysts such as Bob Deacon to examine the changes which have taken place in social policy in the region are commendable. Deacon's edited collections draw on the expertise of both Western and East European social scientists and contain useful information about the social welfare systems of the former Eastern European communist states, the changes they are currently experiencing and the future direction of their social policies.

The most interesting (and demanding) question raised in both books, concerns the future of welfare in the region. Although social scientists do not have a good record of making predictions, Deacon and his coauthors do not shrink from attempting an assessment of the changes which are likely to emerge. Generally, most of the commentators believe that a greater degree of welfare pluralism will evolve and that the previously centralized system will be replaced by greater voluntary
While some of the contributors applaud this trend, Deacon offers a more cautious assessment of the disintegration of the socialist welfare system pointing out that despite its shortcomings, the system promoted ideals which progressives should seek to sustain. These ideals need to be accompanied by greater participation, accountability and the recognition of market realities, but they should not be abandoned in a headlong rush to ‘Americanize’ the social services. Deacon warns also of new problems which will need to be resolved. Unemployment, homelessness and similar ills will become more severe in the future. Although he does not adequately address the problem, Deacon suggests that the region’s incipient nationalism and racism will affect the future welfare of the population. At the time these books were being compiled, the horrors of genocide in the former Yugoslavia were not anticipated. Indeed, one chapter dealing with Yugoslavia hardly mentions the issue. Clearly, future studies of social policy in the New Eastern Europe will have to deal more explicitly with the decomposition of these societies, and with the welfare implications of heightened ethnic tension and civil strife.

James Midgley
Louisiana State University


For some years a number of comparative studies of social welfare in the developed market economies of the West and North have been available to social welfare analysts, social administrators, and students and practitioners of the social professions. Only more recently has there been a roughly equivalent effort at comparing and contrasting social welfare systems in other parts of the world. Social Welfare in Socialist Countries is one such recent effort; it focuses attention on analysis of social welfare systems and programs in the former Czechoslovakia, China, Cuba, Hungary, Poland, the former Yugoslavia, North
Korea and the former Soviet Union. This latest volume is the sixth in a series of comparative social welfare books that brings to a total fifty-five countries in Asia, The Middle East, Africa, Latin America and the Developed Market Economies that have been reviewed by John Dixon and collaborators under the Routledge label.

Following a brief preface and an introductory chapter by the editors, each of the contributors rather faithfully follows a standard format in addressing the underlying ideological environment; the historical evolution and social, political and economic context of the social welfare system; as well as the administrative structure and financing of the welfare system of the given country. Also, each chapter includes a review of the social security and personal social services programs for such groups as the aged, needy families, children, the unemployed, the handicapped and the sick and injured. Finally, each chapter concludes with an overall summary assessment of the country's social welfare system.

In the preface, Dixon and coeditor David Macarov, acknowledge the difficulties encountered in putting together this volume during a time of momentous and deep-rooted political changes in all but three of the eight countries—China, North Korea and Cuba. Consequently, most of the chapters needed to be dramatically revised and up-dated from the original. It is a credit to the authors and editors that the problems that were posed for them are not readily evident in the final publication. This reviewer found the material across the chapters to be much more even and consistent in style of presentation and readability than is often the case in such collections that draw from a dozen or so different contributors.

There are additional reasons that the system and substance of this volume makes for some easy cross-comparisons between countries. An appendix provides in outline form a chart of each country's social security and social welfare systems. Moreover, a well organized index facilitates finding information for country-to-country comparisons in the text of each chapter by page numbers. A further "plus" in the eyes of this reviewer is that most of the chapters include one or more comprehensive (and comprehensible) tables with statistical data available up to the
latter part of the 1980s in some instances. The tables contribute to the authors' abilities to compress and convey a great deal of valuable material within a relatively small space (260 pages total). In this latter regard, there is one unavoidable drawback. The rapidity with which change is taking place in many of these societies—e.g. economic reforms have contributed to at least five hundred percent inflation in the former Soviet Union in the past year—makes some of the data in the tables seriously out of date in today's terms.

The one just-mentioned shortcoming notwithstanding, this volume is a timely, carefully written, well-organized and extensively documented collaboration. It provides important baselines and insights into formal societal systems of human welfare about which most human service professionals have tended to know very little. Therefore, this book should be of value to almost anyone interested in being introduced to learning about the developments in human well-being taking place in any or all of the eight countries reviewed.

James O. Billups
The Ohio State University


*Divisions of Welfare* is a comparative study of modern social policy in four Western countries: Sweden, the Federal Republic of Germany, the United States, and Britain. Specifically, Ginsburg examines social policy within these four countries using the categories of ideology and welfare expenditures, income maintenance policies and outcomes, racial inequalities (racism and the welfare state), women and family policies, and the health care system. Although these chapters cover the decades since World War II, they concentrate mainly on the present period. While each chapter contains a strong emphasis on factual data (gleaned largely from official government statistics), in deciding how to categorize the data the author has used his biases to illustrate themes about the origins, purposes, and outcomes of social policies, especially in the areas of class, race and gender.
Several themes emerge in *Divisions of Welfare*. First, Ginsburg approaches the comparative study of social policies in the four industrialized nations through a modified neo-Marxian lens. For example, while Ginsburg argues that a primary role of the welfare state is to resolve the economic and social consequences attendant with capitalism, he also veers away from strict Marxian dogma by emphasizing the role played by race and gender in welfare state programs.

While Ginsburg argues that the welfare state institutionalizes class, race and gender divisions, he also acknowledges that without the welfare state those inequalities would be even greater. Thus, one theme in *Divisions of Welfare* is the contradictory nature of the welfare state in both furthering and mitigating social inequalities. Another theme of this book is that social policy and welfare expenditures have been shaped by the crises, booms and slumps of capitalist economies. As such, Ginsburg contends that social policy emerges out of a continual conflict involving pressures from "above" (i.e., the established political and economic forces in power) and from "below" (i.e., the social movements that advocate for increased state services). In short, Ginsburg argues that while welfare states are shaped by the unique cultural, social and economic contexts in which they exist, they are also structured by common elements shared by all wealthy Western industrialized welfare states—a patriarchal and racially-based form of capitalism.

Any study of comparative social policy is problematic because it implicitly assumes that social scientists have developed objective measures for comparing and contrasting social policies in different nations. the variety of unique cultural, social and historical forces at work in the various nation states make such an objective analysis almost impossible, at least in strict scientific terms. Given that, most of the literature on comparative social policy fall into three camps. First is the data-based reports emanating from international organizations such as the Organization for Economic Cooperation and Development (OECD), the World Bank, etc. While these organizations have reworked national data and put them on a comparable basis, the reports generally contain little theory on the policy implications of the data. Another form of cross-national studies involve attempts
to develop quantitative indices and concepts for comparing welfare states. Using published and unpublished national data, researchers in these areas attempt to fashion comparative hypotheses around the performance of welfare states. These studies are limited by the extent and validity of the data as well as by the limitations of the formulations used in the analysis. The last category is qualitative analyses based on the uniqueness of each welfare state in terms of its specific evolution. \textit{Divisions of Welfare} straddles the last two categories since it contains elements of a data-based universal welfare theory and a more or less qualitative approach.

\textit{Division of Welfare} has several strengths. For one, it is well-written and accessible to the general reader interested in social policy. Jargon is kept within bounds, and when used it is often explained. Secondly, the four countries examined provide a good representation of the primary forms of welfare statism found in industrialized Western nations. But, the real strength of the book lies in the importance given by the author to the role played by race, class and gender in the development and implementation of welfare state programs. While feminist and anti-racist scholarship is well established within subdivisions of policy research, they still remain ghettoized in terms of mainstream social policy analysis. Ginsburg's work is one of the few attempts to take these important concerns and elevate them to a prominent position in the literature of comparative policy analysis.

While this book is well-researched and thought-provoking, it also contains certain weaknesses. For one, by focusing on class, race and gender the author has narrowed his focus too tightly, thereby overlooking other important factors that contribute to social inequality, such as the role of the New Right in redefining the social agenda. Secondly, one of the most interesting parts of the book was Ginsburg's discussion of the implications of the divisions of welfare on the past, present, and future of Western welfare states. Unfortunately, this important subject was discussed in the concluding chapter, which was only three and one-half pages in length.
Divisions of Welfare can be used as a secondary textbook for social policy classes that require a concise, comparative analysis of international welfare states. It is also highly recommended for the policy analyst and for the general interest reader.

Howard Jacob Karger
Louisiana State University
BOOK NOTES


These three books are the result of a major study of the welfare state in the Scandinavian countries. Sponsored by the Nordic Council, the research was undertaken under Kolberg's direction at the University of Bergen in Norway. Universities in the other Scandinavian countries (Denmark, Sweden, Finland and Iceland) also participated in the study and numerous reports, monographs and papers were produced.

The objective of the study was to examine the Scandinavian welfare state as an ideal typical 'advanced' welfare state. It sought also to investigate the extent to which the Scandinavian model differs from other welfare states and to study the links between the economy and social policy. In addition, the study attempted to contribute to the sociology of welfare by attempting to integrate labor market with social policy research, and to enhance the insights of both perspectives.

The three volumes cover a very wide range of issues and make significant contributions at both the empirical and theoretical levels. Their insights are helpful to the study of social policy in both Scandinavia and other industrial countries.

At the empirical level, the books show that the separation of employment issues from issues of social policy hinders a proper appreciation of the functioning of the welfare state. Not only is the welfare state closely integrated with the labor market but it affects the labor market directly by serving as a major employer. At the theoretical level, the books demonstrate the close integration of the economy and the welfare system in advanced industrial societies. While social policy research has paid little attention to the economy, the study reveals the close articulation between the two. The study has also generated several new conceptual notions which are now frequently used in
social policy circles. Through the writings of Esping-Andersen and others, 'labor decommodification', 'welfare state regimes' and similar terms have entered the vocabulary of social policy research, and have elucidated our understanding of the way welfare and economy linkages operate in the industrial nations.


Research into the social security systems of the industrial nations has long been at the center of international social welfare. Many pioneering studies of the nature, origins and functions of social policy have relied extensively on comparative studies of social security. In recent times, however, relatively little has been published about social security in the international context.

By offering an account of social security policy in Australia, Britain and the United States, Bolderson and Mabbett have made a useful contribution to the literature. Their book attempts to compare the historical emergence of social security in these countries, the different definitions of social security which are used in these societies, the levels of benefits offered and the degree to which the population is covered by these programs. The book reveals the complexities of making major international comparisons but nevertheless provides valuable insights into the way social security meets social needs in the three countries.


The economic and social changes that have taken place in the developing countries of the Third World over the last five decades have been momentous. Berberoglu shows that before the Second World War, when most of these countries were under
European imperial rule, they served primarily as reservoirs of colonial exploitation. With the collapse of global colonial system, these countries asserted their independence and many experienced rapid economic growth and social progress.

Berberoglu points out that Third World governments played a significant role in fostering economic development, and in some countries, the results were spectacular. In others, however, developments have been less than impressive and poverty and deprivation have increased. In all cases, however, the end result has been an increased dependence on the centers of world capitalism. Instead of achieving national autonomy as their leaders had hoped, most developing countries have been increasingly subjected to neo-colonialist forces. The integration of the developing countries into the world capitalist system has not, as many have argued, brought benefits to the population as a whole. Berberoglu argues that authentic development can only take place through the rise of revolutionary movements that create socialist societies able to resist the neo-colonial influences of the capitalist world.


This book contains a selection of papers presented at a meeting hosted by the European Center for Social Welfare Policy and Research in Vienna in 1990. Originally intended to provide a forum for discussing similarities and differences in social policy approaches in the Western and Eastern European countries, the book's focus changed significantly as it became clear that historic events were taking place. Loosely categorized under three headings which deal respectively with the nature of welfare systems in the industrial countries, the changes taking place in Eastern Europe, and the future of social policy in the region, the book contains contributions by leading social policy scholars. Their contributions cover a wide range of critical issues, and offer many important conceptual insights into social policy in Europe and the other industrial societies as well.

International and comparative social policy research has conventionally focused on a handful of industrial countries located chiefly in North America and Western Europe. In recent years, the number of countries included in this research has expanded rapidly and detailed studies of the welfare systems of nations as diverse as China, Nigeria, Mexico and Israel are now available.

Although this is not the first book about the Australian welfare state, Beilharz, Considine and Watts have offered a detailed, sophisticated and insightful account. It transcends description and provides an interesting analysis of the key social policy questions facing the country. The authors draw extensively on social theory to frame their discussion, and their historical account of the evolution of the Australian welfare state is both analytical and readable.
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