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# TABLE OF CONTENTS

IMPROVING SOCIAL WORK PRACTICE WITH PERSONS WHO ARE HOMELESS AND MENTALLY ILL 3  
*Carol T. Mowbray, Shirley P. Thraser, Evan Cohen, and Deborah Bybee*

PREDICTORS OF DEPRESSION AMONG WORKERS AT THE TIME OF A PLANT CLOSING 25  
*Nancy R. Vosler and Deborah Page-Adams*

WOMEN BEHIND BARS: TRENDS AND POLICY ISSUES 43  
*Mark S. Kaplan and Jennifer E. Sasser*

IMPLICIT BELIEFS ABOUT CHANGE: A THEORY-GROUNDED MEASURE APPLIED TO COMMUNITY ORGANIZATIONS SERVING CHILDREN, YOUTH, AND FAMILIES 57  
*Susan B. Silverberg, Sherry C. Betts, Angela J. Huebner, and Sonia Cota-Robles*

PARTICIPATORY RESEARCH AND COMMUNITY ORGANIZING 77  
*Sung Sil Lee Sohng*

GAY AND LESBIAN ADOPTIONS: A THEORETICAL EXAMINATION OF POLICY-MAKING AND ORGANIZATIONAL DECISION MAKING 99  
*Thom Reilly*

OCCUPATIONAL ASPIRATION AMONG AFRICAN-AMERICANS: A CASE FOR AFFIRMATIVE ACTION 117  
*Ronald E. Hall*

SERVICES PROVIDED BY A HOMELESS INTERVENTION: POLICY AND PLANNING IMPLICATIONS 129  
*Carol T. Mowbray and Deborah Bybee*
RESEARCH NOTE

A STATEWIDE STUDY OF NEIGHBORS' KNOWLEDGE
OF AND REACTIONS TO PHYSICAL CHILD ABUSE 147
Gary W. Paquin and Janet Ford

BOOK REVIEWS

Challenges to Social Security: An International Exploration. James Midgley and Martin B. Tracy (Eds.). Reviewed by Leon Ginsberg, University of South Carolina. 157

The Poverty of Welfare Reform. Joel F. Handler. Reviewed by Howard Karger, University of Houston. 159


Small Change: Domestic Policy under the Clinton Presidency. David Stoesz. Reviewed by James Midgley, Louisiana State University. 163

Growth Theories in the Light of the East Asian Experience. Takatoshi Ito and Anne O. Krueger (Eds.). Reviewed by K. L. Tang, University of Northern British Columbia. 165

BOOK NOTES


The Populist Persuasion. Michael Kazin. 170

America Unequal. Sheldon Danziger and Peter Gottschalk. 171

The Disposable Workforce. Thomas S. Moore. 172

The Underdevelopment of Development: Essays in Honor of Andre Gunder Frank. Sing C. Chew and Robert A. Denmark, (Eds.). 173

Contents of Volume XXIII-1996 174

Corresponding Authors
Despite a proliferation of programs targeted for persons who are homeless and mentally ill, few reports in the literature detail the challenges experienced or strategies utilized by workers, the majority of whom are social workers. The present study reports results from two focus group sessions held with staff running a model service intervention for this population at two separate sites. The methodology that was utilized quantified results, allowing presentation of themes, as well as comparisons of the frequency of responses across categories and by site. Staff perceived barriers associated with client behaviors and characteristics predominated at both sites. However, systemic and other external barriers were also frequently mentioned. Although not part of the focus group questions, staff spontaneously made mention of their personal feelings and how they were handled. Site differences were identified in the frequency with which certain strategies to handle client and systemic barriers were mentioned. The discussion focuses on implications for the education and training of social workers who provide services to individuals who are homeless and mentally ill.
Introduction

Over the last 15 years, homelessness has become an escalating problem in this country (Federal Task Force on Homelessness and Severe Mental Illness, 1992). Of particular concern have been vulnerable subgroups, such as those who are homeless and mentally ill (Institute of Medicine, 1988; Roth, Bean, Lust & Saveanu, 1985; Tessler & Dennis, 1989). Program reports of community-based interventions for these individuals can now increasingly be found in the literature (Dennis, Buckner, Lipton & Levine, 1991; Rife, First, Greenlee, Miller & Feichter, 1991; Stoner, 1989). Most of these reports describe outreach and direct service provision. However, details of staff roles and processes in working with persons who are homeless and mentally ill are often omitted, with the exception of the engagement process (Blankertz, Cnaan, White, Fox & Messinger, 1990); specifically, the difficulties encountered (e.g., Cohen, 1989), and its long, labor-intensive nature (Barrow et al., 1989). Agreed-upon techniques for increasing the success of engagement efforts include: frequent contacts, provision of tangible assistance (such as food, medicine, housing, etc.), and establishing personal, trusting relationships (Blankertz et al., 1990; Cohen, 1989; Dennis et al., 1991). In general, however, reports offer little information on intervention techniques for overcoming the continuing challenge of maintaining the target population in service. Sheridan, Gowen and Halpin (1993) have recently proposed practice principles for work with persons who are homeless and mentally ill, starting from where the client is at and focusing on enhancing client self-determination.

Descriptions of service interventions for homeless persons have appeared in prominent social work journals (Blankertz, Cnaan, & Saunders, 1992; Blankertz et al., 1990; Cohen, 1989). Social work is the modal discipline providing homeless services (Hagen & Hutchinson, 1988; National Resource Center on Homelessness and Mental Illness, 1990). Therefore, social work educators and practitioners need to understand service delivery issues and challenges confronting staff who work with this population, in order to improve training and practice.

The purpose of this paper is to present a description of the challenges faced by staff working in community-based programs
for individuals who are homeless and mentally ill, as well as the strategies they use and their perceptions of training needs and desirable staff characteristics. The information for this analysis was obtained from focus group sessions held with line staff employed in two sites providing comprehensive services targeted to those who are homeless and mentally ill. Our discussion will contrast results from the focus group sessions with other reports in the literature and suggest implications for education and practice.

**Background**

The Mental Health Linkage intervention model (Mowbray, et. al., 1992) was the basis for this NIMH-funded research demonstration. It utilized a team (4 to 5 FTE’s) of mental health workers to outreach to persons who were mentally ill and homeless or potentially homeless. Eligible clients were offered a variety of services, in vivo, by outreach workers: a comprehensive assessment of functionality, housing preferences, and needs; assistance in obtaining temporary or permanent housing in independent settings; help in establishing income supports; training or rehabilitation in activities of daily living and interpersonal/social skills; mental health clinical services; and short-term intensive case management. Once participating clients' living arrangements and extreme behavior problems were stabilized, the goal was to integrate them within ongoing mental health and other service systems. Project staff resources were also utilized in locating and accessing independent housing sites and working with landlords to maintain housing opportunities.

The Mental Health Linkage project was sited in two Michigan communities: Factorytown and Collegetown. Each site recruited participants from three types of settings: shelters, hospitals serving public mental health inpatients, and the existing community mental health (CMH) caseloads of aftercare clients. Services offered at both sites followed the same model, with the exception that the Factorytown program offered a Transitional Boarding House.

Staffing at the two sites varied somewhat, due to differences in county-based employment practices. In Collegetown, 4 FTE’s were hired as the front-line workers, all with mental health experience (1 MSW and 3 BA-level, with an MSW supervisor). In
Factorytown, county policies precluded all but the supervisor and manager for the Transitional Boarding House from working full-time. Consequently, staffing consisted of the MSW supervisor and 7 part-time staff, many of whom were students and/or had limited experience in human services (Mowbray, Cohen, & Bybee, 1991). Prior analyses documented site differences in implementation (Mowbray, Cohen & Bybee, 1993), although overall service outcomes have not differed (Bybee, Mowbray & Cohen, 1994).

Method

Focus Group sessions were scheduled separately at each site after the project had been fully operational for more than two years. In attendance were currently employed front-line staff as well as any staff who had recently left the project (10 from Factorytown and 6 from Collegetown). Participants were provided with focus group questions in advance.

Following recommendations that systematic, rigid and replicable analysis be a minimum standard for the Focus Group method (Archer, 1991), the authors went beyond the usual qualitative analyses of focus group sessions (i.e., identifying and describing themes), to produce results which could also address the frequency/importance of the themes which emerged. Thus, specific conventions were developed and agreed upon to permit counting, coding and quantitative analyses of transcribed comments: (1) A remark of a facilitator was not counted or coded unless it was followed by a rejoinder from staff. (2) Within the same utterance of a participant, repeat mentions of the same coded category were counted only once. (3) Each mention of additional coded categories was separately counted. (4) However, if one or more persons talked and then the participant re-entered the conversation, a previously used coding category could be re-used. Development of categories and coding of remarks was carried out by the first author. Reliability with the second author (independently coding four pages of transcript from each site) reached 89%.

Chi-square tests were used to determine whether county differences in response distributions across categories were significant.

Results

Staff in both focus groups produced about an equal number of codeable responses (265 and 298 for Factorytown and Collegetown, respectively). The two major categories for coding were barriers and strategies. These categories were further subdivided into client-level versus other levels. The majority of responses at both sites were at the client level (316/563). However, responses reflecting non-client-based barriers (systemic, operational) and strategies to address them (external agency, internal management) were also frequent (about 35% of all responses). Not unexpectedly, there were markedly fewer comments about strategies (N = 210) than about barriers (N = 343). However, the discrepancy was less for client-level than for non-client strategies versus barriers. Although not a frequent response (about 7% of total mentions), staff also related their own feelings and thoughts that interfered with effective role performance and personal strategies for coping with them. The fact that feelings were included even to this extent was somewhat surprising, since they were not the subject of direct focus group questions nor used as probes, but arose spontaneously from staff discussions. Another category, things which assist project operations, were actions or items from outside the project’s actions (such as the availability of housing) and also arose spontaneously from staff in discussion. There were significant county differences across the major categories ($\chi^2 (8, N = 563) = 18.35, p < .02$). "Operational barriers" were cited more frequently in Factorytown. In Collegetown, staff responses in the "Systemic barriers" and "Feelings" categories were more frequent.

Client-oriented Barriers and Strategies

Table 1 provides more detail on subcategories of Client Barriers—problematic states, behaviors, or symptoms of clients themselves. The most frequently mentioned client problems involved disturbing (nondangerous) client behaviors, such as being too demanding ("we can never do enough to satisfy them"), testing the rules, having "burned all their bridges", e.g.,

She is barred from there [a crisis house] right now for going in and tearing open all their garbage bags and strewing them around the lawn. She used to be there often.
Table 1

*Types of Client Barriers Mentioned, By County Site*

<table>
<thead>
<tr>
<th>CLIENT BARRIERS</th>
<th>FACTORY TOWN</th>
<th>COLLEGE TOWN</th>
<th>TOTALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disturbing behavior problems</td>
<td>18</td>
<td>20</td>
<td>38</td>
</tr>
<tr>
<td></td>
<td>20.5%</td>
<td>23.5%</td>
<td>22.0%</td>
</tr>
<tr>
<td>Rejecting (meds, help, housing, etc.)</td>
<td>13</td>
<td>15</td>
<td>28</td>
</tr>
<tr>
<td></td>
<td>14.8%</td>
<td>17.6%</td>
<td>16.2%</td>
</tr>
<tr>
<td>Affects (fears, suspicions, anger, etc.)</td>
<td>8</td>
<td>14</td>
<td>22</td>
</tr>
<tr>
<td></td>
<td>9.1%</td>
<td>16.5%</td>
<td>12.7%</td>
</tr>
<tr>
<td>Substance use</td>
<td>10</td>
<td>9</td>
<td>19</td>
</tr>
<tr>
<td></td>
<td>11.4%</td>
<td>10.6%</td>
<td>11.0%</td>
</tr>
<tr>
<td>Delusions and hallucinations</td>
<td>9</td>
<td>9</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td>10.2%</td>
<td>10.6%</td>
<td>10.4%</td>
</tr>
<tr>
<td>Mental condition/ diagnosis</td>
<td>7</td>
<td>6</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>8.0%</td>
<td>7.1%</td>
<td>7.5%</td>
</tr>
<tr>
<td>Dangerous, attacking</td>
<td>10</td>
<td>3</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>11.4%</td>
<td>3.5%</td>
<td>7.5%</td>
</tr>
<tr>
<td>Skill, functional deficits</td>
<td>5</td>
<td>4</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>5.7%</td>
<td>4.7%</td>
<td>5.2%</td>
</tr>
<tr>
<td>Other</td>
<td>8</td>
<td>5</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>9.1%</td>
<td>5.9%</td>
<td>7.5%</td>
</tr>
<tr>
<td>TOTALS</td>
<td>88</td>
<td>85</td>
<td>173</td>
</tr>
<tr>
<td>% of all mentions&lt;sup&gt;a&lt;/sup&gt;</td>
<td>33.2%</td>
<td>28.5%</td>
<td>30.7%</td>
</tr>
</tbody>
</table>

<sup>a</sup>N = 265 for Factorytown and 298 for Collegetown

Next, accounting for about one-sixth of client barriers were *rejecting* behaviors: clients leaving the program, being difficult to engage, “not on their meds”, not accepting a particular housing arrangement offered (“she said she absolutely could not stay in this apartment”), or rejecting the whole system:

I think all of these folks that we’re seeing are saying what exists as the system didn’t work and it doesn’t work and it probably won’t work and we don’t want to have anything to do with it and there’s a reason for that.
Client affects were mentioned third most frequently. These included mainly fears and suspicions, but also anger, especially concerning access to their funds (primarily Collegetown). Clients' substance use was the focus of 11% of comments. Clients' delusions and hallucinations were cited about 10% of the time. Coded for less than 10% of remarks were behaviors dangerous to others (attacks, violent behavior); the clients' mental condition or diagnosis (e.g., "borderline" diagnoses; "chronic" or "unstable" mental conditions); skill and functional deficits ("difficulty managing money", lack of independent living skills); and other client characteristics (mainly gender issues at the Factorytown site, also "transients", health, and past sexual abuse). There were no significant differences on client barriers across county sites.

Table 2 provides detail on Client-Oriented Strategies, e.g., strategies employed by project workers with individual clients to overcome client-level problems. Mentioned most frequently (18.4%) were personal relationships with clients, i.e., "engage them to see if they really want help", "you are more of a friend and you are maybe a support system," "I was always there for them." Mentioned second in frequency (16.1%) were a variety of control mechanisms, such as giving clients medication, utilizing payees or other control over funds, sending for the police, supervision ("you behave or we won't do this"), civil commitment petitions, and hospitalization. About one-seventh of strategies were coded as tangible assistance—such as cigarettes, food or clothes, getting clients entitlements or housing, "they need to know that I can give them something"; e.g.,

... he relies on me for different things that naturally there aren't people there for him to provide these services.

Disconnecting strategies were used close in frequency to tangible assistance. These involved tactics mainly to defuse situations: "you have to know when to back off", "ask them to leave", or waiting until they "hit rock bottom." Also close in frequency were practices of making regular and frequent contacts to the client in his/her location—in the shelter, jail, hospital: "they will never forget the fact that you came in and spent time with them." Instructional techniques were also fairly frequent; these included skill building as well as socialization, and joint problem solving ("I like
Table 2

Types of Client Strategies Mentioned, By County Site

<table>
<thead>
<tr>
<th>CLIENT STRATEGIES</th>
<th>FACTORY TOWN</th>
<th>COLLEGE TOWN</th>
<th>TOTALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal relationships</td>
<td>7</td>
<td>20</td>
<td>27</td>
</tr>
<tr>
<td></td>
<td>11.1%</td>
<td>25.0%</td>
<td>18.9%</td>
</tr>
<tr>
<td>Control mechanisms</td>
<td>16</td>
<td>7</td>
<td>23</td>
</tr>
<tr>
<td></td>
<td>25.4%</td>
<td>8.9%</td>
<td>16.1%</td>
</tr>
<tr>
<td>Tangible assistance (cigarettes, food or clothes, benefits, etc.)</td>
<td>9</td>
<td>11</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>14.3%</td>
<td>13.8%</td>
<td>14.0%</td>
</tr>
<tr>
<td>Disconnecting strategies</td>
<td>10</td>
<td>8</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td>15.9%</td>
<td>10.0%</td>
<td>12.6%</td>
</tr>
<tr>
<td>Regular contacts</td>
<td>6</td>
<td>10</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>9.5%</td>
<td>12.5%</td>
<td>11.2%</td>
</tr>
<tr>
<td>Instructional techniques</td>
<td>1</td>
<td>14</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>1.6%</td>
<td>17.5%</td>
<td>10.5%</td>
</tr>
<tr>
<td>Rule orientation</td>
<td>7</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>11.1%</td>
<td>3.8%</td>
<td>7.0%</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
<td>7</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>11.1%</td>
<td>8.8%</td>
<td>9.8%</td>
</tr>
<tr>
<td>TOTALS</td>
<td>63</td>
<td>80</td>
<td>143</td>
</tr>
<tr>
<td>% of all mentions&lt;sup&gt;a&lt;/sup&gt;</td>
<td>23.8%</td>
<td>26.8%</td>
<td>25.4%</td>
</tr>
</tbody>
</table>

<sup>a</sup>N = 265 for Factorytown and 298 for Collegetown

people to make their own choices and decisions about things”). Less than 10% of responses fell into the *rule orientation* category (“be real consistent”, “set the ground rules from the beginning”) or into the *other* category (“watch people for a while”, use a team approach, etc.). Significant site differences were observed ($\chi^2$ (7, N=143) = 22.36, p < .01), with Collegetown staff more frequently mentioning use of personal relationships and instructional techniques and Factorytown staff mentioning control mechanisms, disconnecting strategies, and rule orientations.
Systemic and Operational Barriers and Strategies

Table 3 lists the (non-client) systemic barriers and operational barriers. Systemic barriers related to problems in how systems operated which precluded clients receiving effective services. These were obstacles that the project could not directly influence. Four types of systemic barriers were identified. Not surprisingly, the most frequently mentioned type was not having affordable or safe housing (e.g., "they need privacy and they don't have it", "bad neighborhoods make them decompensate"). Barriers in the mental health system (about one-fourth of responses) included lack of resources for service continuity or for specialized approaches like assertive community treatment (ACT), lack of self-help groups for the dually diagnosed, "case managers who didn't have time for them", for example:

If [you] get somebody to agree to accept services and you pass him off to a case management unit which has 60 other clients that they see and they won't notice if he shows up or not for three months, I would know that nobody had the time to care about me and I wouldn't want to have anything to do with it.

Community barriers (about another one-fourth of responses) involved general community attitudes, or problems with other agency policies (e.g., lack of substance abuse treatment availability, problems obtaining entitlements). Specific problems with the judicial system accounted for nearly 11% of mentions (not being able to petition clients in or enforce medication compliance).

There were significant differences between sites in frequencies of types of systemic barriers cited ($\chi^2$ (3, $N = 64$) = 8.77, $p < .03$), with housing and mental health system problems cited nearly twice as frequently in Collegetown as Factorytown. More frequently cited in Factorytown were barriers with the judicial system and with the community.

A second type of non-client barrier, operational barriers, were those specific to project operations and to the major agencies that staff related to in getting client referrals and/or service linkages; they should be more amenable to change than systems barriers. These barriers also showed significant site differences ($\chi^2$ (5, $N = 74$) = 186.09, $p < .01$). Community Mental Health (CMH) was
Table 3

*Systemic and Operational Barriers Mentioned, By County Site*

| SYSTEMIC BARRIERS        | FACTORY TOWN | COLLEGE TOWN | TOTALS | % of all mentions
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing</td>
<td>7</td>
<td>20</td>
<td>27</td>
<td>28.0% 51.3% 42.2%</td>
</tr>
<tr>
<td>Mental Health</td>
<td>4</td>
<td>11</td>
<td>15</td>
<td>16.0% 28.2% 23.4%</td>
</tr>
<tr>
<td>Community, other</td>
<td>9</td>
<td>6</td>
<td>15</td>
<td>36.0% 15.4% 23.4%</td>
</tr>
<tr>
<td>Judicial</td>
<td>5</td>
<td>2</td>
<td>7</td>
<td>20.0% 5.1% 10.9%</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td>25</td>
<td>39</td>
<td>64</td>
<td>9.4% 13.1% 11.4%</td>
</tr>
</tbody>
</table>

| OPERATIONAL BARRIERS     | FACTORY TOWN | COLLEGE TOWN | TOTALS | % of all mentions
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Resources, including</td>
<td>16</td>
<td>10</td>
<td>26</td>
<td>38.1% 31.2% 35.1%</td>
</tr>
<tr>
<td>information</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff employment</td>
<td>8</td>
<td>16</td>
<td>24</td>
<td>19.0% 50.0% 32.4%</td>
</tr>
<tr>
<td>Community Mental Health</td>
<td>5</td>
<td>6</td>
<td>11</td>
<td>11.9% 18.8% 14.9%</td>
</tr>
<tr>
<td>Homeless shelters</td>
<td>6</td>
<td>0</td>
<td>6</td>
<td>14.3% 8.1% 4.1%</td>
</tr>
<tr>
<td>Police</td>
<td>4</td>
<td>0</td>
<td>4</td>
<td>9.5% 5.4% 4.1%</td>
</tr>
<tr>
<td>Hospitals</td>
<td>3</td>
<td>0</td>
<td>3</td>
<td>7.1% 4.1% 4.1%</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td>42</td>
<td>32</td>
<td>74</td>
<td>15.8% 10.7% 13.1%</td>
</tr>
</tbody>
</table>

*N = 265 for Factorytown and 298 for Collegetown*

mentioned in about 15% of responses, more frequently in Collegetown (for example, difficulties in transitioning clients to ongoing
services, CMH closing cases when transferred, CMH staff using project availability as coercion). *Shelters, hospital* staff and *police* were mentioned at Factorytown only (shelters being "afraid of mentally ill people" or turning away eligible participants, "we had to write down our criteria . . . because at first they [shelters] would send us anybody", "the police wouldn't come out"; hospital staff being inaccessible to the project, or not allowing project staff to see clients; etc.). At both sites, however, a more frequently mentioned operational barrier involved *staff employment* (especially at Collegetown). For example, not enough supervisory time or inappropriate supervision, employment status being uncertain or part time, not knowing what to offer prospective participants. At both sites combined, the most frequently cited barriers involved resource levels: "we don't have a lot of carrots to dangle", "we have all of this information but it is scattered", and the amount of time needed to stabilize clients ("it's such a time consuming process").

Strategies for dealing with non-client barriers were coded into those which involved working with entities outside of the project (External agency strategies) and those for working among project staff and supervisors (Internal management strategies). *External agency strategies* were not mentioned with high frequency (7.3% of all coded responses) and seemed to fall into three main categories. *Personal/social strategies* were the most common and involved spending time working closely with staff from other agencies, socializing with them, getting to know shelter staff, "keep our ties with the landlord". For example:

I work closely with the social workers because they are going to be calling the family to see if the client can come back home. It's touchy—need to tiptoe around a lot of people—that's my job.

*Informational strategies* involved providing information to therapists, obtaining information from other staff to determine client eligibility, and reminding hospital staff about housing issues. *Instrumental strategies* included providing consultation to CMH and shelters ("We've done stuff for them—so now they know who we are"), walking forms through DSS, interesting landlords in renting their whole house, etc.

*Internal management strategies* (working on problems internal
to the project) constituted 4.5% of mentions in Factorytown and 1.7% in Collegetown. These activities involved communication methods (most common)—such as use of a calendar, logbook, posting board or staff meetings, or asking another staff person, support from other staff (team feedback, spending time talking and problem-solving); and supervision (more frequent and accessible, "more planning written out from our supervisor about each person").

Items listed as things which assist project operations were also infrequently mentioned. They included things external to the mental health system (availability of SRO spaces, involvement of a consumer self-help group). Assistance internal to the mental health system was also mentioned, including having ACT slots available, clients already being in the CMH system thereby avoiding eligibility determinations, and CMH casemanagers doing outreach.

Personal Feelings and Solutions

Staff feelings in response to their jobs constituted 2.6% of responses in Factorytown and more than three times that frequency in Collegetown (8.4%). The most commonly cited feelings involved boundary issues, often concerning feelings of personal responsibility for clients: "... where do I draw the line? How much of myself and my time can I put in to this?", feeling like you let them down, fears over clients' welfare ("It's the vulnerability of this man. It's scary. Really scary"), feeling "guilty", taking clients' problems home with you:

When I didn't leave Bob my home phone number, I worried all weekend that he might have left the new apartment and be wandering around alone... and get into more trouble.

Other feelings involved personal competencies: worries about whether a response to a client was right or wrong, "I didn't feel oriented at all". Also mentioned were fears for personal safety, stress and frustration, and feeling disenfranchised: "I feel like I'm out there alone".

Staff mentioned few personal strategies to deal with these feelings (1.6% of responses). Those that were cited were cognitive (humor, "I couldn't get upset because I knew she was sick", "I
had to figure out what was relevant to what I was doing”) and emotional/social ("I naturally have the support of the team", "I just had to let it go").

Staff were asked specific questions about their training needs. Their responses were quite limited and very specific; for example self-protection training, visits to a similar program, a written manual of information and procedures. The lack of training suggestions is perhaps explained by staff responses to the question of what would be the ideal staff to hire for the project. Personal qualities were highlighted: “sense of humor”, ability to communicate, “people with a philosophy of doing outreach”, supportive and caring. Also emphasized were diverse demographics: “ethnic diversity”, males—especially black. Life experiences were most often mentioned as desirable characteristics: someone who “knows the territory” [of homelessness]. One individual listed a potential staff composition different from many outreach programs: “a nurse, an MSW who can do assessments” and a psychiatrist—“a cowboy doc who would go to the shelter and can speak English clearly”. The ideal staff would be:

Graduates from a Clown College who had also gone to school to be and worked in shelters as substance abuse counselors.

In general, there was little mention of formal training or specific disciplinary backgrounds being particularly helpful.

Discussion

Being less constrained by a structured format, our qualitative focus group method of data collection allowed staff to more freely communicate issues around services to individuals who are homeless and mentally ill. Many of the results reinforce what we already know or suspect concerning services to these individuals: that they are difficult to serve and are often seen as “resistant” to helping efforts (Cohen, 1989); that offering tangible assistance is a successful helping strategy (Chafetz, 1992; Herman, Streuning & Barrow; 1994; Sheridan et al., 1993); but that sufficient resources for assistance are not available (Chafetz, 1992); nor are there appropriate housing and/or mental health facilities available (Federal Task Force, 1992).
The more unique contributions of this study are to underscore the clinical complexities and the operational and systemic difficulties of serving individuals who are homeless and also mentally ill. Addressing this double burden requires providers to have clinical knowledge and skill as well as expertise in community advocacy and an understanding of organizations in order to deliver effective interventions. Differences in client strategies across sites are of particular interest given the fact that there no site differences in client problems, but rather in how staff have been trained to deal with the problems.

The Need for Clinical Knowledge and Skill

The fact that client level responses and behaviors dominate as barriers to positive outcomes point to the importance of a strong knowledge base concerning mental disorders in working with individuals who are homeless and mentally ill (Sheridan et al., 1993). An intellectual framework of clinical syndromes should become a backdrop for understanding and attending appropriately to client behaviors, so as not to "blame the victim" (Ryan, 1971). For example, behaviors which are too demanding and/or intense or which reject help are clues to the client's internal emotional life. These behaviors must be understood as parts of and not the total personhood of the client. The task for the worker is to stay connected with the client. This requires an empathy for clients and a capacity to accept their internal struggles even when there is a rejection of their external behaviors. The ability to take such an approach is an acquired skill, based on knowledge and practice that permits a worker to allow the client to become angry without succumbing to one's own reaction and judgement. This kind of response can occur when there is recognition that intense emotional expressions of clients must be understood from the perspective of what is behind them—usually some combination of fear, vulnerability, and pain. This approach also facilitates a collaboration with clients which enables them to risk finding themselves through the working alliance and moving ahead in the process of self determination and growth.

Medication compliance is often necessary in order for clients to achieve positive outcomes and maintain progress. Appropriately addressing noncompliance requires that workers combine
their clinical knowledge with interpersonal skills, to provide understanding, yet maintain firmness without invoking punitive or control tactics. The worker must convey the message that she/he is aware that the client is struggling to be responsible for her/his own behavior.

Being homeless is a stressful situation and is an additional burden and disempowerment for mentally ill persons. Analysis of the pervasiveness and complexity of these two conditions identifies mental illness as the basic, underlying problem (Lamb, 1984) and homelessness as the core element of broader socioeconomic issues which become intertwined with mental illness (Cohen & Thompson, 1992). This perspective requires that workers be attuned to the frailty of clients’ inner boundaries and the pervasiveness of their feelings of abandonment when there is concomitantly the lack of safe and secure physical space in the external environment. The worker’s heightened awareness of the internal states and external environments of clients puts substance abusing and attacking behaviors in the light of clients’ attempting to alleviate their vulnerability to external and internal pain. Understanding the intersections of these conditions also underscores how workers must be adept at securing entitlements, intervening in the environment, providing concrete services, and knowing when a client is in need of self protection, such as hospitalization. Fear by workers of psychotic processes (Minkoff, 1987) and the lack of competence expressed by students in dealing with persons with mental illness (Werrbach & Deploy, 1993) can result in workers’ withdrawing and failing to engage clients (Chafetz, 1992). Expertise and skill are necessary for bridging the gap between remaining connected to clients and making appropriate referrals in potentially dangerous situations.

The strategies employed by workers to address client barriers affirm the primary importance of the worker-client relationship. This relationship has been identified in other studies. However, there is a significant difference in the two sites in the use of a relationship strategy; it ranks first in Collegetown, which employed full time workers with mental health experience; it ranks second to controlling mechanisms in Factorytown, where the workers were part-time with varying backgrounds and limited experience. The Factorytown staff responses of more
controlling and coercive strategies suggest that they were responding to the client’s overt behaviors without an understanding of what the behavior meant. According to Goodman, Saxe, and Harvey (1991), the engagement process for interventions with individuals who are homeless and mentally ill should be designed to increase a sense of personal control; therefore, the coercive strategies used in Factorytown seem counter-productive. This observation supports our initial position of the need for workers to have adequate clinical knowledge and skill. Clinical knowledge provides workers with an understanding of how to reframe behaviors, and thus gives workers and clients alternatives and options in responding. Another noteworthy difference between sites is the low number of instructional techniques used with clients in Factorytown. This difference again seems to reflect different levels of expertise and orientation towards this population (Mowbray et al., 1991). The lack of a proactive and empowerment approach in Factorytown also implies that clients were perceived as less able to learn skills and assume responsibility. Interestingly, these site differences in workers’ strategies parallel other documented differences between the sites; that is, in implementation, the Factorytown project initially concentrated on apparently easier to engage clients (see Mowbray et al., 1993).

Community Advocacy and Organizational Skills

While client-level difficulties predominated in staff comments, systemic and operational-level barriers combined to create nearly as great a challenge. For systemic barriers, the highest numbers reported were for housing and mental health services. Other writers have addressed the urgent need for workers to become actively involved with other service providers in seeking housing for this vulnerable population (Cohen & Thompson, 1992; Hagen & Hutchinson, 1988; Susser et al., 1990). Systemic barriers point to the need for a high level of interagency cooperation and collaboration, advocacy, and community organization in order for interventions to be effective (Chafetz, 1992; Katz et al., 1993; Sheridan et al., 1993; Susser et al., 1990). According to Rife et al. (1991), for those who work with homeless mentally ill people, "the challenge is twofold: to advocate for increased resources that may be used for housing, supportive services, and employment
programs and to identify more effective case management strategies to serve and maintain mentally ill people in the community” (p. 66).

However, despite the large volume of systemic barriers identified, workers reported many fewer strategies for dealing with these external (vs. client-level) difficulties. Perhaps reflecting the same problem, a recent survey of social work students working with persons who are mentally ill found that they lacked competency in advocacy skills (Werrbach & DePoy, 1993). To address the prevalent systems-level problems identified in this study, line staff and their supervisors need training of a scope much broader than one focusing on clinical and interpersonal skills. In dealing with homeless and other vulnerable populations, staff need advocacy training, as well as grounding in the basics of team management, organizational analysis, and community organizing—in order to understand, gain entry, operate efficiently, and positively affect the diversity of community agencies and programs relevant to meeting client needs.

Staff Support and Supervision

The spontaneous mention of personal feelings from the focus group members reflect the ubiquitous demands of modulating a balance in servicing this vulnerable population. If workers are unable to manage these feelings, frustration and a sense of helplessness can invariably be transferred to clients and become impediments to the helping process. It has been suggested that working with individuals who are homeless and mentally ill can evoke feelings about contagion, odors, and threatening behaviors which lead to an undermining of empathetic care (Chafetz, 1992) and early signs of burnout (Sheridan et al., 1993). These working conditions suggest a need for frequent staff meetings, ongoing training and education, and adequate levels and types of supervision. Staff meetings and regular supervision from experienced workers can permit a sharing of information, a reinforcement of collaboration, and support for joint problem solving in order to alleviate the burdens of individual staff.

The staff’s failure to identify training, education, and ongoing supervision as a strategy to enhance their service effectiveness is a cause for concern. Knowledge is power for both workers and
clients. According to the National Resource Center on Homelessness and Mental Illness (1990), ongoing training and support are vital. Perhaps, workers were so immersed with the tasks involved in serving this population that they were unable to step back, separate out the appropriate use of personal and professional self, identify learning and skill needs, and thus use these processes for professional and program enhancement. This inattention to training and education may also reflect the disparate levels of training of the workers at the two sites. It also suggests that more intensive training should be provided (to both staff and supervisors) before innovative programs are initiated and repeated on a periodic basis. This should be of concern to many homeless programs, as the relative inexperience of much of their staff has been documented (Hagen & Hutchinson, 1988) as has the special communication skills needed to establish rapport with an often alienated, disenfranchised population (Blankertz, Cnaan, & Saunders, 1992; Hoff et al., 1992).

Implications for Education and for the Structure of Practice

A major implication of the results of this study for practice is the need for administrators and program developers working with persons who are homeless and mentally ill to recognize the necessity of hiring experienced and appropriately trained staff. The importance of expertise and skill in working with mental illness was reflected in major differences in strategies at the two sites. To adequately provide services to individuals who are homeless and mentally ill, we not only need clinical knowledge of the behavioral challenges that go along with psychiatric disabilities and the complicating effects of homelessness, but we also need a wide repertoire of supportive responses that are aimed at engaging clients into long-term service relationships, rather than mere compliance with agency routines.

To educators, we suggest that social workers serving individuals who are homeless and mentally ill need knowledge and skills in both interpersonal and macro practice methods. Workers need to understand the context presented by mental illness; they need to be prepared for acceptance of and empathy towards clients' internal turmoil as a frequent cause of negative external
behaviors and of their psychiatric disability as a source of periodic challenges, rather than attributing manipulative intent to them. However, clinical knowledge and skills are not sufficient for effective interventions: the double burden of mental illness and homelessness requires workers to remain connected to clients, while advocating and intervening in the environment for access to and maintenance of stable housing and other needed supports. The startling discrepancy between the prevalence of non-clinical barriers identified by staff, e.g., systemic and program-operational barriers (a quarter of all responses) versus the mention of strategies to deal with these barriers (about 10% of responses) should be an area of great concern to educators. The discrepancy underscores the importance of staff receiving training in community organizing, systems change practices and advocacy. Unfortunately, our professional training often limits this skill development to those in administrative/community tracks versus clinical or interpersonal practice orientations. Staff working in communities with difficult and/or disenfranchised populations have an urgent need for expertise in the "macro" practice skills as well. Many academic social work programs are still organized around methods concentrations, interpersonal versus "macro" practice, thereby making it unlikely that recent graduates will have acquired the broader training they need. This is ironic in an era wherein social workers are likely to be seeing increased numbers of clients who, more and more, present needs for clinical services and for organizing and advocacy on their behalf.

The final set of implications relates to educators and administrators alike and concerns inservice training and support for staff. Working with a population which has extreme problems and vulnerability evokes personal feelings from workers which need to be understood and managed so as not to impede their work with clients. Staffs, unfortunately, failed to identify training as a resource for improved service delivery. Ongoing education and supervision for workers is imperative if individuals who are homeless and mentally ill are to have positive outcomes from service interventions.

In summary, components necessary for success with those who are homeless and mentally ill include: clinical expertise and knowledge about the intersection of mental illness and home-
lessness, advocacy and collaborative skills to work with other agencies, attention to personal feelings, and ongoing education, supervision, and training. These are all topics appropriate for and congruent with professional social work training. Since the social work profession appears to contribute the modal number of staff working with homeless persons, the profession's training and knowledge dissemination efforts need to incorporate increased attention to homelessness, given its expanding significance as a social problem. With homeless populations and others, we have seen that traditional service approaches are often ineffective. To correct this situation, curriculum development and revision should follow more closely research results documenting real practice experience and problems.

References


Tessler, R. C. and Dennis, D. L. (1989) *A Synthesis of NIMH-funded Research Con-

Note

1. Because cells for some distributions contained expected frequencies less than 5, extensions of Fisher's exact test were also applied (Mehta & Patel, 1992). However, in all cases, results from these tests vis a vis significance were the same as those from the chi-square and so the statistics are not separately reported.

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Predictors of Depression among Workers at the Time of a Plant Closing

NANCY R. VOSLER
The George Warren Brown School of Social Work
Washington University

DEBORAH PAGE-ADAMS
The University of Kansas School of Social Welfare

Using an ecological theoretical perspective, this study of white male UAW workers stressed by a plant closing explored predictors of depression at multiple systems levels. The five best predictors of workers’ depression were family strengths, age, economic strain, health, and social support. Additional bivariate predictors included self-esteem and having an alcohol problem at the individual level, marital status and family satisfaction at the family system level, and household income, home ownership, and key relationships at the social-environmental level. Implications for collaboration between direct-service and policy-practice social workers are discussed.

The ecological (person-in-environment) theoretical perspective (Germain & Gitterman, 1987; Meyer, 1983) logically positions social workers as key professionals in work with individuals and families stressed by changes in the U.S. economy, including unemployment related to continuing corporate down-sizing and the closing of manufacturing plants. However, social work research, theory-building, and practice model-building literatures in this area have so far been fairly limited. To continue to expand professional knowledge in this important area, the authors briefly overview current research findings, present results from a study of UAW (United Autoworkers union) workers stressed by a plant closing, and discuss implications for social work theory and practice strategies in addressing multilevel social systems interventions and change.

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Previous Theory and Research

Over the past decade, social work professionals have contributed to emerging practice knowledge-building efforts regarding issues of unemployment and plant closings (Abramovitz, 1984; Beckett, 1988; Briar, 1980, 1983, 1988; Briar, Fiedler, Sheean & Kamps, 1980; Briar & Knighton, 1988; Donovan, Jaffe & Pirie, 1987; Jones, 1988, 1989, 1990, 1991a, 1991b, 1992; Macarov, 1988; Sherraden, 1985a, 1985b; Sunley & Sheek, 1986; Vosler, 1994, 1995; Wagner, 1991; Zippay, 1991). During the same decade, the social science literatures in this area—in psychology, family studies, economics and related fields—have expanded dramatically. However, important findings from these specific but often isolated empirical studies in somewhat specialized areas (e.g., labor economics, social psychology, or family sociology) are not always available in forms that are easily usable by social workers in direct practice roles. To begin to bridge this "gap" between research and practice, Vosler (1994) developed a model identifying a number of factors—at multiple social systems levels—that researchers have found are important in understanding impacts of an unemployment event on individual workers and their families. These key factors include (1) social-environmental resources available for re-employment and economic self-sufficiency, (2) family definitions, roles, support and functioning, and (3) individual health and mental health.

One of the recurring findings among many of the unemployment studies is a correlation between being laid off and depression (Briar, 1988; Gordus, Jarley & Ferman, 1981; Jones, 1991b; Liem & Liem, 1988; Perrucci, 1994; Perrucci, Perrucci, Targ & Targ, 1988; Zippay, 1991). In addition, the plant closing studies (in which it is highly unlikely that workers' depression "caused" the plant to close) have found that this relationship appears to be causal—that is, unemployment can result in increased depression (see, for example, Kessler, Turner & House, 1987). Further, in a recent two-year longitudinal plant-closings study, Hamilton, Hoffman, Broman and Rauma (1993) found that not only did unemployment predict depression one year later, but also that depression one year after the plant-closings predicted unemployment at two-years post plant-closings. Such findings, combined
with continuing changes in employment and unemployment patterns in the U.S. (see Vosler, in press, for a review), indicate that it is increasingly important for social work professionals in a variety of settings to understand the importance of both clinical and prevention services to laid-off and unemployed workers. Effectively addressing depression will have not only short-term positive mental health consequences for the individual, but may also contribute to positive long-term individual and family outcomes related to the worker's re-employment prospects.

Thus, a more comprehensive understanding of critical assessment factors for work with a variety of workers stressed by unemployment and plant closings is needed. In order to contribute to this on-going knowledge-building effort, the specific research question that has guided the current study is: Among workers stressed by a plant closing, what are the best predictors of depression, at what systems levels?

Methodology

When an automobile manufacturing plant in a large midwestern city closed in the early 1990s, leaving more than 2500 members of the United Autoworkers (UAW) union unemployed, the authors, in cooperation with the UAW Regional office, initiated a study of workers affected by the plant closing. Based on the multi-level, multi-factor model developed by Vosler (1994) and on specific variables that previous research studies had found to be significantly associated with unemployment, the authors developed a survey questionnaire. Two months after the plant closing, 653 questionnaires were mailed to a 10% random sample of UAW workers from the plant that had closed and from an adjacent plant that was still operating.

Preliminary analysis of data from 206 respondents (a 32% response rate) indicated that workers from both plants were quite depressed and that their depression scores did not vary by plant. These early findings led the authors to focus on depression as the target variable and to combine data on workers from both plants for this study. The focus of the analyses was twofold. First, factors significantly associated with depression were identified, including specific variables at social-environmental, family, and individ-
ual levels. Second, factors were examined that emerged empirically as the best predictors of depression among these workers.

Sample

The sample for this analysis consisted of those workers who were living with at least one other person at the time of the plant closing. This group was selected because of the authors' interest in identifying predictors of depression at multiple social systems levels, including that of the family. In addition, the analysis is limited to white men because there were too few minorities and female respondents to assess the effects of race and gender on depression. Inclusion criteria resulted in a sub-sample of 147 workers who were affected by the plant closing, either directly through lay-off or indirectly through union and media publicity (e.g., there were some predictions that the second plant would soon be closed as well).

The typical respondent was a married 44-year-old with one or two children. He most likely had taken some college courses following graduation from high school, was a homeowner, and identified with a Protestant denomination. His wife was fairly likely to work on a part-time basis outside the home. He had worked about 19 years for the automobile manufacturing company.

Predictors of Depression at Three Systems Levels.

The workers responded to survey questions regarding depression (Bloom & Fischer, 1982; Hudson, 1982) as well as (a) individual-level demographic characteristics, health status, and self-esteem; (b) family-level demographics, satisfaction, and family strengths; and (c) social-environmental demographic characteristics, economic strain, and social support (see Table 1).

Target variable: Depression. Scores on the Generalized Contentment Scale (GCS: Bloom & Fischer, 1982; Hudson, 1982) were used to measure depression among sample workers. Utilizing a 5-point response format, the scale includes 25 items, asking about the respondent's experience of various feelings and behaviors indicative of depression. Score values on this scale can range from 0 to 100, with higher scores indicating the presence of depression. When used in clinical settings, persons who have a score of 30
Table 1.

Social, Family, and Individual Level Variables: Associations with Depression

<table>
<thead>
<tr>
<th>Variable</th>
<th>( r^a )</th>
<th>Significance(^b)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SOCIAL</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plant Closed</td>
<td></td>
<td>NS</td>
</tr>
<tr>
<td>Household Income</td>
<td>-.219</td>
<td>.008</td>
</tr>
<tr>
<td>Home Ownership</td>
<td>-.197</td>
<td>.017</td>
</tr>
<tr>
<td>Economic Strain</td>
<td>.479</td>
<td>.000</td>
</tr>
<tr>
<td>Key Relationships</td>
<td>-.478</td>
<td>.000</td>
</tr>
<tr>
<td>Social Support</td>
<td>-.388</td>
<td>.000</td>
</tr>
<tr>
<td>Religious Community</td>
<td></td>
<td>NS</td>
</tr>
<tr>
<td><strong>FAMILY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marital Status</td>
<td>-.230</td>
<td>.005</td>
</tr>
<tr>
<td>Number of Children</td>
<td></td>
<td>NS</td>
</tr>
<tr>
<td>Number in Household</td>
<td></td>
<td>NS</td>
</tr>
<tr>
<td>Spouse Employment</td>
<td></td>
<td>NS</td>
</tr>
<tr>
<td>Family Satisfaction</td>
<td>-.398</td>
<td>.000</td>
</tr>
<tr>
<td>Family Strengths</td>
<td>-.695</td>
<td>.000</td>
</tr>
<tr>
<td>Family Health</td>
<td></td>
<td>NS</td>
</tr>
<tr>
<td><strong>INDIVIDUAL</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>-.332</td>
<td>.000</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td>NS</td>
</tr>
<tr>
<td>Military Experience</td>
<td></td>
<td>NS</td>
</tr>
<tr>
<td>Seniority at Work</td>
<td></td>
<td>NS</td>
</tr>
<tr>
<td>Alcohol Problem</td>
<td>.230</td>
<td>.005</td>
</tr>
<tr>
<td>Health Status</td>
<td>-.421</td>
<td>.000</td>
</tr>
<tr>
<td>Self Esteem</td>
<td>-.680</td>
<td>.000</td>
</tr>
</tbody>
</table>

\(^a\) Pearson Correlation Coefficients.

\(^b\) NS = Not Significant.

or more on the GCS have been found to have problems with depression (Bloom & Fischer, 1982). In this sample, scores on the depression scale ranged from 0 to 76, with a mean score of 29.67 and a standard deviation of 15.77. Forty-nine percent of the sample scores fell in the clinical range (> 30).
Individual Level Predictors of Depression. Seven measures of individual-level factors were tested for their association with depression. These included the workers' age, education, overall health, problematic alcohol use, self-esteem, military experience, and seniority at the time of the plant closing. The mean and median age of the workers was 44 years, with a standard deviation of 7.27. In terms of education, 24 percent of the workers had not completed high school, 33 percent had a high school diploma, and 43 percent had attended or completed college.

Two measures of health status were used. Overall health status was determined on the basis of each worker's answer to the question, "How would you rate your overall health?" Most of the workers rated their overall health either good (53.7%) or excellent (23.8%), but a substantial group believed their health to be fair (19.7%) or poor (2.7%). To identify the rate of problematic alcohol use, the four CAGE questions suggested by Ewing and Rouse (1970) were used as a clinical tool for identifying alcoholism. For the purposes of this analysis, affirmative answers to two of the four questions about the worker's own drinking behaviors were indicative of problems with alcohol (see Ewing, 1984). On the basis of the CAGE questions, it was found that 21 (14.3%) of the workers in the sample used alcohol in a problematic manner.

This study's measure of self-esteem was originally developed by Rosenberg (1965) and was used by Pearlin, Lieberman, Menaghan, and Mullan (1981). This self-esteem measure is a ten item scale indicating judgments that respondents make regarding their own self-worth. Respondents were given the opportunity to report whether they strongly agreed, agreed, disagreed, or strongly disagreed with each of the ten items. Summary scores for the scale can range from 10 to 40, with lower scores indicating lower self-esteem. The self-esteem scores of the workers in this study ranged from 16 to 40, with a mean of 33.62 and a standard deviation of 5.30.

In terms of work history for the individuals in the sample, the impact of both military experience and seniority with the auto-maker at the time of the plant closing were evaluated. In this sample, 37.4 percent of the workers had previous military experience. The number of years that respondents had worked for the parent corporation of the two automobile manufacturing
Depression, Workers, and Plant Closings

plants ranged from 4 to 29, with a mean of 19.46 and a standard deviation of 5.63 years of seniority at the time of the plant closing.

**Family Level Predictors of Depression.** Seven family factors were examined in terms of their impact on the workers' depression. These included marital status, number of children, household composition, wife's employment status, family members' health problems, family satisfaction, and family strengths. Most of the workers in the sample were married (87 percent) and had children living at home (68 percent) at the time of the plant closing. Among those workers who had children at home, the number of children ranged from 1 to 5, with a mean of 1.87 and a standard deviation of .939. The workers' households typically included four members, with the number of household members ranging from two to seven. About half of the men (51 percent) had spouses or partners who were employed outside the home.

Workers were asked to subjectively assess major health problems for members of their families. The presence of family health problems was determined on the basis of the worker's answer to the question, "Do any other family members (NOT including yourself) have a major health problem?" Twenty-eight percent of the respondents reported that they had a family member with a major health problem.

Family satisfaction was measured on the basis of the Kansas Family Life Satisfaction Scale developed by Schumm and his colleagues (Schumm, Paff-Bergen, Hatch, Obiorah, Copeland, Meens & Bughaighis, 1986). A 5-point response format is used, with responses ranging from very dissatisfied to very satisfied. Responses to the three scale items asking about workers' satisfaction with family life were summed to arrive at the family life satisfaction score. Possible scores range from three to fifteen, with higher scores indicating higher family satisfaction. The scores of workers in the sample ranged from 3 to 15, with a mean score of 11.86 and a standard deviation of 3.06.

The measure of family strengths used in this study was developed by Olson and his colleagues (Olson, McCubbin, Barnes, Larsen, Muxen & Wilson, 1982) with a four-point response format utilized by Voydanoff and Donnelly (1988). The 12 items included in the scale are family characteristics that help some families manage change successfully. Respondents were asked whether
they strongly agreed, agreed, disagreed, or strongly disagreed that their families exhibited each of the characteristics. Family strengths scores were determined by summing the responses for each worker in the sample. Possible scores range from 12 to 48, with higher scores indicating higher levels of family strengths. For this study, family strength scores ranged from 13 to 48, with a mean of 35.01 and a standard deviation of 6.24.

Social-Environmental Level Predictors of Depression. Seven larger social system variables were tested for their association with depression, beginning with the plant at which the worker had been or was employed. In addition, the larger social system level predictors included household income, home ownership status, economic strain, the quality of key relationships, social support, and identification with a religious community. The group was nearly equally divided between those workers whose plant had closed (51 percent) and those whose plant had remained open. The workers’ annual household income for 1990 (the year prior to the plant closing) ranged from $10,000 to $75,000, with a mean of $40,900. Most of the workers either wholly owned (18 percent) or were in the process of buying (74 percent) a home, with the remaining percent renting or living in someone else’s home.

Economic strain was measured by asking respondents whether they could afford food, clothing, housing, furniture, a car, and leisure activities; whether they had difficulty paying their bills; and whether they had money left over at the end of the month. This measure of economic strain was originally suggested by Pearlin et al. (1981) and was used in modified form by Perrucci et al. (1988). In the present study, economic strain is a summary score of responses to the eight items; the higher the score the more economic strain the worker reported experiencing. For this sample, economic strain scores ranged from 0 to 8 with a mean score of 2.45 and a standard deviation of .31.

The quality of key relationships was measured on the basis of the worker’s assessments of his relationship with his spouse, his children, other family members, and friends during the past six months. Respondents were asked whether they rated each of these relationships as very good, somewhat good, somewhat bad, or very bad. Key relationship scores were determined by summing the responses from each worker in the sample. Possible
Depression, Workers, and Plant Closings

scores range from 4 to 16, with higher scores indicating better relationships with key family members and friends. For this sample, key relationship scores ranged from 6 to 16, with a mean of 12.87 and a standard deviation of 2.68.

The measure of social support used in this study was originally developed by Pearlin and his colleagues (1981) and focuses on emotional support. Respondents were asked, “Among your friends and relatives, excluding your wife, is there someone you feel you can tell just about anything to, someone you can count on for understanding and advice?” In addition, if a married worker indicated, in response to a second question, that he could talk to his spouse about important things, then his score was increased by 1 point. For this study sample, social support scores ranged from 0 to 3, with a mean of 1.89 and a standard deviation of .97.

Identification with a religious community was measured by workers’ response to a single question, “What is your religious preference?” If the respondent identified a religious community, a score of 1 was given; otherwise, the score was 0. For this study sample, 79.6% indicated identification with a religious community.

Findings

Bivariate Relationships

Bivariate relationships between depression and individual level, family level, and social-environmental level variables were examined. The Pearson product moment correlation coefficients reported in Table 1 indicate that 4 of the 7 individual-level variables, 3 of the 7 family-level variables, and 5 of the 7 social-environmental (larger social systems) level variables were associated with depression at a statistically significant level (p < .05).

Individual variables. The individual variable most strongly correlated with depression was self-esteem (r = -.680); the higher the self-esteem, the lower the depression score. The other individual level variables that were significantly correlated with depression at the bivariate level included health status (r = -.421); age (r = -.332); and alcohol problem (r = .230). Education, previous military experience, and seniority at work were not associated significantly with depression.
Family variables. Scores on the family strengths scale were most strongly correlated with depression among the family level variables ($r = -0.695$). Family satisfaction was also significantly and negatively associated with depression at the bivariate level ($r = -0.398$), as was being married ($r = -0.230$). The family variables that were not correlated with depression at a statistically significant level included number of children, total number in the household, wife’s employment status, and the health status of family members.

Social-environmental variables. In terms of the larger social systems level, economic strain ($r = 0.479$) and the quality of key relationships ($r = -0.478$) had the strongest associations with depression. Social support was also significantly correlated with depression ($r = -0.388$), as were household income ($r = -0.219$) and home ownership ($r = -0.197$). Variables at this level that did not have a significant association with depression included whether or not one’s plant closed or remained opened, and whether or not one identified with a religious community.

Summary. A total of 12 variables were significantly associated with depression at the bivariate level. These included factors at all three system levels: the individual, the family, and the larger social system.

Multivariate Analysis

After identifying the twelve variables that were significantly related to depression at the bivariate level, the question to be addressed was which of these factors at which system levels best predicted depression in multivariate analyses. Conceptual overlap issues were identified, and multicollinearity problems emerged when the correlations between predictor variables (see Table 2) were examined. Key relationships could not be used in multivariate analysis with either marital status or the Kansas Family Life Satisfaction Scale. In addition, self-esteem and family strengths could not be used together.

While avoiding equations with multicollinearity problems, combinations of variables were tested to ascertain which combinations explained the most variance in the target variable of depression. The resulting model, shown in Figure 1, indicates that five variables—age, health, family strengths, economic strain, and social support—explained 61 percent of the variance in depres-
Table 2. Correlation Matrix of Variables Significantly Associated with Depression

<table>
<thead>
<tr>
<th>SOCIAL</th>
<th>Household Income</th>
<th>Home Ownership</th>
<th>Economic Strain</th>
<th>Key Relationships</th>
<th>Social Support</th>
<th>Family Status</th>
<th>Family Satisfaction</th>
<th>Family Strengths</th>
<th>Age</th>
<th>Alcohol Problem</th>
<th>Health Status</th>
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*p < .05, **p < .01, ***p < .001
sion for workers in this sample ($F = 45.91, p = .0001, \text{Adj} R^2 = .6060$). Further, the standardized parameter estimates indicate that the family and social-environmental level variables together are better predictors of depression than those at the individual level. Family strengths was the best predictor, followed by age, economic strain, health status, and social support. These five variables explained sixty-one percent of the variance in depression among the workers in this sample. In addition, the partial correlation coefficients indicate that each of these five variables has a direct effect on depression, controlling for all other variables in the model.

Discussion

Limitations of this study must be taken into consideration when examining these results. First, the sample is taken from one

Figure 1.

*Multivariate Best Predictors of Depression among Workers at the Time of a Plant Closing*

<table>
<thead>
<tr>
<th>Larger Social Level</th>
<th>Family Level</th>
<th>Individual Level</th>
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</thead>
<tbody>
<tr>
<td>Social Support</td>
<td>Family Strengths</td>
<td>Age</td>
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<tr>
<td>Beta = -.125</td>
<td>Beta = -.492</td>
<td>Beta = -.195</td>
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<tr>
<td>Partial correlation = .034</td>
<td>Partial correlation = .327</td>
<td>Partial correlation = .085</td>
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<tr>
<td>Economic Strain</td>
<td>Health</td>
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<tr>
<td>Beta = .192</td>
<td>Beta = -.172</td>
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<tr>
<td>Partial correlation = .072</td>
<td>Partial correlation = .058</td>
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<td>Adj $R^2 = .606$</td>
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<td>$F = 45.911$</td>
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<td>Significance = .000</td>
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Depression, Workers, and Plant Closings

union and two auto manufacturing plants in a specific midwestern city, the response rate was not high, and this study focuses on white male respondents with families. Thus, the results are not generalizable to other populations, industries, or locations. However, study findings can be used to guide replication and further exploratory studies. In addition, the use of mailed questionnaires alone does not provide the opportunity to examine possible self-report bias; and data collection at only one point in time limits the ability to empirically establish direction of correlational relationships. On the other hand, given limited funding and the exploratory nature of this study, the methods used are appropriate for the research question examined.

The findings provide empirical support for the use of a multilevel social systems practice model in the assessment of the needs of workers stressed by plant closings (Vosler, in press). Overall, the finding that workers at both plants were experiencing heightened levels of depressive symptoms—with nearly half of respondents' scores falling in the clinical range—calls attention to the importance of including mental health screenings in a full assessment of stressed workers' needs, and to the importance of ensuring that mental health services are part of employment and re-employment transition support programs and strategies.

Findings in Table 1 and Figure 1 alert practitioners to key factors for exploration with clients, not only at the individual level but also at family and social-environmental levels of functioning. Given previous findings that manufacturing workers may be reluctant to utilize traditional mental health services because of stigma associated with mental illness (Buss & Redburn, 1983), social work practitioners with multilevel assessment skills may be in an ideal position to assist distressed workers in identifying depressive symptoms in the context of more "socially acceptable" factors such as family difficulties and economic strain.

The individual-level findings from this study indicate that younger workers may be at increased risk for depression, a finding that is supported by previous research (Mirowsky & Ross, 1989; see also Bromberger & Costello, 1992). Other individual-level risk factors include lower self-esteem, use of alcohol in a problematic way, and other health problems.

The finding that family strengths is the strongest predictor of lower levels of depression in the multivariate environment (Fig-
ure 1) highlights the importance of assessment and intervention strategies that include the worker’s family. In addition, findings at the bivariate level indicate that being currently married and experiencing satisfaction with family relationships may help workers cope with stress from plant closings and the threat of unemployment. Social work practitioners may be in a unique position to plan and provide services in the community or through the union that strengthen family functioning, and that both directly and indirectly lessen the risk of depression for workers.

At the social-environmental level, both economic and social support resources are important predictors of depression among these union workers stressed by a plant closing. Social support and positive relationships outside the family (Table 1) can help workers and their families cope with stress from plant closings and employment transitions. In this process, direct-service and policy-practice social workers have important roles to play in developing and enhancing families’ community and larger-system connections and relationships (Briar, 1988; Sunley & Sheek, 1986).

Both Table 1 and Figure 1 identify economic strain as a key risk factor in understanding workers’ depression. Other important economic factors include household income and home ownership (Table 1). Social work policy practitioners have key roles to play in work with companies, unions, agencies and communities, and with legislators, politicians and others at local, state and national levels (Figueira-McDonough, 1993; Googins & Davidson, 1993; Root, 1995; Vosler, 1994, in press; Wagner, 1991). The goal of this work is to ensure stable access to basic economic resources—as well as the development and preservation of key assets (such as home ownership; see Sherraden, 1991)—through adequate social structures, policies and programs.

Implications and Conclusions

Findings from this exploratory study of UAW workers stressed by a plant closing highlight the importance of social work theory-building and research efforts that connect micro- and macro-practice assessments and interventions, particularly for populations affected by macro-level issues and changes such as unemployment and plant closings. Social workers’ person-in-environment theoretical perspective—linked to multilevel social
systems thinking—provides a framework for assessing stressors not only at individual but also at family and larger systems levels. Emerging assessment tools for understanding these social stressors include the P.I.E. (person-in-environment) system (Karls & Wandrei, 1992), the FABR (Family Access to Basic Resources; Vosler, 1990), and other scales and measures focusing on the family and larger social systems (Vosler, in press).

Traditional mental health assessments and treatment approaches have tended to focus almost exclusively on the individual. On the other hand, more community- and family-focused approaches may tend to overlook the importance of assessing and addressing mental health risks, such as depression. Social work research and theory focusing on key risk and resource factors are increasingly documenting the importance of understanding both individuals and families in larger social systems for effective professional practice.

It may often be difficult for direct-service practitioners to imagine or have time to think about participating in planning interventions at larger system levels that could help to alleviate or prevent stress for individual clients and their families. Similarly, it may be difficult for policy-level practitioners to imagine and build in feedback from direct-service workers and clients concerning specific risks and the effectiveness of policies and programs at more macro levels. However, with continuing changes in the U.S. economy, collaboration among social work practitioners at multiple systems levels is increasingly imperative. Such collaborative efforts are needed in order to develop effective policies, programs and services that ensure critically needed economic and social resources for workers and their families stressed by unemployment, plant closings, downsizings and employment transitions in an increasingly global economy.

References


Depression, Workers, and Plant Closings


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Women Behind Bars: Trends and Policy Issues

MARK S. KAPLAN AND JENNIFER E. SASSER
University of Illinois at Urbanna-Champaign
School of Social Work

In the crusade to get tough on crime, policy makers have also gotten tough on women, drawing them into prisons in rapidly growing numbers. Today, incarcerated women are predominately poor, uneducated, and unskilled; are disproportionately African American and Latina young women with children; and have severe health and mental health problems. This article examines the characteristics and needs of these women and presents recommendations for their more humane and pragmatic treatment and for social policy that is relevant for the decarceration of this country's soaring female prison population.

With a rate of 573 inmates per 100,000 citizens, the United States has imprisoned more people than any other nation in the industrialized world (Beck & Gilliard, 1995; Perkins, Stephan, & Beck, 1995), even more than South Africa did under apartheid in 1990, when the rate was 311 per 100,000 population (Gordon, 1994). As of 1994, more than 1.3 million people were in jails and prisons at a cost of $30 billion (Forer, 1994; Pringle, 1995). From 1985 to 1994, the number of people in some form of correctional custody—prison, jail, probation, or parole—rose 76 percent, from 2.9 million to 5.1 million, so that by 1994, 2.7 percent of the adult population was under correctional supervision (Bureau of Justice Statistics, 1995; Gordon, 1994).

Women account for an increasing proportion of the rising prison population and are the fastest-growing segment of those involved in the criminal justice system (Wellisch, Anglin, & Pendergast, 1993). This article discusses the general reasons for the rise in the prison population in this country and the huge increase in women prisoners; describes the characteristics of and
difficulties faced by incarcerated women in numerous areas; and recommends, on the basis of the experiences of European countries, changes in social policy that could lead to the decarceration of this country's soaring female prison population.

Background

The huge rise in the prison population and the overcrowding of jails and prisons is a direct result of the change in this country's correctional policy that began in the late 1970s and was strengthened in the 1980s with the start of the War on Drugs. This get-tough policy, which emphasizes interdiction and incarceration, rather than prevention and treatment, was a response to the fear of crime and the perception that the criminal justice system was too lenient, compounded by the hysteria fanned by the conservative movement of the 1980s, which viewed people who committed crimes as evil or sinners, who deserved to be punished, not to be rehabilitated. Thus, the fault was placed on the offenders, not on social, economic, and demographic inequalities in society that may lead people to commit crimes (Forer, 1994).

The goal of the conservative movement was to transform the criminal justice system into a system of crime control through severe punishments, including executions and mandated long periods of incarceration. In essence, judges had to adhere to strict mandated sentencing guidelines for specific crimes, and individuals were sentenced to prison regardless of mitigating personal or family circumstances or their risk to the public (Forer, 1994).

The result has been higher incarceration rates and severely overcrowded prisons that provide inadequate medical, educational, and job training services that could lead to the successful transition to society, especially for socially and economically disadvantaged inmates. For example, in 1992, Louisiana had the highest incarceration rate, with 478 prisoners per 100,000, and such a shortage of prison space that one-quarter of the inmates were housed in local jails (Gilliard, 1993). Similarly, Illinois houses 37,427 inmates in prisons that can accommodate 22,715 (Fischer, 1995). And faced with 1,900 inmates more than the 3,900 who could be housed in its jails, Maricopa County, Arizona, erected a "tent-city" in 1993 for 1,000 inmates (Castaneda, 1995). Moreover,
by 1990, more persons were incarcerated for drug offenses than for property offenses, violent offenses, or public-order offenses (Gilliard, 1993). In California, for example, more persons were in prison for drug offenses in 1991 than were in prison for all offenses at the end of 1979 (Zimring & Hawkins, 1994).

Getting Tough on Women

In the crusade to get tough on crime, criminal justice policy makers have also gotten tough on women, incarcerating them in rapidly increasing numbers (Bloom & Steinhart, 1993). By the end of 1994, 59,878 women were in federal and state prisons—roughly 386 percent more than the 12,331 women who were incarcerated in 1980 (compared to 214 percent for men, from 303,643 to 952,585) (Beck & Gilliard, 1995; Flanders, 1993; National Women's Law Center, 1994). Women generally constitute 5.7 percent of the national prison population, but they are a considerably larger proportion in some states (for example, 9.5% in Oklahoma) (Fletcher & Moon, 1993; Gilliard, 1993). The increase in incarceration has led to acute overcrowding in many women's prisons and jails. For example, by April 1994, three women's prisons in California—California Institution for Women in Corona, Central California Women's Facility in Chowchilla, and Northern California Women's Facility in Stockton—were operating, respectively, at 69, 85, and 93 percent over capacity (Bloom, Chesney-Lind, & Owen 1994, p. 7).

The most common reason for women being in prisons is drug convictions (32.8% of the female convicts versus 20.7% of the male convicts) (Krauss, 1994). From 1982 to 1991, the number of women arrested for drug offenses, including possession, manufacturing, and sale, increased 89 percent, almost twice the rate of increase for men during that period (Wellisch et al., 1993). Women are also receiving longer sentences; between 1985 and 1990, mandatory minimum sentences for drug offenses drove up the actual time women served by 40 percent (Gordon, 1994).

Profile of Women Behind Bars

Women in prison are overwhelmingly poor, uneducated and unskilled; have sporadic employment histories; are disproportionately African American and Latina, of childbearing age, and
mothers of children (Immarigeon & Chesney-Lind, 1992; Owen & Bloom, 1994). They are also less likely than are men to have committed a prior offense (28.9 vs. 19.6 percent) (Snell, 1994). In a nationwide survey of female offenders, Wellisch et al. (1993) found that only 15.9 percent of the women had completed four years of high school. Furthermore, 20 percent had been unemployed in the three years before they entered prison. The women who had been employed had worked primarily in sales, clerical, and service jobs (Wellisch et al., 1993); two-thirds of them never earned more than $6.50 an hour (Immarigeon & Chesney-Lind, 1992).

With regard to the ethnic composition of the women inmates, African American women make up 46 percent of the women in prison and 43 percent of the women in jail; white women, 40 percent and 38 percent, respectively; and Latinas, 12 percent and 16 percent, respectively (National Women’s Law Center, 1994; Owen & Bloom, 1994). In 1991, 92.2 percent of the women who were in prison were aged 18-44, and 50.4 percent were aged 24-34; the vast majority were single parents; 67 percent of the women in state prisons were mothers of children under age 18 (52,000 children in 1989; Bloom & Steinhart, 1993). Seventy percent of these women, compared to 50 percent of the incarcerated fathers, had custody of their dependent children before they entered prison (National Women’s Law Center, 1994).

Once a mother is behind bars, who cares for her children? Only 1 in 4 incarcerated women reported that their children were living with the fathers (Snell, 1994). The already overburdened foster care system took an additional 10 percent of the children, but the main responsibility for child care seemed to have fallen to the grandparents, with whom nearly half the children were living (Snell, 1992). The loss of the mother as the primary caretaker can be emotionally devastating for the children. Although some programs allow children to visit their incarcerated mothers, geographic constraints often prohibit them from doing so (for example, 61% of incarcerated mothers were over 100 miles from their children; Bloom & Steinhart, 1993). Since only 71 of the 1,037 state and federal prisons are exclusively for women (the rest are for men) (Greenfeld, 1992), families with limited financial resources often must travel great distances to visit their imprisoned female relatives (Koban, 1983).
Women Behind Bars

A survey by the American Correctional Association (cited in Immarigeon & Chesney-Lind, 1992) found that about half the incarcerated women had run away from home as youths, about a quarter had attempted suicide, and a sizable proportion had serious drug problems. The survey also found that over half these women were victims of physical abuse and 36 percent had been sexually abused. However, in a 1993 study of women in California's prisons, Bloom et al. (1994, p. 3) found that "nearly all (80%) of the women...experienced some form of abuse either as girls or as women"—physical, emotional, or sexual.

An increasing number of women are entering prisons with severe medical problems, such as tuberculosis, hepatitis, and HIV infection—the rate is higher among female (4.2%) than among male (2.5%) prisoners (Brien & Harlow, 1995)—and other sexually transmitted diseases (gonorrhea being the most common disorder). Among the other medical problems that these women are experiencing include high-risk pregnancies; gynecological disorders (such as menstrual difficulties); cervical and breast cancers (McGaha, 1987); conditions associated with poor nutrition and poverty, such as obesity (Ingram-Fogel, 1991); and diabetes mellitus, hypertension, and other chronic conditions, including asthma and seizures.

Psychiatric problems are common as well, with depression the most prevalent disorder (Smith, 1993). Female inmates are more likely than male inmates to have a history of drug use (Snell, 1994). Twice as many women (32%) as men (16%) used a major drug (heroin, cocaine or crack, LSD, PCP, or methadone) daily in the month before their arrest (Ferguson & Kaplan, 1994; Snell, 1994). Over 60 percent of the women also report alcohol-related problems at the time of their arrest, and more than 44 percent indicate a history of drug addiction, including nicotine addiction (Ingram-Fogel, 1991).

Meeting the Needs of Incarcerated Women

Drug Treatment

Despite the high number of incarcerated women with drug convictions and histories of drug and alcohol abuse, state correctional facilities have the capacity to provide alcohol and other
drug treatment to fewer than 20 percent of the estimated 500,000 inmates who need it (Ferguson & Kaplan, 1994), including 70 percent of the women in prison (National Women’s Law Center, 1994). In addition, the quality of the treatment that prisons provide is generally deficient. Treating female inmates’ drug problems exclusively as an addiction problem will not ensure women’s successful reintegration into society after their release (Moon, Thompson, & Bennett, 1993). Because many factors other than dependence are at the root of alcohol and drug abuse, it is necessary to provide comprehensive treatment that addresses women’s social, economic, family, psychological, and addiction problems in combination.

Health Services

As was mentioned earlier, women enter prison with a variety of severe health problems that are often poverty related. However, health care services are often inadequate in women’s prisons. According to the National Women’s Law Center (1994), health care is frequently available only on an emergency basis. For example, in federal prisons, no special arrangements are made for women who are experiencing normal pregnancies; if complications arise, the female inmates are usually transferred to other prisons with appropriate medical facilities (Human Rights Watch, 1991). Because the prison health care systems were originally designed for men, routine gynecological health care, including pap smears, breast examinations, and mammograms, are rarely provided. In a longitudinal study of the physical and psychological problems that women have at the time of incarceration, Ingram-Fogel (1991) found that the prison experience had an adverse effect on the health of incarcerated women (such as obesity, elevated blood pressure, fatigue, headache, and backache). Ironically, the deficient health care services in correctional facilities represent the primary source of health care for those poor and minority Americans who pass through the system each year (Sills, 1994).

Educational and Vocational Services

According to Smith and Dailard (1994, p. 83), “for many former prisoners, obtaining safe housing and employment are two of
the most important steps to staying sober and remaining outside of the criminal justice system. Consequently, female prisoners must receive the educational and vocational training they need to obtain meaningful employment after their release." Unfortunately, educational and vocational services in prison are generally poor and underfunded. Traditionally, women inmates have not had the facilities, the educational and vocational programs, and industrial training opportunities that male inmates have had (Human Rights Watch, 1991; Smith, 1993).

**Family Support Programs**

As was noted earlier, because there are fewer prisons for women, an incarcerated woman is often placed much farther away from her home and family than the average male inmate. Thus, women are often unable to maintain contact with their children. With the exception of Mississippi and California, state and federal prisons do not allow extended family visits. Prisons in Mississippi and California allow inmates 48-hour visits with their families every two to three months in “special” trailers or apartment settings (Human Rights Watch, 1991).

Other than New York’s Bedford Hills, Washington’s Purdy Treatment Center, and California’s Federal Correction Institution, where mothers may keep their children for one year after birth, female inmates are not allowed to keep the children they give birth to while in prison and jails (Clement, 1993). Children who are born to women in federal prisons and in such states as California, Tennessee, and Florida are immediately placed in foster care or with relatives (Human Rights Watch, 1991). The separation of mothers from their young children at these facilities often leads to serious developmental problems for the children as well as psychological distress for the mothers (Wooldredge & Masters, 1993).

In addressing the separation issue, the National Council on Crime and Delinquency (Bloom & Steinhart, 1993) and the National Women’s Law Center (1994) recommended that sentencing guidelines and mandatory imprisonment statutes should be adjusted as necessary to allow qualified female offenders to be placed in noninstitutional programs, where they can live with their children while serving their sentences. In addition, we
recommend that women who give birth in state or federal correctional facilities should be allowed to retain custody of their children.

Discharge Planning

Far too many prisoners receive deficient predischarge planning. According to Smith (1993, p. 11), "one of the most critical gaps in services for all prisoners is the absence of discharge planning. . . . As a result, upon release, women may find themselves homeless or in an environment that is not optimal to maintaining their sobriety and refraining from further criminal activity." Postrelease programs must give women with a criminal history continued access to alcohol and drug treatment and educational and vocational training, as well as emotional support. According to the National Council on Crime and Delinquency (Immarigeon & Chesney-Lind, 1992), a well-planned and coordinated assessment of needs, monitoring of progress, and aftercare support services are critical to the successful decarceration of women. In summary, the successful community reintegration of female inmates will depend on the provision of the following services:

1. adequate preventive and emergency medical services
2. on entry, tests of educational and vocational interests and aptitudes to receive appropriate training
3. placement and facilities close to their homes (out-of-state incarceration should be prohibited)
4. more hospitable treatment for inmates' families (including overnight or extended visits)
5. custody of their children for the first few years after birth
6. well-designed and comprehensively implemented supportive services after release, including drug and alcohol treatment, vocational training, and social and emotional support.

In spite of the widespread deficiencies in the correctional system, three exemplary programs have been designed to accommodate the needs of mothers and their children. Both the federal and many state correctional systems could benefit (e.g., in terms of a low rate of return to prison) from following the models of Bedford Hills prison in Bedford Hills, New York; Mothers and
Their Children (MATCH) in San Antonio, Texas; and Mother Offspring Life Development (MOLD) in York, Nebraska where exceptional measures have been adopted to promote meaningful contact between inmates and their children. At Bedford Hills, mothers can play with their children and families can celebrate special occasions in the Children’s Center, a homelike environment. Children are allowed to visit their mothers both during the week and on weekends, as well as participate in week-long programs during which they spend the night with nearby host families and visit their mothers by day. The Parenting Center offers new mothers training programs on such issues as nutrition and infant health. The center is a nursery program where inmates may keep their infants for at least a year after birth. A class called “Choices and Changes” helps inmates improve their decision-making skills and learn how to manage the child welfare system and how to reunify the family after incarceration. Bedford Hills also provides advocacy services to its inmates (Bloom & Steinhart, 1993; Human Rights Watch, 1991).

The MATCH program offers a wide array of support services for its inmates, including advocacy for inmates and their children; counseling; information and referral services; support groups; and educational workshops, in which experts in the community teach parenting skills, self-esteem building, child development, drug abuse and domestic violence prevention, health care, and general equivalency diploma programs. In addition to promoting frequent contact between inmates and their children, MATCH provides ongoing community support for women upon their release through advocacy, networking, referrals, and support groups for children (Bloom & Steinhart, 1993).

The MOLD program at the Nebraska Center for Women allows the children of inmates to stay in prison with their mothers for five days a month. The mothers plan the activities for their children in addition to attending child development classes. This program was recently expanded to include incarcerated grandparents and their grandchildren (Bloom & Steinhart, 1993).

As the number of jailed and imprisoned women with children under the age of 18 increases, visitation and support programs should be designed to facilitate the mother-child bonding process (Bloom & Steinhart, 1993). Equally important, the increased
contact with family and the use of parenting programs might reduce the risk of female inmates' children continuing the cycle of addiction, crime, and incarceration. "By learning to be more effective parents," Clement noted (1993, p. 99), "the inmates also learn to be more effective citizens."

Decarceration and Prevention

The huge growth of the female prison population is a result primarily of increased rates of incarceration for drug offenses, not violent crimes. As Bloom et al. (1994, p. 8) noted, "the majority of women . . . are sentenced for non-violent crimes which are a direct product of economic marginality of the women who find their way through the revolving prison doors." Without meaningful career opportunities, a single mother is practically forced to resort to illegal activity if she is to feed and clothe two children on the roughly $300 to $400 cash grant she gets per month from Aid to Families with Dependent Children (Flanders, 1994). As state and federal income supports begin to disappear for poor families with children, it is likely that the prison figures for women will show a marked increase (Dressel, 1994). Thus, under the current punitive drug policy, it is indeed wasteful to expend millions of dollars to prosecute and incarcerate many first-time female offenders who get involved at a low level in the illicit drug trade out of economic necessity (Ferguson & Kaplan, 1994). Consider this: "It costs $35,000 to lock up one offender for a year [in New York], compared with an average $18,000 for a year of residential [drug treatment] care" (Falco, 1995, p. B5).

The incarceration of women who have to resort to illegal means to cope with poverty and limited life chances does not speak well to the ideals of a civic society (Putnam, 1993). Intervening at the earliest stage possible by creating meaningful and lasting employment and educational opportunities is a far more humane and pragmatic approach to the ill-conceived War on Drugs. In their report for the Center for Juvenile and Criminal Justice, Bloom et al. (1994) argued that the War on Drugs has become a war on women. Thus, in the interest of women's health and welfare, policy makers should consider an alternative drug policy, such as normalization.
Following the lead of the Dutch, this country must alleviate the conditions that increase people's vulnerability to drug use, namely, underdevelopment, deprivation, and low socioeconomic status. Under normalization, the Dutch address drug abuse primarily as a problem of social well-being, rather than as a criminal matter. According to Dutch philosophy (mutual responsibility), humans are basically good and their wrongdoing is to a great extent a problem of society (Dodge, 1979). Not only do most European countries have a much lower drug-arrest rate than does the United States, but they aggressively seek to bring drug addicts into contact with treatment services (Reuter, Falco, & MacCoun, 1993, pp. 16-17). This alternative drug policy provides a blueprint that is more tolerant and humane and, because it is linked to better health and social services, is more effective in reducing the harmful use of drugs (Ferguson & Kaplan, 1994).

This country's reliance on imprisonment and severe prison sentences has had little impact on crime rates. The penal policies of other industrialized countries (such as Finland) with substantially lower prison populations (and less crime) could serve as viable alternatives to this nation's inflexible get-tough crime-control model (Christie, 1993; Irwin, 1988). Why are there so few prisoners in Finland? Finland once had the highest rate of incarceration in Europe (250 per 100,000 inhabitants in 1918) and now its rate is close to the bottom (49 per 100,000 inhabitants in 1991) among industrialized countries (Christie, 1993). According to Christie (1993, p. 50), the decisive factor in reducing the rate was an "attitudinal readiness of civil servants, the judiciary and the prison authorities to use all available means in order to bring down the number of prisoners"—a goal that was achieved by abandoning any attempt to see a high number of prisoners as indicators of determination and toughness ("something to be proud of") (Christie, 1993, p. 49). Over time, Finland, like other European nations, "managed to educate the public to accept anything less than a prison sentence" (Zimring & Hawkins, 1991, p. 187). Unlike the United States, crime control in Finland is no longer a central political issue in election campaigns (Christie, 1993). In addition, throughout Europe, the shift toward a declining scale of incarceration has been achieved by adopting more pragmatic, less punitive, noncustodial alternatives—including suspended
sentences (Belgium and France), community service orders (England and Wales), periodic amnesties or general pardons (Poland), and expanded rehabilitation programs and conditional sentence (Netherlands) (Christie, 1993; Dodge, 1973; Zimring & Hawkins, 1991).

Although these programs and policies may seem unrealistic, given the current political climate in this country, the fact that they have been instituted in other parts of the world and that more and more countries are adopting such alternative-to-incarceration measures point to their viability. In addition, some of these measures may prove to be more economical in the long run, if they succeed in reducing the recidivism rate. However, even the best alternatives to imprisonment will inevitably be compromised if this country does not address the social and economic forces that are destroying the communities to which many women offenders return (Currie, 1993, p. 279). To reduce crime and prevent imprisonment, in our view, will require bold, decisive, and sustained public investment in education, training, employment, and social reforms.

References


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Implicit Beliefs About Change:  
A Theory-Grounded Measure Applied to Community Organizations Serving Children, Youth, and Families

SUSAN B. SILVERBERG, SHERRY C. BETTS, ANGELA J. HUEBNER, AND SONIA COTA-ROBLES
Division of Family Studies
University of Arizona

The aim of this study was to design and evaluate a theory-grounded measure that taps staff beliefs about the possibility for change in an organization which serves children, youth and families at the community level. The rationale for measuring staff beliefs about change derived from a motivation theory that features two contrasting beliefs structures (entity vs. incremental), and the goals and behavioral dispositions associated with each (Dweck & Leggett, 1988). Twenty-nine individuals associated with the community-based organization completed the newly developed Implicit Beliefs About Change Scale (IBACS) and participated in a semi-structured interview. Quantitative analyses indicated that the IBACS has good internal consistency, and yields sufficient response variance. Content analysis of the semi-structured interviews, used to assess the scale's construct validity, uncovered distinctive and theory-consistent behavioral dispositions among those staff members whose beliefs regarding change could be characterized as either incremental or entity in nature. Implications for staff development and future research are discussed.

All organizations—including those whose goal is to promote the well-being, skills, and resources of communities, families, and youth—face the challenge of staff development and the larger challenge of organizational- or systems-level change. The potential for success in both staff development and organizational-level change is clearly dependent on a myriad of interacting supportive and restraining factors (Wyant & Bell, 1981; Peterman, 1991). The origins of these factors may be external to the organization
(e.g., existing governmental policy and funding opportunities) or deeply embedded within it (e.g., level of rapport between staff members and their supervisors). Staff development and even organizational-level change, however, require that *individuals* change behavior and that *individuals* come to accept new policies or techniques (Hord, 1979; Peterson, 1991; Stewart, 1989). Thus, personal attitudes toward change and personal beliefs about the possibility for change and growth would seem to be critical factors in determining the success of any attempts at staff or organizational development.

Nonetheless, scholars generally fail to recognize individuals' beliefs about and attitudes toward change as potential assets or stumbling blocks to successful staff development and organizational change. Indeed, the effect of beliefs about and attitudes toward change on the initiation, and success, of professional and organizational development has not been a common topic of research (see Jacobsen & Drier, 1973 for an exception). This is a notable limitation, because these beliefs and attitudes are likely to affect not only motivation, but also willingness to take on challenges and embrace new techniques.

The link between attitudes toward change and the success of staff development strikes an intuitive chord. One can assume, for example, that the staff member who anticipates or expects to benefit from change will likely be more motivated to learn than another participant who feels neutral, apathetic, or fearful toward change. Motivation and engagement are also likely to vary as a function of beliefs about the possibility for change (i.e., level of optimism regarding the malleability of a situation or the self). Although these links are intuitively appealing, it is important to recognize that attitudes toward and beliefs about change may be complex in origin—reflecting the individual's sense of his or her own capacity to change and grow and/or his or her sense of the organization's ability to change and be flexible (see Flanagan, 1983; McGettigan, 1985).

Although the effects of personal attitudes toward and beliefs about change on the success of staff and organizational development have received little empirical investigation, researchers in the field of education have made some inroads in the measurement of attitudes toward professional development itself and
toward particular staff development programs (e.g., Aist, 1987; Amos & Benton, 1988; Flanagan & Trueblood, 1983; Richardson & Benton, 1990). The measures, however, are still in the early stages of development (Richardson & Benton, 1990). A field in which individual attitudes toward change are especially acknowledged is computer training. In this field, trainers are confronted not simply by apathy toward change but often by actual fear of the technology—"computer anxiety." The fact that several articles in the field of professional development address this issue provides evidence of the impact individual attitudes can have on behavior (e.g., Albritton & Sievert, 1984; Gressard & Loyd, 1985; Standish, 1993). Despite this recognition, it is still not clear how general attitudes toward and beliefs about change and development play into the success of professional and organizational development. Initiating research to address this issue requires a means of measuring these attitudes and beliefs.

As part of a larger project, the present study's aim was to design a theory-grounded measure to tap beliefs about the possibility for change in an organization which serves children, youth and families at the community level. The field of achievement motivation provides a theory that served as the basis for the measure. The organization which served as the setting for this study is described below, followed by a detailed explanation of the original theory and its application to the project.

The Organization in Context

The organization in this study has a long history of working with youth and families in the community context. Community/youth/family educators (CYFEs) work at the grassroots level to identify local needs, and then design and deliver research-based education programs to address those needs. Each CYFE has access to research findings and the broader literature through a public university, including university-based faculty assigned to work in conjunction with and as a resource to the CYFEs. Historically, this organization taught home living skills, often in the rural areas, including food preservation, clothing construction, family economics, and child rearing.

Over the last several years, many administrators and funders of youth- and family-serving organizations have begun to
focus their programs on youth and families at risk. Indeed, the multitude of societal problems such as domestic violence, gangs, teen pregnancy, and delinquency has created a demand in all organizations to develop effective prevention and intervention programs for at-risk groups. This demand is certainly evident in the organization that served as the setting for the present research; in recent years not only the administrators and funders, but also many of the CYFEs have identified the need to move beyond home living skills and focus on more pressing issues in family life. Programs that are now encouraged and supported include training parent aides to conduct educational home visits to families involved with Child Protective Services; mobilizing communities for the creation of school-age child care with parent education components and training for the child care providers; working with schools to train peer mediators; and other programs carried out in collaboration with allied agencies.

This change in focus has created a need for new skills and changed attitudes among the CYFEs, their administrators, university partners, and community advisory boards. The need for new skills and changed attitudes is not unique to this organization. Moreover, as in most organizations, change is occurring gradually; the change in program audiences and focus has not been completed. People at all levels of the organization are at various points along a change continuum which ranges from entrenched in the old way of doing business to pushing the system into the future. Questions regarding the front line workers' (CYFEs') beliefs about the possibility for change in the organization emerged from staff development planning efforts.

Social-Cognitive Theory of Motivation: Beliefs-Goals-Behavior

Carol Dweck and her colleagues offer a social-cognitive theory of motivation that provides a useful foundation for the measurement of beliefs about change (Dweck, Chiu, & Hong, 1995; Dweck & Leggett, 1988; Elliott & Dweck, 1988; Henderson & Dweck, 1990). The theory, originally developed to explain variation in children’s achievement motivation, is especially useful because it proposes behavioral dispositions that are likely associated with specific beliefs about change. At the basis of Dweck’s model is the notion that individuals, including children, hold implicit
theories or beliefs about the malleability of personal qualities (e.g., personality, intelligence). According to the model, some individuals believe that personal qualities are essentially fixed; these individuals are referred to as **entity theorists**. Others believe that personal qualities are malleable and open to development; these individuals are referred to as **incremental theorists**. Dweck and Leggett (1988) argue that these contrasting belief structures or implicit theories are important because they orient individuals toward different goals and, in turn, toward different behavior patterns.

For example, in the area of intelligence, incremental theorists—those who believe that intelligence is malleable—tend to pursue *developmental* goals; that is, their primary goal is to learn and increase their competence. For this reason, incremental theorists tend to seek out and look forward to challenges, viewing them as opportunities for growth and development; moreover, incremental theorists are likely to be persistent in their efforts in achievement situations (e.g., problem-solving tasks). In contrast, entity theorists—those who believe that intelligence is basically fixed—tend to pursue *performance* goals, “in which they seek to establish the adequacy of their ability and to avoid giving evidence of its inadequacy” (Dweck & Leggett, 1988, p. 259). Entity theorists are likely to conceive of achievement situations or challenges as tests in which one may be judged as competent or incompetent. Thus, in contrast to incremental theorists, entity theorists tend to avoid challenges—to minimize the risk of being labeled “incompetent”—even though these challenges may afford them opportunities for growth. Because they tend to worry about being judged and they see improvement as unlikely, entity theorists often choose the “easy road” in the face of challenge, and are less persistent in the face of difficulty or setbacks. Notably, Dweck and her colleagues have conducted numerous empirical studies that lend strong support for their model, at least with respect to children’s beliefs and behavior in achievement and social situations (see Dweck & Leggett, 1988; Henderson & Dweck, 1990).

Although Dweck and Leggett (1988) developed their beliefs-goal-behavior model initially with respect to personal qualities or attributes of the self (e.g., implicit theories about intelligence, personality, and social skills), they have proposed the generalizability
of the model beyond the self to so-called “external attributes.” In other words, individuals hold implicit theories or beliefs not only about the malleability of personal qualities, but also about the malleability of the larger social ecology. This might include, for example, the dynamics of one’s family system or the operations of particular societal institutions. With respect to these beliefs directed beyond the self, Dweck and Leggett (1988) state,

Here an entity theory would assert that people, places, things, and the world in general are what they are and there is little one can do to alter them. An incremental theory would propose that desirable qualities can be cultivated: People can be made more competent, institutions can be made more responsible, the environment can be made more healthful, the world can be made more just (emphasis added, p. 266).

With respect to the contrasting behavior of entity and incremental theorists vis-a-vis the larger social ecology, Dweck and Leggett (1988) proposed that,

An entity theory of external attributes, by its very nature, should inhibit the initiation and pursuit of change, even when an external attribute is judged negatively and improvement is seen as desirable . . . In contrast, when individuals hold an incremental theory of important external attributes (and view the attributes as being in need of improvement) . . . they will tend to adopt “development” goals toward those attributes (p. 267).

In short, the generalized model proposes that individuals hold implicit theories about the malleability of the world around them. Those who believe that change and growth are both desirable and possible (incremental theorists) are most likely to initiate and embrace innovation. Those who perceive the world around them as static and relatively impermeable (entity theorists) have less motivation, see challenges as difficulties, and are less likely to pursue efforts toward change.

What can be gained from this theory in the context of professional development and organizational change? Briefly stated, if we assume that the success of both professional development and organizational-level change is dependent on individuals’ willingness to change, to seek challenges, and to view new techniques and structures as opportunities for growth, then implicit theories about
change should take center stage. Those staff members who hold an entity theory of themselves in their jobs and of the system in which they work are likely to be those who are concerned about being judged, who are less likely to take risks, and who are less likely to embrace structural and procedural changes. On the other hand, those staff members who hold an incremental theory of themselves in their jobs and of the system in which they work are prime candidates for successful staff development efforts and organizational-level change. These should be the individuals who are less worried about failure and difficulties and are more concerned with opportunities for competence enhancement, organizational growth, and improved services to clients.

Application to a Community-Based Organization

The present research and development project involved work with a large community-based community/youth/family-serving organization (described above). Part of the project's goal is to initiate systems-level change. This entails changes from traditional programs and audiences to the support, development and implementation of programs designed for youth and families at the greatest risk for problems and negative outcomes. Inherent in the change of programs and audiences is a role change for the CYFE from "expert" who delivers programs to clients, to "facilitator" who works in ways to empower clientele. New skills, knowledge, and attitudes are therefore needed.

Dweck's theory and measurement techniques were utilized as a foundation to develop a scale to assess staff opinions regarding the feasibility of making basic changes in this community-based organization (Dweck & Leggett, 1988; Henderson & Dweck, 1989). The domains tapped in the scale were informed by the goals for systems change; among the eight domains described in full below are (a) changing general operations; (b) developing collaborative partnerships with local agencies; (c) increasing staff members' competence in program design, implementation, and evaluation; and (d) building supports for balancing the personal and professional lives of staff members.

The research and community development project provided a context within which to pilot the new scale. In addition, interviews with the CYFEs that were part of the larger project allowed
for an examination of both the construct validity of the scale and the value of the theory on which it was based.

Method

During August – September 1994, information was collected from 29 individuals from three different groups associated with the community-based organization: CYFEs (n = 11) and administrators at the local (n = 9) and state (n = 9) levels. The CYFEs provide representation from 11 of the 15 local site CYFE offices in the state. The overall aim of data collection was to assess personal views on the organization’s current capacity to serve children, youth, and families at risk; and to tap personal beliefs regarding the possibility and feasibility of change and development in the organization, its way of operating, and its staff. Data were collected via the newly designed questionnaire and follow-up interviews. In almost all cases, the respondents completed the questionnaire first in their own office and then participated in the interview during the same session. The following describes the format and content of the questionnaire and interview protocol.

Questionnaire: Implicit Beliefs About Change Scale

Using Dweck’s theory and measurement techniques as a foundation (Dweck & Leggett, 1988; Henderson & Dweck, 1989), the 16-item Implicit Beliefs About Change Scale (IBACS) was designed to assess opinions regarding the malleability of the community-based organization. Specifically, the scale assessed opinions regarding the feasibility and likelihood of meaningful changes being made in the organization. The structure of the scale items closely parallels that of the items developed by Henderson and Dweck (1989) in their Theory of Intelligence Measure. An example item from Henderson and Dweck’s measure is “You have a certain amount of intelligence and you really can’t do much to change it.” The items in the new scale tap eight themes: (a) general operations; (b) CYFE methods; (c) client/audience diversity; (d) collaborative partnerships with university faculty; (e) collaborative partnerships with local agencies; (f) CYFE competence in program design, implementation, and evaluation; (g) support for balancing the professional and personal lives of CYFEs; and (h) community regard/respect for the organization. Two items
Measuring Community Organization

were developed to tap each of the eight themes. Item response choices follow a 6-point Likert scale format ranging from 6 = strongly agree to 1 = strongly disagree. Scale scores could range from 16 through 96, such that lower scores are indicative of an entity position whereas higher scores are indicative of an incremental position. Example items include:

You can have things like brochures and local ads to try to widen the audience that participates in [this organization's] programming with respect to children, youth, and families at risk, but you can’t really make significant increases in audience diversity. (reverse)

It is possible to make major changes in the way [this organization] is regarded in the community with respect to programming for children, youth, and families at risk.

You can have things like staff development meetings, but you can’t really increase the level of competence that [the CYFEs] have with respect to children-youth-and-family program design, implementation, and evaluation. (reverse)

Interviews

As part of the project, interviews were conducted with the CYFEs; members of their community advisory boards; and administrators at the local and state levels. Specialized interview schedules were designed for each group. For the purpose of the present study, only the CYFE interviews will be described and reported. The CYFEs work in a variety of locations in the state. Thus, for their convenience and in an attempt to decrease possible apprehension about the process, interviews were conducted by one of the authors at each CYFE’s office; in a few instances the interviews were completed over the telephone. Interviews lasted about one hour and twenty minutes on average.

The interviews tapped five general content areas including (a) program and content knowledge related to issues of children, youth, and families; (b) program funding issues, including grant writing; (c) attitudes and skills related to community development and collaboration; (d) attitudes and processes related to client involvement in programming and implementation (empowerment); and (e) organizational structure as it relates to program planning, the balance between personal and professional life, and technical support. Although the interviews were
structured, the respondents' comments were not always limited to responses to the questions asked; and respondents were encouraged to elaborate on additional content areas as they wished. All interviews were audiotaped and then transcribed.

Results

Reliability and Descriptive Statistics

Reliability analysis indicated that this new 16-item scale has good internal consistency (Cronbach alpha = .86). The 16 items are presented in Table 1, along with their distributional statistics and item-total correlations. Results of the analysis revealed that the removal of single items would not increase this alpha coefficient. Further analyses conducted on the scale as a whole revealed a mean score of 75.48 with a standard deviation of 7.48 (scores ranged from 54 – 87). Descriptive statistics on item means revealed a mean of 4.72 (range = 3.97 – 5.10). Thus, although there was variability, most respondents in the sample tended to view change as possible and feasible. Respondents were least likely to believe that change was possible in helping the CYFEs balance their professional and personal lives (item 7, mean = 4.07; item 8, mean = 3.97). Respondents were most likely to believe that change was possible in developing relationships with the community (item 11, mean = 5.00; item 13, mean = 5.10).

Validity: Corroborative Qualitative Data

To assess the construct validity of the IBACS, we turned to the interview data as a source of corroborative information. As a first step, CYFEs whose scores on the questionnaire were among highest or lowest (i.e., whose beliefs about change tended to lean in an incremental or entity direction, respectively) were identified. This was followed by a content-analysis of their interviews. In that analysis, we focused on attitudes, goals, and behaviors that Dweck's model would deem reflective of entity and incremental theories of change—level of engagement, feelings of being judged, and efforts toward change. The following quotes, taken from the interviews of several low- and high-scoring CYFEs, illustrate dispositions and behavior consistent with their respective implicit theories.
Table 1

*Distributional Statistics and Item-Total Correlations for the Implicit Beliefs About Change Scale*

<table>
<thead>
<tr>
<th>Item</th>
<th>Item Mean</th>
<th>SD</th>
<th>Corrected Item-Total Correlation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. With respect to children, youth, and families at risk, ORG operates in a certain way, and you really can’t do much to change it.</td>
<td>4.79</td>
<td>.77</td>
<td>.74</td>
</tr>
<tr>
<td>2. You can make minor changes here and there, but you can’t really change the basic way that ORG operates with respect to children, youth, and families at risk.</td>
<td>4.59</td>
<td>.98</td>
<td>.31</td>
</tr>
<tr>
<td>3. It is possible to make significant increases in the diversity of our customers who participate in ORG programming with respect to children, youth, and families at risk. (R)</td>
<td>4.76</td>
<td>1.12</td>
<td>.30</td>
</tr>
<tr>
<td>4. You can have things like brochures and local ads to try to widen the audience that participates in ORG programming with respect to children, youth, and families at risk, but you can’t really make significant increases in audience diversity.</td>
<td>4.72</td>
<td>.75</td>
<td>.48</td>
</tr>
<tr>
<td>5. At present, there is a certain amount of partnership and collaboration between campus faculty and ORG county-based faculty, and you really can’t do much to increase it.</td>
<td>4.59</td>
<td>1.02</td>
<td>.29</td>
</tr>
</tbody>
</table>

*continued*
<table>
<thead>
<tr>
<th>Item</th>
<th>Item Mean</th>
<th>SD</th>
<th>Corrected Item-Total Correlation</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. You can have things like verbal/written encouragement, but you can’t really do much to increase the amount of partnership and collaboration between campus faculty and ORG county-based faculty.</td>
<td>4.52</td>
<td>.91</td>
<td>.62</td>
</tr>
<tr>
<td>7. It is possible that ORG will make major improvements in the way it helps county-based faculty balance their professional and personal lives. (R)</td>
<td>4.07</td>
<td>.84</td>
<td>.36</td>
</tr>
<tr>
<td>8. ORG can make minor changes here and there, but overall these changes won’t help county-based faculty balance their professional and personal lives.</td>
<td>3.97</td>
<td>.98</td>
<td>.66</td>
</tr>
<tr>
<td>9. With respect to children, youth, and families at risk, ORG county-based faculty work in a certain way, and you really can’t do much to change that.</td>
<td>4.76</td>
<td>.87</td>
<td>.53</td>
</tr>
<tr>
<td>10. You can have things like staff development meetings, but you can’t really change the basic way that ORG county-based faculty work with respect to children, youth, and families at risk.</td>
<td>4.76</td>
<td>.69</td>
<td>.71</td>
</tr>
<tr>
<td>11. It is possible to make major changes in the way ORG is regarded in the community with respect to programming for children, youth, and families at risk. (R)</td>
<td>5.07</td>
<td>.53</td>
<td>.50</td>
</tr>
</tbody>
</table>

*continued*
12. You can have things like local community meetings, but you can’t really change the basic way that ORG is regarded in the community with respect to programming for children, youth, and families at risk.

13. It is possible to make significant increases in the amount of collaboration between community partners and ORG county-based faculty. (R)

14. You can have things like verbal/written encouragement, but you can’t really do much to increase the amount of collaboration between community partners and ORG county-based faculty.

15. ORG county-based faculty come to their jobs with a certain level of competence with respect to children-youth-and-family program design, implementation, and evaluation, and you really can’t do much to increase it.

16. You can have things like staff development meetings, but you can’t really increase the level of competence that ORG county-based faculty have with respect to children-youth-and-family program design, implementation, and evaluation.

(R) = reverse scored
As part of the interview, all the CYFEs were asked to talk about involving clients such as youth or parents into programming. The responses of the low- and high-scoring CYFEs shared some commonalities, but were distinct with respect to engagement. For example, when discussing client involvement, one of the low-scoring (IBACS score = 61) CYFEs responded:

"I believe we do need it, and I believe in our county we do it, and yet sometimes it is a pain, and it is sometimes a pain to involve my peers."

A second low-scoring (68) CYFE responded in a similar way, that is, with some emphasis on difficulties in achieving active client involvement:

"I think it's extremely important to build [client involvement] into your programs—their opinions and their collaboration. And it's difficult, though. It's a lot of trouble, for one, thinking of the people to be on it, who are available? Who's got the time, who's available?"

A high-scoring (87) CYFE, who certainly faces the same obstacles as her lower-scoring counterparts, stands out because her response emphasizes the task at hand and its value, rather than difficulties and setbacks. Among her comments she stated:

"...we include clients from the point of view that we go out on home visits and see some of them, and see what they have to say. But, it's more one-on-one [than] group. And then, of course, like I said, the parent aides, who are probably closest to the families. It's like you build programming based on what people say they need, and also on what you see they need."

Although one can sense a general agreement among the three respondents with respect to their views on the importance of client involvement, the low- and high-scorers on the questionnaire seem to differ with respect to level of engagement in the process.

A second issue that arose in most of the interviews concerned CYFEs' autonomy in their work role. In the respective responses of one low-scoring and one high-scoring CYFE one can detect a clear contrast not only in general perspective, but also in level of concern with being judged, and in engagement with the task of programming. The first set of quotes come from an interview with a CYFE whose questionnaire score was among the lowest (61):
Interviewer: Would you like a little more autonomy or would you . . . do you like it the way it is?

R: Actually I feel, I'm very autonomous. In my position . . . I'm basically by myself. Sometimes that can go against me because I don't have the camaraderie, or the presence of other [CYFEs]. And so I try to be very conscious of, that I don't give the impression that I'm, and that has been a problem . . .

I: . . . do you prefer that or would you rather? It sounds . . .

R: I think it's a Catch-22 . . .

In contrast, a high-scoring (87) CYFE seemed to be able to focus more on the issue of community need and programming and less on concerns about the self and being judged. In the discussion about autonomy, she was asked specifically about supervisor input:

I: Do you like it that way, or would you like more input or less input, or do you prefer things the way they are?

R: If we had more time, I'd probably like more; but time is such a critical factor here, that we don't really have the time to sit down and go through a formal thing. We both know the issues and we both know what's needed and it's kind of like, this is such fertile ground, you can throw a dart and you hit a need there.

A third theme explored in the CYFE interviews was the extent to which the CYFE turns to and values the support of the university-based faculty specialists. This is a key aspect of the organization in which the CYFEs work, especially in this time of attempts at systems change. Here again, the responses of one low- and one high-scoring CYFE reveal a contrast in engagement. The first response was taken from an interview with a low-scoring CYFE (61):

I: How often do you utilize campus faculty for support of information, or as a resource, or do you?

R: To be honest, not very often . . . And mainly that's because there aren't a whole heck of a lot of them . . . It's better now, but in the past, [involvement in the organization] has not been something they've been told or encouraged to do. It was too much of a hassle [for me] and I would just go somewhere else.
One high-scoring (87) CYFE has had the same opportunity structure with respect to campus-based faculty, yet her engagement and enthusiasm are in marked contrast to her low-scoring counterpart:

*I: How often do you utilize campus faculty . . . ?
*R: Probably once a month.
*I: What types of information?
*R: It really varies. Okay, maybe, for example, where I can find some information on X. And, I know I was in Becky's [a campus-based faculty specialist] office one day, and she had the funding sourcebook there, and I said, "That's great, you have that?" and she said, "Yeah, do you want to copy of the section that you need?" That type of thing. And the same thing with Mary Lynne [another specialist].

In short, the previous sets of quotes lend clear support for the construct validity of the theory-grounded questionnaire. The CYFEs whose questionnaire scores would imply a strong incremental view—that is, a belief in the feasibility and likelihood of meaningful changes being made in the organization, its staff, and methods—were those whose interview responses revealed behavior and a general perspective of engagement, of concern with clients and programming rather than self, and a welcoming of information, input, and approaches. The CYFEs whose questionnaire scores were relatively low—leaning in the direction of an entity belief structure regarding change—were those who were much less engaged in challenges (e.g., client involvement), who indicated concern with self including fear of being judged, and who framed opportunities for innovation as hassles to be overcome and sometimes avoided.

Discussion

The aim of the present study was to design and evaluate a theory-grounded measure that taps beliefs about the possibility for change in an organization which serves children, youth and families at the community level. Interest in the front line workers' beliefs about the possibility for change emerged from staff development planning efforts integral to a comprehensive project for systems-level change in the organization. The rationale for measuring staff beliefs about change derived from a
motivation theory that features two contrasting beliefs structures (entity vs. incremental), and the goals and behavioral dispositions associated with each (Dweck & Leggett, 1988). This beliefs-goal-behavior model suggests that staff beliefs regarding the possibility for change in the organization should play a critical role in the success of attempts at professional and organizational development. Specifically, we argued that CYFEs who hold an entity theory (fixed model) of themselves in their jobs and of the system in which they work are likely to be those who are concerned about being judged, who are less likely to take risks, and who are less likely to embrace structural and procedural changes. Conversely, we argued that CYFEs who hold an incremental theory (development model) of themselves in their jobs and of the system in which they work are prime candidates for successful staff development efforts and organizational-level change; incremental theorists would be the CYFEs who are less worried about failure and difficulties, and who are more concerned with opportunities for competence enhancement, organizational growth, and improved services to clients.

Quantitative analyses indicated that the IBACS is a reliable instrument—as evidenced in good internal consistency (Cronbach alpha = .86). The IBACS also yields sufficient response variance—although in this study all scores fell above the scale’s midpoint. The latter suggests that most respondents held an incremental view of change. Qualitative analyses provided evidence of the scale’s construct validity. More specifically, content analysis of the semi-structured interviews uncovered distinctive behavioral dispositions of the CYFEs whose beliefs regarding change could be characterized as either incremental or entity in nature, as measured via the questionnaire. As the theoretical model would predict, the CYFEs whose questionnaire scores would imply strong beliefs in the feasibility and likelihood of meaningful changes being made in the organization, were those whose interview responses revealed behavior and a general perspective of engagement, of concern with clients and programming rather than the self, and a welcoming of new information and approaches. In contrast, the CYFEs whose questionnaire scores reflected a belief that the various facets of the organization are rather static and not especially changeable were those who were much less engaged in
challenges such as client involvement, indicated concern with self including fear of being judged, and perceived some opportunities for innovation as hassles to be overcome and avoided.

In brief, Dweck’s theoretical model, initially developed to explain children’s behavior in the face of achievement-related challenges, appears to extend well to adult professionals who design and implement programs for families and youth in the context of a large, yet community-based organization. It is notable that although the difference between questionnaire scores of the highest and lowest scoring CYFEs was not extreme, that difference was sufficient to translate into rather divergent patterns of behavioral dispositions as reflected in the interview responses. In other words, the IBACS appears to be a sensitive tool for tapping differences in staff belief structures regarding change.

The IBACS, therefore, is a good example of the potential value of coupling theory and research with staff development efforts. Indeed, the IBACS may prove to be a useful tool for professionals who design and evaluate staff development efforts. In traditional assessments of staff development, the typical focus is on the measurement of knowledge, skill, and perhaps attitudes toward a specific technique before and after the intervention (Ful- lan, 1990). The IBACS offers an additional, alternative focus—that is, orientation toward change. Briefly stated, the IBACS may be useful both as a measurement of readiness for staff development when administered prior to intervention efforts, and as an alternative marker of the success of staff development. This alternative marker is important because implicit beliefs about change appear to serve as the foundation for the larger goals of staff development efforts.

If implicit beliefs about change in the self and the organization indeed serve as a critical foundation for goals and behavior, then future research needs to examine both the origins of these belief structures and whether these beliefs structures themselves are malleable or relatively impermeable to change. There is empirical evidence available that would suggest that these beliefs structures may be malleable, at least to a degree. In their studies of children’s implicit beliefs about learning and intelligence, Elliott and Dweck (1988) found that developmental beliefs and their associated incremental (growth) goals could be fostered under
experimental conditions. An investigation of whether incremental goals can be fostered in adults as well as children is needed. If adult beliefs about change are found to be malleable, that work could be extended beyond experimental settings to the field of staff development.

It is clear that the implications for staff development design, implementation, and evaluation are many. At the very least, this research would suggest that attitudes toward change need to be assessed. Moreover, in the context of community organizations, perhaps one way to change beliefs and subsequent sense of control is to involve staff in the planning stages. Third, staff development programs need to be designed to incorporate objectives and activities that teach to the belief that change is possible. Lastly, evaluation of staff development should include assessment of orientation toward change and the application of the material, and not just change in knowledge and attitude toward the subject matter.

In conclusion, assessment of beliefs about change can draw out potential barriers to change so that they can be avoided or counteracted to maximize staff development effectiveness (Wyant & Bell, 1981). Measuring beliefs about change may enable scholars to evaluate the effect of those beliefs on the larger goals of organizational-level change.

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Participatory Research and
Community Organizing

SUNG SIL LEE SOHNG
School of Social Work
University of Washington

The paper summarizes the political economy of knowledge production in an increasingly privatized, postindustrial world of knowledge society. This analysis is linked to the emergence of participatory research movements. It argues that the participatory approach to community research offers epistemology and methodology that address people, power and praxis in our postmodern, information society. The paper then describes how a participatory research project is carried out in community practice, articulating key moments and the roles of the researcher and participants. In order to develop this understanding further, it examines the efforts of two specific projects and shows how knowledge production can serve as a conceptual entry point in community organizing through which people make choices, shape action, and create social movements.

Introduction

The distinct features of post-industrialism, including the greater emphasis on information goods rather than industrial manufacturing, the mobilization of science in production and management, and a consumer-oriented economy of affluence, have been studied and discussed since the mid-1950s. Price (1963) surveyed the growth of "big science" in the 1950s and demonstrated the exponential growth rate in the production of scientific knowledge. Machlup (1962) introduced the notion of a knowledge society by analyzing the growth of the knowledge producing industries in the U.S. economy, such as education, research and development, media and communications, and information machinery. Similarly, Bell (1974) observed that information and knowledge had become key resources in the post-industrial
society, in much the same way that labor and capital are central resources of industrial societies.

Still, these economic and social developments have not led to the "carefree utopia" of cybernetic postindustrialism that fascinated early space age America in the 1960s. Instead, new technical and economic forces are creating a more culturally impoverished and ecologically destructive world system, and a concomitant degeneration of political democracy and ordinary everyday community (Agger, 1985; Beninger, 1986; Grahame, 1985). Habermas (1979) in his discussion of technology and science suggests that the monopoly of capital is now reinforced by the monopoly of information and "high-tech" solutions that has penetrated every sphere of public and private life. In our televisial democracy, for example, public life emerges from public opinion polls, whose aggregated responses to narrowly framed questions are substituted in practice for "the public" itself. The masses become a demographic construct, a statistical entity whose only traces appear in the social survey or opinion polls. Daily television news programs create false stylized narratives about contemporary political "reality" with actors, sets and scripts to report "what is true" about American politics. In this process, apathetic public participates in a simulation rather than a real representative democracy (Luke, 1991).

Changing economic and political relations, based on the ownership and control of information technologies and communication, raise important questions for community organizing in an increasingly privatized, postindustrial world of a knowledge society: Who produces knowledge and for whose interests? What are the implications of a changing economic and social order for the relatively powerless? Who are the have-nots in the knowledge society, and how do they organize against the new elements of oppression the knowledge society brings? Today's challenges call for rethinking of knowledge production in community organizing. Instead of conceptualizing research as detached discovery and empirical verification of generalizable patterns in community practice, social researchers need to view research as an arena for resistance and struggle.

This paper examines research methodologies through which social researchers and community practitioners can mobilize
information and knowledge for community empowerment. I begin by summarizing the political economy of the new post-industrial society and the role of the knowledge elite. This analysis is linked to the emergence of participatory research movements. The participatory approach to community research offers epistemology and methodology that address people, power and praxis in the post-industrial, information society. I describe how a participatory research project is carried out in community practice, explicating key moments and the roles of the researcher and participants. In order to develop this understanding further, the paper examines the efforts of two specific projects and shows how knowledge production can serve as a conceptual entry point in community organizing through which people make choices, shape action, and create social movements.

The Knowledge Elite as Power Brokers

From a grassroots perspective, the significance of a knowledge society stems from the social relations it implies. The power of the knowledge society is derived not simply from technological advances, but also from the growth of new elites who embody and institutionalize them. With the rise of modern sciences, knowledge has become a commodity (Hall, 1979). The production of knowledge has become a specialized profession and only those trained in that profession can legitimately produce it. Knowledge becomes the product to be owned, and the expert, the specialist of knowledge, becomes the power broker (Bell, 1974). In modern society, knowledge has been increasingly concentrated in the hands of "experts" and the elite class they represent.

The ideology of the knowledge society has at its roots a modern-day faith in science as the model of truth (Imre, 1984). The claim to truth gives rise to hierarchies of knowledge which reinforce and legitimate the economic and social hierarchies. The truth-claim and the procedures for gaining access to that truth have historically privileged the pronouncements of trained experts over the discourses of "ordinary" people (Foucault, 1980). Today this ideology manifests itself in deference to experts, and ultimately the subordination of people’s own experiences and personal meanings to expertise. As a result, decisions affecting
ordinary people are based on "expert" knowledge, denying the rationality of individual citizens and their life experiences. Understanding human nature and the problems of living becomes the purview of scientists, rendering people dependent on experts to explain and oversee their life experiences (Berman, 1981). Hence, the specialists dominate any debate concerning issues of public interest because ordinary people are unable to enter the scientized debate, as they lack the technical terminology and specialized language of argumentation (Habermas, 1979). So powerful are the expert representations that people frequently internalize dominant constructions, discounting their own experience. For example, unemployed Americans are prone to blame themselves rather than structural causes for their plight.

Unequal relations of knowledge are therefore a critical factor that perpetuates class or elite domination. Inequalities abound in access to information, in the production and definition of legitimate knowledge, in the domination of expertise over common knowledge in decision making. Underlying all of these elements of the power of expertise is the expert's lack of any accountability to people affected by his or her knowledge. The ideology of the knowledge society is a potent one, with profound consequences for participatory democracy. A knowledge system that "subordinates knowledge of ordinary people also subordinates common people" (Gaventa, 1993, p. 31).

Situating Participatory Research Movements

Originally designed to resist the intellectual colonialism of western social research into the third world development process, participatory research developed a methodology for involving disenfranchised people as researchers in pursuit of answers to the questions of their daily struggle and survival (Brown & Tandon, 1978; Fals-Borda, 1979; Freire, 1970, 1974; Hall, 1981). It is not new for people to raise questions about their conditions or to search for better ways of doing things for themselves and their communities. What is new is to conceptualize these actions as research that can be carried out as the struggle over power and resources, and as the generation of change-oriented social theory in the post-industrial, knowledge society. Knowledge becomes
a crucial element in enabling people to have a say in how they would like to see their world put together and run (Deshler & Selender, 1991; Gaventa, 1988). Participatory research is a means of putting research capabilities in the hands of deprived and disenfranchised people so that they can identify themselves as knowing actors, defining their reality, naming their history, and transforming their lives (Fernandes & Tandon, 1981; Gaventa, 1993; Horton, 1990; Humphries & Truman, 1994; Maguire, 1987; Mies, 1991; Stanley & Wise, 1983). It is a means of preventing an elite group from exclusively determining the interests of others, in effect of transferring power to those groups engaged in the production of popular knowledge.

This theme has been part of the civil rights movement, the women's movement, anti-war activism, and environmental movements in the United States that shifted the locus of knowledge production. A core feature of these liberation movements is the development and articulation of a collective reality that challenges the dominant, "expert" knowledge that do not reflect people's own experiences and realities. Community organizations, housing and health care coalitions, self-help groups and advocates for environmental justice are among those demanding participation in the development of social knowledge, policy and practice (Fisher, 1994; Gottlieb, 1994; Gartner & Riessman, 1974; Jackson & McKay, 1982; Kling, 1995; Levine, 1982; Merrifield, 1989; Nelkin & Brown, 1984; Sohng, 1992; Yeich & Levine, 1992). The exploitative results of international development projects triggered popular resistance to First World technology and demands for participation in development research (Hall, Gillette & Tandon, 1982; Darcy de Oliveira & Darcy de Oliveira, 1975; Fals-Borda & Rahman, 1991; Marika, Ngurruwutthun & White, 1992). The research and action of these groups challenged the monolithic authority of the traditional scientific paradigms and top-down social policy.

Connecting to the Social Work Tradition

The concerns and claims of participatory research also bear a striking resemblance to the historical values and mandates that shaped social work in the United States. In the early days of social work, research on the lives of poor immigrants was closely linked
to community organization and social reform, and was usually stimulated by the settlement dwellers’ one-to-one contact with their neighbors (Addams, 1910/1961). Studies of the plight of orphan children on the streets of New York, of tenement dwellers, and of infants dying in foundling homes contained integrally woven components of assisting and advocating for clients, and for developing new services (Abbott, 1936; Breckinridge, 1931; Lathrop, 1905; Lee, 1937). The Hull House approach joined researchers, practitioners, community organizers and residents in dialogue, engaging them together in personal and political action as well as informing social theory. Narrative in style and rich with examples, these published studies brought to public attention the strengths and needs of people in disadvantaged circumstances, and frequently influenced social policy at the national level (Tyson, 1995).

Many decades later, the prevailing structure of professionalization, specialization and bureaucratization has separated practice, research, policy reform and social change, resulting a widening gap between knowledge development and the realities of practice. Increasingly, practice principles and methods are developed by “experts”, often under controlled conditions, then imported into daily practice and tested against clients and the policy context. Such division of labor has created institutionally segregated professional roles (i.e., researchers separated from practitioners) with different aims, methods, styles and interests, thereby limiting social work’s efforts to attack social problems comprehensively. Recovering the unity among research, practice and policy as one collaborative process can provide contemporary social work a different base for expertise, a knowledge that comes from people and community.

Defining Participatory Research

Finn (1994), reviewing current literature in the field of participatory research, outlines three key elements that distinguish participatory research from traditional approaches to social science: people, power and praxis. It is people centered (Brown, 1985) in the sense that the process of critical inquiry is informed by and responds to the experiences and needs of oppressed people.
Participatory research is about power. Power is crucial to the construction of reality, language, meanings and rituals of truth (Foucault, 1973). Participatory research promotes empowerment through the development of common knowledge and critical awareness which are suppressed by the dominant knowledge system. Participatory research is also about praxis (Lather, 1986; Maguire, 1987). It recognizes the inseparability of theory and practice and critical awareness of the personal-political dialectic. Participatory research is grounded in an explicit political stance and clearly articulated value base - social justice and the transformation of those contemporary socio-cultural structures and processes that support degeneration of participatory democracy, injustice and inequality.

Participatory research challenges practices that separate the researcher from the researched and promotes the forging of a partnership between researchers and the people under study. Both researcher and participant are actors in the investigative process, influencing the flow, interpreting the content, and sharing options for action. Ideally, this collaborative process is empowering because it (1) brings isolated people together around common problems and needs; (2) validates their experiences as the foundation for understanding and critical reflection; (3) presents the knowledge and experiences of the researchers as additional information upon which to critically reflect, (4) contextualizes what have previously felt like "personal," individual problems or weakness, and (5) links such personal experiences to political realities. The result of this kind of activity is living knowledge that may get translated into action. Participatory research reflects goal-oriented, experiential learning, and transformative pedagogy.

Conceptualizing the Research Process: Participation and Partnership

Participatory research views knowledge production as a dynamic process of "engagement, education, communication, action and reflection" (Finn, 1994, p. 27). Knowledge exists in our everyday lives. We live our knowledge and constantly transform it through what we do. Knowing is part of our life; it informs our actions. Critical learning comes from the scrutiny of everyday
life. This knowledge does not derive from analysis of data about other human beings but from sharing a life-world together — speaking with one another and exchanging actions against the background of common experience, tradition, history, and culture (Park, 1993). It is this engagement and its impact on ways of looking and developing knowledge which is crucial, rather than the articulation of a set of techniques that can be mimicked.

Conceptualizing knowledge development as an emergent process, the discussion on the theoretical and methodological perspective centers around the conditions and actions that help move research processes in the direction of participation and partnership.

*Setting the Research Process in Motion*

Participatory research is most closely aligned to the natural processes of social movements. As groups begin to organize there is almost always a need to understand more about the situations which people are facing together. Typically, participatory research begins with issues that emerge from the day-to-day problems of living. It builds on a belief in people’s inherent ability and right to be their own agents in knowledge building and action. This sense of the problem may not always be presented as a consensually derived target of struggle. For this reason, the role of the researcher is to work with the community to help turn its felt but unarticulated problem into an identifiable topic of collective investigation.

Researchers need to take responsibility for developing an informed and critical view of the daily realities surrounding research issues before starting the research project. They need to be knowledgeable about the specific substantive content areas of a research topic, about the cultures and life experiences of those whose lives would be the focus of the research. Researchers need to be aware of how members of a group perceive and speak about their lives. This means they must learn everything that can be found out about the community and its members both historically and sociologically through available records, interviews, observation, and participation in the life of the community. In the ideal situation, the researcher already lives in the community and partakes in its affairs. Typically, however, the researcher is not an
established member of the community. For this reason, he or she must be a committed participant and accepted by the community.

During this phase the researcher explains the purpose of the project and begins to identify and solicit help from key individuals who would play an active role in the execution of the project. In this process, the researcher acts as a discussion organizer and facilitator and as a technical resource person (Park, 1993). Together with a collaborating organization, such as a community development agency, social service agency, or community health clinic, the researcher contacts members of the community, activates their interest in the problem to be dealt with by action-driven research, and helps to organize community meetings where the relevant research issues will be discussed. This initial organizing phase of the project can take considerable time and effort. This situation demands interpersonal and political skills of the researcher as an organizer.

This pre-data gathering phase of participatory research has its analog in traditional field research, in which the researcher establishes rapport with the community for cooperation in the research process. However, the contrast is that participatory research puts community members in the role of active researchers, not merely passive providers of information.

Once community members begin to get together to discuss their collective problem, the researcher participates in these meetings to help formulate the problem in a manner conducive to investigation, making use of the community knowledge that he or she developed earlier. From this point on, the researcher acts more as a resource person than an organizer, this latter function being better carried out by community people with organizational skills and resources. The aim of the participatory research is to provide the catalyst for bringing forth leadership potential in the community in this manner. Here, the researcher shares his or her expertise with the people, recognizing that the communities directly involved have the critical voice in determining the direction and goals of change.

**Dialogue and Critical Reflection**

A key methodological feature that distinguishes participatory research from other social research is dialogue. Through dialogue,
people come together and participate in all crucial aspects of investigation, education and collective action. It is through talking to one another and doing things together that people get connected, and this connectedness leads to shared meaning. The dialogic approach differs from conventional "interviewing" in several respects. Interviewing presupposes the primacy of the researcher's frame of reference. It offers a one-way flow of information that leaves the researched in the same position after having shared knowledge, ignoring the self-reflective process that the imparting of information involves. The dialogic approach and self reflection require the inevitable engagement of the researcher in the critical process, in the discussion of meanings and perspectives.

Dialogue helps people to look at the "whys" of their lives, inviting them to critically examine the sources and implications of their own knowledge. The role of the researcher in this process is not only to learn from the participants, but also to facilitate learning. Education here is to be understood not in the sense of the didactic transmission of knowledge, characteristic of much of expert teaching, but rather in the sense of learning by posing questions and stimulating a normative dialogue: What are the conditions of participants' lives? What are the determining features of the social structure that contribute to creating those life patterns? What choices do the members of the group make, and why do they believe those are good things to do? What are the possibilities for their experience and action? The researcher's sharing of his or her perceptions, questions in response to the dialogue, and different theories and data invite the participants to critically reflect upon their own experiences and personal theories from a broader context. Learning involves examining the self from a new, critical standpoint. Dialogue acts as a means for fostering critical consciousness about social reality, an understanding based on knowledge of how people and issues are historically and politically situated (Shor & Freire, 1987).

Researcher's Reflexivity: A dialogic approach requires both the researcher and the participants to help create and maintain authentic and mutual relationships. This involves ongoing relationship and raises ethical issues around power, status and authority, as well as critical reflection over their roles, intentions, actions and
content. The forging of a partnership is not easy with people who have been victims of a dominating structure; traditional attitudes and negative self images reinforce subordination to outside researchers. And for the researcher, it may be difficult to relinquish the role of expert, imposing one's ideas consciously or unconsciously. To counter these tendencies, researchers must engage in explicit reflexivity, that is, they need to examine the sources of social power in their lives and how these sources appear in their research. Their class, culture, ethnicity, gender assumptions, beliefs, and behaviors must be placed in the frame of analysis and in the research report (Harding, 1991). Ultimately such an emphasis involves a cross-checking mechanism on the hubris of intellectuals and power relations that underlie the formation of knowledge itself.

People's Participation: Envisioning a new, egalitarian partnership requires both the researcher and community members to break with old, hierarchical patterns of interaction between researcher and researched. “Old” patterns may be most successfully broken and “new” roles created when all collaborators make a clear commitment to continually scrutinize their interactions. Community members must be willing to “call” researchers on their unexamined assumptions of authority and expertise. In turn, researchers must be willing to be confronted on such assumptions and to take a back seat to community experts. Researcher-community partnerships are more likely to succeed if all participants in the collaborative endeavor are expected to share responsibility for acknowledging and discussing patterns of interpersonal conduct. In this way, the collaborative researchers strive for an equivalent voice rather than a dominant voice in the research process.

Research Design and Methods

Participatory research, in theory, draws upon all available social science research methods. However, because participatory research is premised on the principle that the people with a problem carry out the investigation themselves, it excludes techniques that require a separation of researcher and researched, such as when experimental “subjects” are kept ignorant of the purpose of the study. Methods that are beyond the technical and material
resources of the people involved in the research are also excluded. Field observation, archival and library research, and historical investigation using documents and personal history, narratives and story telling, as well as questionnaires and interviews, have been used in participatory research.

Once the research question is formulated, the researcher presents to the group methodological options that can be considered within the available personnel and material resources of the community, and explains their logic, efficacy, and limitations. This aspect of participatory research serves to demystify research methodology and put it in the hands of the people so that they can use it as a tool of empowerment. This is a long-range goal of participatory research toward which the researcher moves the process by sharing his or her knowledge and skills with the groups.

Communication is a key methodological concern in participatory research. It draws upon creative combinations of written, oral and visual communication in the design, implementation and documentation of research. Grassroots community workers, village women, and consciousness raising groups have used documentary photographs to record and reflect their needs, promote dialogue, encourage action, and inform policy (Ewald, 1985; Wang & Burris, 1994). Researchers use theater and visual imagery to facilitate collective learning, expression, and action (Antrobus, 1989). Other forms of popular communication are utilized such as collectively written songs, cartoons, community meetings, community self-portraits and video-tape recordings (Bell, Gaventa & Peters, 1990; Conchelos, 1985; Randall & Southgate, 1981).

Critical knowledge development calls for a creative blend of traditional methods of inquiry and new approaches. Use of alternative communication methods in participatory research has both pushed researchers to re-examine conventional methods and opened up the possibility of using methods that previously would not have been considered legitimate.

Action and Knowledge

The path from knowledge generation to knowledge utilization is direct in participatory research, since the same actors are involved in both activities. Often in participatory research, what is investigated is not a theory to be applied but rather the ways of
Research and C. O.

implementing a practical idea, such as leadership development in the labor and civil rights movements (Horton, 1990), starting a community cooperative (Conti, Counter, & Paul, 1991), policy initiatives for inner city youths (Checkoway & Finn, 1992) or a homeless persons union (Yeich & Levine, 1992). In such instances, action takes place concurrently with research activities. The truth and appropriateness of the views and decisions of a particular group cannot be tested other than in action. Only in action can it be determined whether their goals and purposes have been recognized and acted upon, and whether obstacles remain. This is not a detached analysis but an ongoing lived experience through research which provides the basis for a constant reformation, elaboration, and development of research problems and analysis, with the political objective of the elimination of the problem. The power to name the conditions of injustice must be accompanied by the power to act whereby research and political action become fully integrated.

Transforming a Community Through Research: Case Examples

The previous section outlines the basic tenets and processes of participatory research. In order to develop this understanding further, the discussion now moves to an examination of two specific projects to illustrate how the principles of participatory research are applied in mobilizing people to analyze their experience, articulating indigenous knowledge, and devising practical plans and strategies to meet their needs.

One such context is offered by the work of the Leicester Black Mental Health Group in Britain (Westwood, et al., 1989). This participatory research focuses on how black people's lives and protests have been "psychiatrized" through the normal discourse of knowledge production. These are crucial issues of concern because black people, especially young black men are over-represented in mental hospitals.

The research project was developed within this context involving an extended period of dialogue among those in the research group of the Black Mental Health Group as to the conceptual field in which the work should be conceived, executed
and presented. It was in these discussions that they decided to focus attention on the collection of "narratives of sickness" not simply because this would give voice to the previously silenced black mentally ill, but also because narratives/narrators would construct subject positions. Coupled with the active involvement of black people in agenda-setting roles, the research made a crucial shift away from the black people as the "others" who are objectified through their inclusion as examples or cases within psychiatry - a major example of the power-knowledge complex. The diagnosis was a mystifying label which did not, for black women and men, aid in understanding the often frightening and painful experiences that constituted their lives. Through the collection of narratives of sickness, the research process provided a forum where they reconstructed their biographies; the onset and experience of mental illness; and their treatment by psychiatry. Many of them acknowledged that they were ill, vulnerable and in need of specific forms of help which they did not receive. It is a sadly familiar story.

The research was not bound to the narratives. Crucial information also gathered in the research was statistical data indicating the over-representation of black people diagnosed as schizophrenic. In calling attention to this and using the official statistics, the research project illuminated how symptoms and diagnosis at the micro level were related to policy design and implementation the macro level. Such analysis linked the over-representation of black people in the mental health system to the politics of racism.

Equally, they were not content just to tell what was a very painful and compelling story. Instead, they allied the publication of the research report to a community-based conference at which psychiatry and mental health management could engage with black people and respond to an agenda for action against racism in mental health care. It was a powerful encounter and one which has proved to be ongoing and empowering for local black people. In part, this is because the issues go to the heart of the lives of black people in Britain; power and knowledge, surveillance by the state set against the psychic damage of racism, exclusion and unbelonging in Britain.

Another example comes from the efforts of rural Chinese
women who have employed photo novella (documentary picture stories) as a participatory method to document, discuss, and organize around their collective health interests, with the shared aim of improving life conditions in their communities (Wang & Burris, 1994). Putting cameras in the hands of children, rural women and grassroots workers, instead of health specialists, policymakers, or professional photographers, photo novella allowed them to be recorders and potential catalysts in their own communities. This work originated as part of the Women’s Reproductive Health and Development Program supported by the Ford Foundation assessing the needs of rural women of two counties of Yunnan Province, China.

As a first step, the Program established the provincial and county guidance groups in order to improve coordination among policy leaders who address the social, economic, cultural, and biomedical factors that affect women’s health. The guidance group provided a structure to address policy questions that would emerge from the women’s photographs and discussions. The guidance groups consisted of provincial and county leaders from the bureaus of poverty alleviation, education, family planning, and health; researchers from universities and policy organizations; and cadres from the Women’s Federation. It was at guidance group meetings that needs assessment research was proposed, discussed, and revised.

Local Women’s Federation cadres selected a representative group of rural women who would reflect to policymakers the range of their peers’ concerns. A total of 62 women, representing over 50 villages, received intensive training in the techniques and process of photo novella. They photographed their home place and environment in which they work, play, worry, and love. A person need not have possessed the skills of the “elite,” such as the ability to read or write, to participate in photo novella. As this project demonstrated, photo novella can be taught to a person who has little or no formal education.

As a need assessment tool, photo novella provided a creative and appealing method by which village women could document the health issues of greatest concern, communicating them to policy makers, donors, program planners and implementers, line agencies, the provincial and county guidance groups, and their
own communities. At the same time, photo novella explicitly focused on other forms of empowerment through participation. The process emphasized the use of village women's documentation of their everyday lives as an education tool to increase their individual and collective knowledge about women's health status and to empower women to mobilize for social change. For example, a photograph of a woman weeding her cornfield as her baby girl lay alone was a lightening rod for the women's discussion of their burdens and needs. When families must race to finish seasonal cultivating, when their work load is heavy, and when no elders in the family can look after young ones, mothers are forced to bring their babies to the field. Dust and rain weaken the health of their infants. Photographs provide both evidence and validation for shared concerns.

A central aim of photo novella was to contribute to an environment where rural women's self-defined concerns entered programmatic and policy discussions. Although many programs have been initiated on behalf of rural women, it was almost unheard of to seek out, systematically and deliberately, their point of view. The top-down and vertical structure of Chinese bureaucracy and logistic constraints of feasibility (e.g., resources and transportation) did pose challenges to the photo novella process, but overcoming these obstacles was itself one of the successes of the program. Photographs elicit visceral reactions, and that is one of the key advantages of photo novella in reaching policymakers. A rural woman normally could not gain access to a county-level official, or communicate with a westerner. Her photos do. Through them, her ideas and hopes may receive a powerful audience.

Through participatory research, people's knowledge and experiences that were private pains have become a collective document, collectively produced and owned. Their new relationship to knowledge production provided them not simply a voice but a speaking position, allowing them to make new claims to legitimacy when faced with psychiatry and health services management. This is one way political agendas are shifted by research and the balance of power in the power/knowledge complex becomes a contested terrain. Thus, research methods and skills can be appropriated for counter-balancing work by oppositional groups
and can thereby empower people individually and collectively in specific contexts.

**Conclusion**

Participatory research is a way of seeing and a form of knowing that employs historical knowledge, reflexive reasoning, and dialectic awareness to give people some tools to realize new potentials for the emancipation and enlightenment of ordinary individuals today. By refining people's thinking abilities and moral sensibilities, participatory research hopes to equip individuals with a new consciousness of what must be done and how to do it. This consciousness might help them determine what their best interests should be and lessen the victimization that people impose on themselves from within or that is forced upon them from outside.

Participatory research does not claim critical knowledge as a privileged form of "true science." Instead, it accepts its potential fallibility, as well as awareness of its own precarious and contingent relation to social change and the inherent difficulties of self-reflective mode of theorizing. Because self-reflection is itself historically situated, it cannot make any claim to a transcendence. Second, although reflection may reveal an interest in emancipation, it does not necessarily or automatically provide a linkage between this interest and actual emancipatory action. That is, even if one has developed conscious-raising and unraveled ideological distortions, emancipation still requires active political engagement, choice and commitment. All human beings are entangled and enmeshed in a recalcitrant reality made of enduring cultural traditions, the demands of everyday existence, and often unyielding personal identities that no participatory researchers can ever wholly unravel. Any critical theory that ignores these realities runs the risk of becoming itself ideological. Its dialectic outlook must also alert resistance efforts to the unexpected and unintended results of any human action as individuals and groups oppose the prevailing systems of power, position and privilege.

In the 1990s we talk of alliances, coalitions, and working together. At the same time we also speak of building our alliances for change on authentic voices of people through which people make choices, shape action, and create social movements. We
have much to gain by critically engaging with the theory and practice of participatory research as we face the many challenges ahead.

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Research and C. O.


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Gay and Lesbian Adoptions: 
A Theoretical Examination of Policy-Making 
and Organizational Decision Making 

THOM REILLY

Most of the inquiry into gay and lesbian adoptions has focused on the 
rights of this population to adopt, the constitutional issues surrounding gay 
and lesbian parenting, and the outcomes of children raised by homosexual 
parents. There has been scant focus at the policy-making or organizational 
level on this issue. Why have public adoption agencies failed to provide 
either regulation or written policy on the topic of adoption of children by 
gays and lesbians?

This article pursues a theoretical examination of policy-making and 
organizational decision making to explore this issue. Additionally, a survey 
was distributed to adoption officials in each of the fifty (50) states requesting 
information about the placement of children in adoptive homes of lesbian 
and gay adults. This examination, coupled with a survey of the child welfare 
agencies, provides the framework for this analysis. The results of this survey 
and the policy implications are discussed.

Introduction

Whether a lesbian or gay individual is allowed to adopt a child 
depends on the laws, regulations and formal/informal policies 
of the state where she or he lives. Recent court cases across the 
United States have produced contradictory rulings on child cus-
tody and adoption cases concerning gays and lesbians (Martin, 
1993; Rubenstein, 1993). These rulings have signaled a new stage 
in a national debate over the definition of family, the rights of 
lesbians and gays to adopt, and whether the adoption of children 
by gays or lesbians is in a "child's best interest."

As the visibility of gay and lesbian issues has increased, so 
have the issues about families created by them. While increased
tolerance for this population has gained momentum, according to several national polls, Americans still have difficulty approving of gays and lesbians becoming parents (Turque et al., 1992).

According to Ricketts & Achtenberg (1990), "Increasingly, lesbians and gay men are exploring an ingenious array of parenting options—including, to the extent they are permitted by law and policy, adoption and foster care" (p. 84). It is impossible to estimate the number of gays and lesbians who have adopted because gay adoptions are often classified as single-parent adoptions. In the absence of any complete and accurate national adoption data, estimates on the number of gay and lesbian parents range from 6 million to 14 million (Green & Bozett, 1991; Turner, Scadden & Harris, 1990).

Unfortunately, public adoption agencies have not provided the necessary guidance and written direction on this issue. In situations where state law and the courts have not clearly articulated policies about adoptions by gays and lesbians, the child welfare agencies have remained silent on the issue and developed informal policies which are inconsistently applied. In fact, many agencies seem to have employed a "don't ask; don't tell" policy similar to the one used to deal with gays and lesbians in the military.

Most of the inquiry into gay and lesbian adoptions has focused on the rights of this population to adopt, the constitutional issues surrounding gay and lesbian parenting, and the outcomes of children raised by homosexual parents. There has been scant focus at the policy-making or organizational level on this issue. Why have public adoption agencies failed to provide either regulation or written policy on the topic of adoption of children by gays and lesbians?

This article pursues a theoretical examination of policy-making and organizational decision making to explore this issue. Additionally, a survey was distributed to adoption officials in each of the fifty (50) states requesting information about the placement of children in adoptive homes of lesbian and gay adults. This examination, coupled with a survey of the child welfare agencies, provides the framework for this analysis. The results of this survey and the policy implications are discussed.
Adoption in the United States

In the United States, two overriding principles guide attempts to find homes for children whose biological parents cannot or will not provide for them. These are: (1) that decisions shall be made in the best interests of the child; and (2) the goal should be for permanency in a secure, stable and nurturing environment (Schulman & Behrman, 1993).

There are several ways children become eligible for adoption. First, biological parent(s) may consent to the adoption and transfer all parental rights and responsibilities to an adoptive parent. Second, the biological parent(s) rights may be terminated by the court due to a finding of abuse, neglect or abandonment. Finally, second parent adoptions have been approved in some states whereby the biological rights are not extinguished but an adoptive co-parent—a stepparent or same-sex partner—also becomes a legal parent of the child. This allows a nonlegal parent, with the consent of the legal parent, to adopt the same child and acquire all the rights of parenthood. In these types of adoptions, the legal parent retains all of his or her rights as well (Rubenstein, 1993).

Although regulations regarding adoptions vary from state to state, most states allow adoptions by public and private agencies and independent or private adoptions. In public agency adoptions, performed through a state, county or city sponsored adoption agency, the majority of children available for placement are those who have been abused or neglected. Most of the children placed by public agencies are called “special needs” children. The definition of children with special needs includes older children, culturally diverse children, children with physical, mental or emotional problems, and children who are part of a sibling group. Most private adoption agencies work with birth parents who come to them to place their children (usually infants).

Despite the much publicized shortage of adoptable white healthy newborns, there are tens of thousands of children in need of permanent adoptive homes. Of the 428,000 children in foster care today (Tatara, 1993), it is estimated 85,000 of them need adoption planning and services (McKenzie, 1993). As the number of
children in foster care grows, child welfare agencies are reporting a shortage of adoptive parents.

The "best interest of the child" —
Research on Gay and Lesbian Adoptions

The standard "best interest of the child" qualifier is highly subjective and the one most frequently cited by courts in the denial of adoptions to gays and lesbians. According to Rivera (1987), "When a judge decides what the facts are in a particular case, he or she must then decide, as a matter of law, what is in the best interest of the child . . . one such criteria is that a judge should consider the moral environment of the home. As is easily seen by any practitioner of family law, such a criteria allows much room for the judge to impose his or her own moral standard" (p. 202).

Despite the increased number of adoptions by gay and lesbians, there is no specific research that deals exclusively with this population (Patterson, 1992). However, there is a considerable body of research about gay and lesbian families in general. Research has consistently found there is no evidence of any kind, psychologically or socially, that children growing up in gay and lesbian homes suffer any negative effects. Additionally, there is no documentation suggesting gay and lesbian parents are in any way deficient when compared to their heterosexual counterparts. Numerous studies have been done comparing lesbian mothers to heterosexual mothers concerning parenting effectiveness and varying aspects of psychosocial and psychosexual development of children raised by these women (Golombok, Spencer, & Rutter, 1983; Green & Bozett, 1991; Green, 1978; Hoeffer, 1981; Kirkpatrick, Smith & Roy, 1981; Flaks et al., 1995; Mandel & Hotvedt, 1980; Patterson, 1994; Rees, 1979; Mucklow & Phelan, 1979; Miller, 1979; Steckel, 1987). No research has identified significant differences between lesbian mothers and their heterosexual counterparts or the children raised by these groups. Children of lesbian mothers are as intelligent, have equal self-esteem and suffer no more psychopathology or behavioral problems than children of heterosexual parents.

Additional studies of gay men and their children have been conducted. Although the studies were not broad in scope, no
negative consequences of parental homosexuality could be as-
certained (Scallen, 1981; Turner, Scadden & Harris, 1965; Bigner &
Jacobsen, 1989; Harris & Turner 1986; Riddle, 1978; Bozett, 1989;
Miller, 1979).

Furthermore, the social science literature has consistently
found gay and lesbian parents are no more likely to have ho-
mosexual children than heterosexual parents (Bozett 1981; 1987;
Green, 1978; McGuire & Alexander, 1985; Miller, 1979; Rees, 1979;
Robinson, Skeen, & Walters, 1989; Turner, Scadden & Harris,
1990).

Finally, research indicates sexual exploitation of children by
their gay parents is virtually nonexistent (Herek, 1991; Miller
1979; Geiser, 1979;). Groth & Birnbaum (1978) concluded that
"the adult heterosexual male constitutes a greater risk to un-
derage children than does the adult homosexual" (p.181). Every
authoritative study on arrests for all sex crimes involving children
indicates 90% of such incidents involve female children and adult
males (Voeller & Walters, 1978).

Many courts believe a parent’s homosexuality may harm a
child’s development. None of the above studies confirm this pre-
diction nor have any other valid studies supported this assump-
tion. Children of lesbian and gay parents appear to develop the
same as children raised in heterosexual homes in terms of gen-
der identity, gender role, sexual orientation and various aspects
of psychological health, psychosexual development and social
adjustment.

Survey Methods

In early 1994, the Nevada Division of Child and Family Ser-
vices distributed a questionnaire to adoption specialists in each
of the fifty states. Follow-up phone contact was made to the states
failing to respond. Information was obtained from all fifty states.
Adoption officials were asked if their state had specific legislation
or regulations on the placement of children with gays and lesbians
and if the agency has written policy governing these placements.
In the absence of any written policy, officials were then asked if
they had informal policy governing the practice. Finally, state
officials were asked under what circumstances, and who was
responsible for deciding whether or not, placement of children in a gay or lesbian home was allowed or prohibited.

Findings

Six states (Florida, Nevada, New Hampshire, New Mexico, New York, and Rhode Island) reported having specific legislation or regulations which address the placement of children with gay and lesbian adults for the purposes of adoption. New Hampshire and Florida are the only two jurisdictions with statutory bans on lesbian and gay adoptions. Legislation in Rhode Island allows for the placement of children with gays and lesbians. Regulations in New York and New Mexico allow for the adoption by gay and lesbian individuals and couples. Nevada's regulation allows for the placement of children in the homes of gays and lesbian individuals, but state law does not allow adoption by unmarried couples.

The only states reporting any written policy regarding gay and lesbian adoptions were Florida, New Hampshire and Rhode Island. Twenty-two (22) states reported that unwritten, informal policy allows the placement of children with gay or lesbian adults, while seventeen (17) states have informal policy that leaves such a decision to the case worker, supervisor, and/or adoption team. Two states (Colorado and North Dakota) reported practices differ throughout the state. Arizona stated that, due to consistent rulings by the Arizona Court which prohibit gay and lesbian adoptions, the agency leaves the decisions about placement in gay and lesbian households up to the courts. Forty-five (45) of the states reported that regardless of whether or not they had informal policy allowing the practice, or whether such decisions were made by an individual social worker or adoption team, agency practice was guided by what was in the best interest of the child. Of these, five states (Maine, Wisconsin, Delaware, Kansas and Montana) stated decisions were made only on the basis of what was in the child's best interest.

When asked under what circumstances the placement of children in gay or lesbian homes for the purpose of adoption occurs, four states (Maine, New Jersey, Hawaii and Michigan) responded such adoptions are approved only if there is a shortage of eligible
Gay and Lesbian Adoptions

heterosexual individuals or couples; nineteen states stated gay or lesbian individuals or couples were granted equal consideration as potential adoptive parents; and, eight states responded that the sexual orientation of an individual or couple is not of concern to them nor is it specifically requested.

According to this survey, most states' policies on gay adoptions are ambiguous. Written policy guiding this practice was only in existence in three of the responding states. Informal policy seems to govern the practice of gay and lesbian adoptions in the United States. The majority of states informally allow for the placement of children in gay and lesbian homes and/or leave it up to an adoptive team, supervisor or social worker for a case-by-case decision.

Many of the states' adoption officials acknowledged it is impossible to determine how many gay and lesbians adoptions occur. Social workers supportive of gay and lesbian adoptions can omit information about the sexual orientation of the applicant or bury it in a report because the court may rule unfavorably. Many are simply classified as single parent adoptions. Conversely, a social worker opposed to the practice can place roadblocks for the adoption or support other reasons not to recommend the placement.

In spite of data confirming the absence of any negative effect of gays' and lesbians' parenting and the large number of children in need of adoption services, the question arises: Why have adoption agencies failed to provide written direction to their social workers? Some states privately stated that developing a policy prohibiting the placement of children in gay and lesbian homes would leave their agency vulnerable to a lawsuit. Other states were reluctant to discuss their policy because it is deemed too controversial and politically troublesome.

The Massachusetts Experience

The absence of written policy, either pro or con, led to the 1985 controversy over the placement of two children in the home of a gay couple in Boston, Massachusetts. In an explosive decision, the first of its kind nationally, Massachusetts established a new policy which made it unlikely that gay and lesbians could become foster
parents. The policy was formed after the *Boston Globe* publicized the placement of two young boys in the home of a gay couple. Since rumors of the forthcoming article had been discussed for days, the Department of Social Services (DSS), anticipated the controversy and contacted the children's mother and asked her to sign an agreement for her sons' placement in the gay couple's home. After visiting the home, she signed the statement (Benkov, 1994; Martin, 1993; Rickets and Achtenberg, 1990).

It is unclear exactly what transpired between the DSS and the administration of Governor Dukakis but, a day after the article appeared, social workers arrived to take the children to another foster home. The next day, Governor Dukakis ordered a review of the foster care policies. The new policy created a foster care hierarchy to determine foster care placements in the following order: 1) married heterosexual couples experienced in raising children; 2) married heterosexual couples without parenting experience; 3) single parents or unmarried couples; and 4) gay or lesbian singles or couples. Any gay or lesbian applicant had to be approved by the Commissioner of DSS (Benkov, 1994). Although Massachusetts' position on foster care did not apply to adoption, the Massachusetts Legislature in 1989 enacted an amendment to the state budget that banned the DSS from placing a child for adoption with a homosexual person other than the biological parents (Adamec & Pierce, 1992).

Controversy over the policy simmered for years in the state, with the Governor defending it and the Attorney General's Office leading a fight to overturn the action based on its discriminatory nature. In 1990, the policy was rescinded. Currently, there is no mention as to how sexual orientation is to be treated in the assessment of prospective adoptive or foster parents (Mary Gamblan, personal communication, December 29, 1994).

**Theoretical Examination of Policy-Making and Organizational Change**

In searching for hypotheses about a complex issue such as the failure of public agencies to develop policies on gay and lesbian adoptions, it is important to employ various cognitive and theoretical frameworks. The ability to view an issue through
different conceptual lenses provides more meaningful insight and possible solutions to a complex problem such as this. With this in mind, several theoretical frameworks are presented.

**Rational Theory**

A rational theory of policy-making is based mainly on logic and scientific reasoning. Bureaucratic rationality refers to the ordering of social affairs by government agencies. According to bureaucratic rationality, government civil servants can objectively define social problems, develop strategies to address them, and deploy programs in an equitable manner (Karger & Stoesz, 1990). The basic principle of rationality is that the actor has a clear idea of what he or she wants and pursues it in the most efficient way possible by relating consequences systematically to objectives. Allison (1971) contends that rationality refers to "consistent, value-maximizing choice within specified constraints" (p. 30).

Applying a theory of rationality to the central question of why adoption agencies fail to develop formal policy on gay and lesbian adoption, provokes the following plausible explanation: Public adoption agencies recognize that gay and lesbian individuals have been effectively adopting and foster parenting for many years. Given the large number of children awaiting adoptive homes and the shortage of adoptive placements, gays and lesbians provide an important resource for these agencies. Realizing that gay and lesbian parenting is a political, religious and emotionally charged issue, adoption agencies choose not to formally develop policies on the subject. Instead they develop informal policies permitting the practice, or leave the decision making to the individual social worker on a case-by-case basis. Agencies fear bringing attention to the practice would result in considerable controversy because of probable public opinion disapproving the practice. This explanation seems to support the findings of the national survey which showed the majority of states either informally allow the practice or leave it to the social worker to decide on a case-by-case basis.

**Informed Elites**

Another fundamental theory derived from the social philosopher, Carl Friedrich (1958), especially applicable in jurisprudence,
suggests individuals in authority (such as a public administrator) carry out reasonable policies that would create unreasonable controversy if they became widely known by the general public. Individuals in the agency, or informed elites (i.e., social workers, judges) help to keep the silence because failing to do so would jeopardize the practice if the public were made aware of it. The challenge in these cases is to make sure the practice remains reasonable in virtually all cases and keep the practice invisible to the larger public, even though it is well known to the various actors involved in implementing the practice.

Problems may arise when information about the practice becomes publicized. This theory is plausible and explains why a state such as Massachusetts, that previously allowed adoptions and foster parenting by gays and lesbians, changed policy direction after the informal practice was discovered by the media, which in turn defined it to the public.

*Street Level Bureaucrats*

Another conceptual angle contributing to an understanding of public adoption agency practice on this topic is Michael Lipsky's (1980) theory on street level bureaucrats. According to this author, goal expectations in public agencies tend to be ambiguous and vague. He contends social service systems are really not created to solve clients' problems. Their purpose rather, is to offer the appearance of a service response, but not the necessary resources to effect a comprehensive solution. The objective is to maintain a minimal amount of order in a system that would otherwise become inoperative if operated strictly in accordance with official intent. Given agency ambiguity, street level bureaucrats (social workers) have considerable discretion in working with clients and relative autonomy from organizational authority.

This theory would suggest some organizations are structured so as not to make decisions about problems. Therefore, the reason the majority of states allow the practice of placing children in the homes of gays and lesbians is that a majority of street level bureaucrats (i.e., social workers) are schooled in rationality and social welfare theory. Some social workers may utilize gay and lesbian homes for adoption because a large body of research has demonstrated their effectiveness in parenting and there is
a shortage of adoptive homes willing to take special needs children (rationality). Social welfare policy has strong roots in social justice, equality and equity and attempts to rectify discriminatory practices. Although not all social workers in public agencies are licensed or have degrees in social work, social welfare policy and social work practice continue to dominate the field of child welfare. In fact, according to Benkov (1994), "the National Association of Social Workers (NASW), insisted that the Massachusetts policy entailed a breach of ethics for social workers, whose professional oath included refraining from discriminatory practices" (p.96).

**Garbage Can Theory**

March & Olsen’s (1976) garbage can theory also provides insight into predicting and understanding organizational decision making. In a garbage can theory, a decision is an outcome or an interpretation of several independent streams within an organization. The authors describe a choice opportunity as a garbage can in which participants dump various problems and solutions. The mix in the can depends on what is being produced, the number of cans available, the labels on the cans, and the speed the garbage is collected. There are four common organizational streams which pour into the garbage can: problems, solutions, participants, and choice opportunities. The authors suggest decision making is dependent upon constraints of time, resources and other organizational limitations.

Contrary to classical organizational theory, this model suggests organizations are not always rational and that environmental forces do not always affect agency knowledge and preferences. This theory embraces ambiguity without expecting to find a link between cause and effect. Decisions can be made in this model in three different ways: oversight, flight, or resolution.

Several factors may determine if and when an issue will be resolved. These include the amount of problems needing to be resolved by the organization, the timing with which an issue is brought to the attention of decision makers, the values of the decision makers, the environmental responses occurring at the time an issue is identified, the organization’s understanding of the environment and the ability of the organization to interpret its own history.
Applying the garbage can theory to the question of why public adoption agencies fail to develop policies on gay and lesbian adoptions, a plausible explanation would be as follows: Placement of children in the homes of gays and lesbians for the purpose of adoption is one of many issues/problems facing a public child welfare organization, and it is usually not the most important or pressing issue. These agencies, like most public agencies, are faced with shifting goals, priorities and problem situations (i.e., large caseloads, budget constraints, class action lawsuits, child fatalities, etc.). The turnover of public administrators and line workers is fairly constant. Decision makers are constrained by time and resources. When the issue of gay and lesbian adoptions arises (dumped in the garbage can by a social worker or another participant), several things may occur.

The issue can be attached to a larger problem such as the overall shortage of families wishing to adopt special needs children or the inability to free children for adoption due to large caseloads. Resolving the issue of gay and lesbian adoptions becomes dependent upon resolving the shortage of adoptive homes or the issue of large caseloads. Since these issues require substantial resources, they are rarely resolved. This is an example of how a decision is handled by oversight.

Another possible scenario is the decision to develop written policy on the topic of gay and lesbian adoptions is not activated because a key policy maker in the organization opposes it or, the process to adopt new regulations would require holding open meetings to elicit public comment. The agency does not address the issue because it is associated with troublesome problems (i.e., internal or external opposition). If the problems leave the issue, for example, if the opposing key decision maker is replaced by someone supportive of gay and lesbian adoptions, or the process to adopt regulations is able to circumvent or limit public involvement, then the issue becomes more attractive for resolution. Minimal involvement of the public could occur by the issue being attached to other larger issues being adopted by the agency, thereby drawing minimal scrutiny, or the adoption of temporary regulations which may not require public input. The problem (i.e., internal or external opposition) leaves the issue and thereby
Gay and Lesbian Adoptions

makes it possible to develop policies or regulations. This is an example of how a decision is made by flight.

The issue could be resolved because the timing is right, the organization’s decision makers have the time and resources to address the problem, there is minimal public reaction and/or media involvement, and the political atmosphere is favorable.

This may explain why a liberal state such as Massachusetts initially developed written policy prohibiting gay and lesbian adoptions, while other relatively conservative states such as Nevada and New Mexico adopted regulations allowing the process. In Massachusetts, the media defined the issue for the public, creating a crisis situation, and the sitting Governor had strong personal feelings opposing the adoptive placement of children in homes of gays and lesbians (Benkov, 1994; Ricketts & Achtenberg, 1990). In Nevada and New Mexico, the issue of gay and lesbian adoptions was only one of numerous amendments to the state’s adoption regulations. There was no media attention and therefore no adverse public reaction (Linda McGee, personal communication, December 29, 1994). This may also explain why the state of California rescinded its policy on adoptions by gay and lesbian couples. While adoption by single gay and lesbian individuals is permitted on a case-by-case basis, unmarried couples are not permitted to adopt. It has been speculated that California Governor Wilson was interested in cultivating his conservative credentials for his presidential run. He reversed a new state policy enacted by his own Social Services Director allowing unmarried couples to adopt and making it easier for a lesbian couple to effect a limited consent adoption of a child borne by one of the two after it was to be published in the Sacramento Bee newspaper (Las Vegas Review Journal, March 13, 1995).

Using the garbage can theory, the outcomes of organizational decision making are dependent on numerous interrelated factors. This theory allows for involvement of multiple actors, goals, values and action options. In addition, it includes a component of chance as to which combination may take effect, and how the process is changed (in its composition of elements) with the passage of time.
Conclusion

None of the four theoretical frameworks completely answer the question as to why public adoption agencies fail to develop written policy or regulation on the placement of children in the homes of gays and lesbians. However, they do provide a variety of hypotheses as to why some agencies have developed formal regulations and/or policy, why the outcomes on this issue differ, and why the majority of agencies have not sought resolution of this issue.

Each of the four models seem to complement each other and are plausible accounts when applied to the issue of gay and lesbian adoptions. Incorporating all or part of the models into an explanation may make some decision making more understandable and possibly assist in predicting outcomes.

On a practical basis, the failure of public agencies to provide written direction or regulation on the placement of children in gay and lesbian homes is a disservice to children. Hundreds of children languishing in foster care could have safe and permanent homes. Social workers and other practitioners providing adoption services need uniform written direction and guidance on this subject because current practice on the issue is inconsistent. Many social workers, in need of finding homes for children, are manipulating the home study process and omitting important information so children can be placed. The home study process, used to determine if a prospective applicant is capable of meeting the needs of a child, must be a vehicle wherein the home environment is honestly addressed. Failure to address the whole environment, including support systems, relationships and partners of adoptive applicants, seriously undermines the basis and intent of the home study process.

Gay and lesbian adoptive applicants should be assessed using the same criteria as any other applicant. There is no basis supported by research for holding gay and lesbian applicants to a higher or different standard. The main concern for child welfare agencies should be the best interest of the foster and/or adoptive child. Given the large number of children awaiting permanent homes, and the disastrous consequences of children adrift in the foster care system, gay and lesbian adults can be, and continue
to be, an important community resource. Until there is additional research suggesting anything different from research conducted thus far, it would appear the practice of evaluating all adoptive applicants (regardless of sexual orientation) on their ability to meet the needs of a specific child is the best way to proceed.

Although gay and lesbian adoptions are an emotionally and politically charged issue, it is imperative decisions governing the lives of children be made on the basis of empirical research rather than myth and/or assumptions. It is also critical for individuals involved in policy-making and decision making for children to understand the various factors which can come into play when organizations attempt to make decisions, resolve problems and develop policies. Achieving a balance between what is “right” and what is “possible” under a current social and political environment is a continuing challenge for social workers and their organizations. Maintaining that balance in the absence of explicit written policy requires constant vigilance and reevaluation of what is truly in a child’s best interest.

References


Occupational Aspiration
Among African-Americans:
A Case For Affirmative Action

RONALD E. HALL
David Walker Research Institute
School of Social Work
Michigan State University

The recent attack upon Affirmative Action in the workplace demands that merit be the sole criterion of employment. Policies designed to eliminate discriminatory practices are in themselves discriminatory and suggest minorities are inferior. Such suggestions are archaic and simplistic. Each assumes that the workplace operates in a social vacuum when in fact a complex system of cultural norms precedes the influence of merit. For African-Americans color is a precedent of merit. The present study was undertaken to determine the implications of color in the workplace by analyzing it vis a vis occupational aspiration. Using a sample of African-American college students, it was found that these students aspired to more prestigious occupations correlated with light skin. The apparent pervasiveness of this phenomenon requires it be addressed as an issue for social work and policy formulation.

Within the context of public law: All personnel actions affecting employees or applicants for employment shall be made free from any discrimination based on race, color, religion, sex, or national origin” (Civil Rights Act, 1964). For African-Americans, the issue of color among the various forms of discrimination continues to devastate employees and/or applicants in the workplace. Concern for its influence is frequently subordinated in lieu of race. In a society that values workers for their physical attributes among other criterion, color can then determine an African-American’s occupational opportunity through the limit of their aspiration (Hall, 1990a). The objective of this study was to explore the limits of aspiration influenced by color, based upon an empirical analysis.

Journal of Sociology and Social Welfare, December, 1996, Volume XXIII, Number 4

117
In a society not totalitarian, certain forms of dominance permeate. Scholars of the behavioral sciences refer to this as "hegemony." Hegemony is characteristic of the West. It is a very subtle—but no less potent—form of domination. In the United States it fosters an "us" against "them" mentality referring to Whites and all non-Whites. This notion of "us" against "them" may be the major component of European culture from which—according to Welsing (1970)—the need to dominate arises. It recapitulates itself at every level of society where the dominant Whites interact with the dominated non-Whites, including the workplace. As a result, the existence of skin color discrimination has been all but denied because it does not fit the "us" objectives of the dominant population. So when the U.S. Bureau of Labor Statistics reported significant progress for African-Americans in the corporate sector during the 1970's, the findings were immediately refuted by Davis and Watson (Taylor, 1982) who wrote "Black Life in Corporate America." Furthermore, the findings of the Labor Department—based upon its own investigation—were that a faulty methodology had been used to produce grossly misleading results (Taylor, 1982). This revelation occurred in the immediate aftermath of the "Black conscious" movement that would have seemed to have little affect upon the attitude of Whites who remain gatekeepers of the American workplace.

The 1990 U.S. Census reports the mean earnings of adults to be $15,105. For Native American adults it is $11,949; for Hispanics it is $11,219. Lastly, for African-Americans the mean adult earnings are $10,912 (Ramos, 1994). Assuming earnings correlate with occupational prestige, the U.S. Census would then suggest a positive correlation between dark skin and less occupational prestige. Dependent upon the cultural significance of that correlation, the occupational aspiration of African-Americans is put at risk.

According to James Baldwin, the root of African-American difficulty is directly related to color—hence referred to as skin color (cf. B. F. Jones, 1966). This would contradict much of the "Black consciousness/power" rhetoric of the sixties. But as per Hall (1995c) the issue of skin color for African-Americans was never resolved, merely relegated underground. It may affect every phase of an African-American's life, including choice of occupation, earnings, and self-concept (Vontress, 1970). Thus, a well-
known phenomenon among members of a minority group is a rejection of their group membership (Levine & Padilla, 1980). One way to express such rejection is through cultural norms. For African-Americans, this can be manifested by adopting the norms of the dominant group (i.e., Whites) and valuing these conflicting norms to determine what is a realistic aspirational goal for one's self. Several contemporary examples of the phenomena exist. For males, there is Willie Horton's role in the 1988 presidential campaign (Schram, 1990) and a Boston incident in which an African-American was accused of murdering a White female (Carlson, 1990). Both instances illustrate the willingness of the public to embrace rape fantasies where the culprit is too often dark and male. It has become a psychic aspect of culture in that dark skin is necessarily villainized to insure the sanctity of light skin. It contributes to the fact that African-Americans may be discouraged from certain occupations long before the hiring process begins.

For African-American females similar consequences are played out via the implications of light skin for physical beauty. For example, those characterized by Caucasian features continue to be more highly valued in society regardless of occupational skill or intellect (Neal & Wilson, 1989; Okazawa-Rey, Robinson, & Ward, 1987). It is these discriminatory factors, among others, which past political administrations have attempted to redress. Because the dominant majority of Americans in the workplace have been of European descent, light skin evolved as the norm (Myrdal, 1944). However, for African-Americans that norm remains an obstacle to their occupational aspiration. The situation is further complicated given the circumstances of miscegenation during the Antebellum (Fanon, 1965). Early on, the light-skinned offspring of the plantation class held a privileged status in the African-American community (Klineberg, 1944). Wealth, poise, and overall appeals were associated with their color (Reuter, 1969). This association is evident by the denigration of dark skin in the historical public exchanges between African-American leaders. In an editorial of the Crisis, an Atlanta University/NAACP journal, W.E.B. DuBois, a light-skinned African-American, labeled Marcus Garvey "fat, black, and ugly," implying that dark features were unattractive (cf. Franklin & Meier, 1982). This was
not a singular incident. A high-ranking official of the National Association for the Advancement of Colored People (NAACP) used similar language, referring to Garvey as a "Jamaican Negro of unmixed stock," implying that pronounced African features were not the least complimentary (cf. Garvey, 1986).

The association of light skin with cultural norms meant that it became a vehicle for occupational status, even though light skin among African-Americans was less common than dark (Huggins, 1942). Value-laden terms evolved that reflected the fact, such as high-yellow, ginger, cream-colored, and bronze (Herskovits, 1968). Similar norms were associated with other features, such as hair, which was designated "bad" if it was the kinky African type and "good" if it was the straight Caucasian type. When the term black was used, it inferred something derogatory (Hall, 1990a).

The fact is further evident in a listing of nationally prominent African-Americans engaged in prestigious occupations. It was compiled in 1934 by Edward Reuter. Of the 23 listed, 20 were light-skinned males and 1 light-skinned female (Reuter, 1934). The two remaining dark-skinned members of the list consisted of a "preacher," Alexander Crummel, and a poet, Phyllis Wheatly (Reuter, 1934). However, the accuracy of the study was somewhat questionable given that dark-skinned Sojourner Truth was listed as a light-skinned mulatto.

Shortly after "Negro Suffrage" and the Garvey era, overt verbal hostilities regarding skin color largely subsided. The norm of light skin, however, remained intact and actually became more accepted over time (Rose, 1964). On the college campus, it was almost impossible for a dark-skinned student to join a fraternity or sorority. Various social events—such as school dances—required the "brown-paper-bag test" as a condition of admission. Those persons darker than a brown paper bag were assessed a fee before they could be admitted; those lighter-skinned were admitted free of charge (cf. Hall, 1990a).

The issue of light skin for African-Americans continued to be reflected in the ratio of those engaged in prestigious occupations including the professional and managerial (Hertel & Hughes, 1988). When skin color might appear totally irrelevant, African-Americans having light skin were advantaged in the workplace (Poussaint, 1975). Their hold on prestigious positions compared
to the darker-skinned are similar to the numbers of Whites compared to African-Americans in toto. Almost 29% of Whites engage such occupations compared to 27% of light-skinned African-Americans (Hertel & Hughes, 1988). The advantage of having more prestigious occupations was also reflected in the health status of African-Americans assuming better jobs enabled access to better medical care.

In a follow-up of the Charleston Heart Study, one of the researchers was impressed by the lack of hypertension, excellent health, and low mortality rate of the light-skinned participants compared to the general African-American population (Beckett, 1983). In another study of blood pressure Hamburg, Gielberman, Rooper, Schork, and Schull (1978) arrived at similar results. The accuracy of these findings in the African-American community is further reinforced by research pertaining to other ethnics (Bagley, 1988; Banerjee, 1985; Henik, Munitz, & Priel, 1985). In a study of depression, Montalvo (1987) found that the skin color of subjects became progressively lighter as he moved in selecting participants from the more affluent San Antonio suburbs. Their middleclass lifestyle and occupational prestige seemed to directly correlate with their having light skin.

The rhetoric of the 1960s espoused healthier norms in the African-American community (R. L. Jones, 1980). Kinky hair and dark features were heralded as desirable on the campus and in marriage. In retrospect, however, what was practiced did not always coincide with what was espoused. Dark-skinned students could join fraternities and sororities, but there did not appear to be any real progress in the ability of such persons to aspire to and gain prestigious occupations. Still, the issue of light skin was seldom discussed among them publicly.

Perhaps the most telling implications of skin color for the workplace continue to be the beauty standards applied to African-American females in particular. The more affluent of the African-American male population frequently seek out light-skinned females for marriage (Rabinowitz, 1978). The result is a kind of sexual jealousy between dark-skinned females and their light-skinned counterparts. When out with her date, a dark-skinned woman will often go to great lengths to see that nothing transpires between her man and a more “attractive” i.e.: light-skinned
African-American woman (Hernton, 1965). That physical attractiveness is an obstacle for females and less for males of any color may be due in part to the sexism of society.

In the United States today, African-American females are particularly aware of the impact that skin color may have upon their occupational opportunities (Lerner, 1972; Morrow vs IRS, 1990). According to Neal and Wilson (1989), it has a different psychological affect on females because physical appearance is more important in their lives than is true for males. This attitude is frequently reflected in the occupational culture as well as that of the larger society. Referring to a study involving the politics of skin color, Okazawa-Rey et al. (1987) found that the depiction of African-American females in romance novels often is of characters with Caucasian features. In fact, such females are depicted as a White extreme. In another study Sciara (1983) had earlier found that first-year college students devalued persons having dark skin. Rank ordering of mean scores indicated a strong pattern of negative appraisal assigned to African-Americans who had darker skin, whereas the most highly valued group was that of White females. There is little reason to assume these beliefs would not have an impact upon the workplace and ultimately the occupational aspiration of African-Americans today.

The 1964 Civil Rights act was a failed attempt to redress racial inequality. To compensate for that failure, Affirmative Action was one of a number of policies designed to enable occupational opportunities for racial minorities (Karger & Stoesz, 1990). But Affirmative Action today may be passively enforced by Conservative political administrations. Critics contend that it violates equal protection under the law and sets up a process of reverse discrimination (Wilson, 1980). They further suggest that it will benefit minorities who are not victims of discrimination in the workplace and because of hiring practices punish Whites who are "innocent" of any wrongdoing. Such assumptions are naive and reflect the spoils of power. While true to some extent, the same critics ignore the complex web of workplace issues met by minorities that are not only irrelevant to "innocent" Whites, but in some cases create an advantage (Hiskey, 1990). A culture that values light skin as the norm may be one such example. The objective of this study was then to explore the influence of skin color upon occupational
aspiration vis a vis the workplace. By way of an empirical analysis of the objective, it is hoped that the findings will stimulate further research.

Method

Sample

The sample for this study included 200 African-American first-year college students attending a historically Black college located in south Georgia during the 1988–1989 school year. They were randomly selected from the registrar’s roster. The sample as a group had a mean age of 18 years (SD = 0.88). All participants were attending college full-time and classified as regularly admitted students. A self report instrument was utilized for measuring their skin color. This method—instead of an in depth interview—was assumed by the researcher to more accurately reflect the biases of the larger society as manifested by participants.

Measures

A self-report instrument called the Cutaneo-Chroma-Correlate (CCC) was developed by the researcher to assess skin color (a complete copy of the CCC is contained in the appendix). Part C of the CCC assesses the respondent’s social environment pertaining to skin color (see Table 1). In scoring a student’s responses to the CCC, a rating of lightest was coded as a 5, light as a 4, medium as a 3, dark as a 2, and darkest as a 1.

The self-rating of one’s own skin color addressed through item #35 served as the independent variable for this study, whereas the aspirations of occupational status contained in the demographic section served as the dependent variable. It was determined using scores from the Occupational Prestige Scale that ranged from a high of 94 to a low of 34 (Hodge, Siegel, & Rossi, 1964). The entire CCC was pilot tested (see Hall, 1990b) prior to use in this study.

Research Design

The respondents were divided into two groups based on their reported skin color, light vis a vis “lightest” or “light” and dark vis a vis “medium.” Those rating themselves as lightest or light
composed the light group (n = 57), whereas those providing self-ratings of "medium" composed the dark group in relation to the light/lightest (n = 117). Those rating themselves as "dark" or "darkest" (n = 26) were not analyzed given the low response. The numerical values of the five possible responses to item #35 ("My skin color is ———") and the occupational prestige scores were used to calculate the correlation between self reported skin color and occupational aspiration. A positive correlation was assumed to suggest an association of light skin with higher occupational prestige.

Results

The mean score (and standard deviation) for part C of the CCC obtained from the light-skinned students was 58.77 (SD = 14.88). The corresponding figures obtained from the dark-skinned students was 53.33 (SD = 16.32). Using a t test, the difference in mean scores between the two groups is statistically significant (t[82] = 1.00; p < .05). Apparently, light-skinned African-American college students aspire to employment at more prestigious occupations compared to their dark-skinned counterpart.

Discussion and Applications to Social Work Practice

According to these data, there is a significant relationship between having light skin and occupational aspiration. This would

Table 1

Correlations of skin color variables with occupational aspiration

<table>
<thead>
<tr>
<th>Skin color</th>
<th>High</th>
<th>Low</th>
<th>χ²</th>
<th>C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Light</td>
<td>%30</td>
<td>%25</td>
<td>4.18f</td>
<td>.1974</td>
</tr>
<tr>
<td>Medium</td>
<td>%21</td>
<td>%41</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

a All p values are two tailed. All variables are scored so that higher values indicate more prestigious occupations.
b High = ½ SD above the mean.
c Low = ½ SD below the mean.
d N = 57
e N = 117
f p < .05
appear to contradict the Black consciousness rhetoric of the sixties that espoused pride and dignity in being Black—particularly for a sample of respondents born in such an era. It is a reflection of White attitudes toward dark skin. As gatekeepers of the workplace, this is critical for African-Americans. In a culture where light skin has been portrayed as the norm, the scores of light-skinned African-Americans may suggest a psychological advantage or self confidence compared to dark-skinned African-Americans. The aspirations of the dark-skinned respondents may also characterize their reaction to conflicting cultural norms. What this suggests is that not only "innocent" White Americans, but light-skinned African-Americans aspiring to a particular occupation are enabled by their skin color. They may thus seek certain kinds of employment helped by the belief that it is appropriate and expected for them to do so.

African-Americans who have an overall medium skin color are less stigmatized than are the lightest and darkest-skinned members within the group. They may move more freely among the ethnic and are less victimized psychologically (Hall, 1990a). However, their larger numbers within the overall African-American population has not necessarily served them in the workplace because they are defined as dark when compared to the lighter-skinned. Their difficulties may then reflect similar problems experienced by the "dark" and "darkest-skinned" members in relation to Whites.

That skin color has implications for the workplace suggests it also has implications for policy makers. Cultural norms may affect the self-esteem and self-confidence that are two important elements not only for employment but mental health as well. Social problems such as teen pregnancy, generational welfare, and drug abuse may indeed be symptoms of a more deeply rooted inability of some African-American students to aspire to prestigious occupations. When they model the negative images they're exposed to in the media and what they experience personally, the problem recapitulates itself. It has direct implications for the workplace that do not impose upon innocent "Whites." What is more, most skin color issues are conveyed in a Black/White context and a great deal of minority content in the social work curriculum has focused on helping White students become aware of their potential for discrimination in working with African-
American clients. The present data suggest the importance of African-American students' being equally sensitive—given cultural norms—to their potential for discrimination in working with other African-Americans. Social work educators may help all students by adding skin color theories—Bleaching Syndrome, double consciousness, dual perspective, etc.—to the curriculum.

The issue of color also has implications for private practice. Quite apart from possible reverse discrimination in the workplace, it is apparent that light-skinned African-American human service professionals may be more highly sought after subconsciously by social work agencies as more competent. Also, these African-American workers may be subtly predisposed to discriminate against darker-skinned clients.

In conclusion, the present exploratory study suggests areas for future research, education, and training in practice for social work students, practitioners, and Affirmative Action policy professionals. Hitherto unexplored in these fields, light skin color internalized as a norm by African-Americans is a serious psychosocial phenomenon worthy of considerable attention from the entire behavioral science community.

Limitations

Among the limitations of this study that merit major concern was that interpretation of results may have been confounded by the SES of respondents. The entire sample consisted of lower socio-economic African-Americans who lived in the South and whose family depended on some form of agriculture for financial support. Thus, future studies would do well to test a broader sample of the African-American community to facilitate external validity.

References

Affirmative Action

Services Provided by a Homeless Intervention: Policy and Planning Implications

CAROL T. MOWBRAY
The University of Michigan
School of Social Work

DEBORAH BYBEE
Dept. of Psychology
Michigan State University

Despite the acknowledged need for effective programs to serve persons who are homeless and mentally ill, few evaluations of these programs provide quantitative details on service provision. Such information can be useful to planners for replication and also for public policy concerning the need to mandate services most in demand. This report on a successful outreach intervention reports information on service amounts, duration, and types, as well as identifying predictors of service use. The overall amount of service provided to eligible participants varied substantially. While the median duration was only three months, repeat service episodes were common. For most clients, homeless project intervention included a variety of types of activities; most prevalent were housing, case management, mental health interventions and service entry, including engagement and assessment. Skill-building activities were relatively infrequent. Results from a cluster analysis, used to group clients based on patterns of services received, showed that groupings followed a focus on either: mental health, case management, housing, or a low overall level of total services. Surprisingly, no individual client descriptors or demographics related to cluster membership; only project site and recruitment source were significant predictors. The discussion suggests implications of these findings for other projects and sites and brings into question whether or not service participation and receipt by individuals who are homeless and mentally ill reflect characteristics of clients or of systems available to serve them.
Introduction

Given the prevalence of mental illness among homeless populations (Dennis, Buckner, Lipton & Levine, 1991; Fischer, et al., 1992), it is not surprising that calls for improved, innovative service models are increasingly voiced (Federal Task Force, 1992; Levine and Rog, 1990). However, while there is agreement on the need to provide mental health treatment in a supportive climate that also addresses basic needs, there is less understanding of how this should be done (Barrow et al., 1991). While several investigators have reported on the types of services clients say they want (Schutt, 1992; Mulkern & Bradley, 1986), how well this relates to actual service use is not known. Unfortunately, evaluation reports on many demonstration programs often fail to report service activities in sufficient detail for replication purposes (Chen, 1990) or for policy-making applications vis a vis standards for program operations.

Examination of service data through process evaluation can also address questions concerning predictors of type/amount of service use. Such information can be helpful in planning replications, in order to adjust service provision to the characteristics of the target recipient group and/or delivery system. Given the acknowledged heterogeneity of homeless populations within and across geographical areas (Bachrach, 1992), such predictions of service use should be considered critical. More so than others, with homeless populations, service prediction information is even more necessary, due to the frequent allegation that individuals refuse to accept services they need (Blankertz, Cnaan & Saunders, 1992). Thus, information which allows service planners and deliverers to examine client-level predictors of low service use may be helpful in improving interventions.

This article reports information on the types, amounts and duration of services provided to individuals who are homeless and mentally ill, as part of a two-site, federally-funded, service demonstration project. Other reports have presented positive evaluation outcomes for this project (see Bybee, Mowbray, & Cohen, 1994, 1995). Analyses are presented here on predictors of service use, relating client and setting characteristics. The results are intended to contribute to policy development, concerning service standards for homeless interventions. That is, by identifying service patterns and how they reflect client and setting
characteristics, policymakers may be more able to set appropriate minimums for service levels, while allowing local discretion above this threshold. The results reported can also be useful for planners to help assess the likely type, extent, and duration of services required by persons who are homeless and mentally ill, and how these may differ according to local conditions.

Background

Program Description. The Mental Health Linkage intervention model (Mowbray et al., 1992) was the basis for a research demonstration project, funded by the National Institute of Mental Health, and operated in Factorytown and Collegetown. In both sites, a team of mental health workers (4 to 5 FTE’s) provided outreach to persons who were mentally ill and homeless or potentially homeless. Once deemed eligible for services, clients were approached by project staff to provide help; complete assessments of functioning, housing preferences, and support needs; and negotiate a plan of housing and services. These contacts and subsequent services were provided by the project staff in a variety of settings which might include the referral site, but could also include the street, temporary residence, the homeless project offices, or other places in the community (e.g., prospective apartment sites, Department of Social Services, CMH agencies, etc.). Clients were offered a variety of services in vivo: assistance in obtaining temporary or permanent housing in independent settings (that closely matched the client’s needs and preferences); help in establishing income supports, including payee services; training or rehabilitation in daily living and interpersonal/social skills which might increase their ability to live independently; mental health clinical services; and short-term intensive case management. Once clients receiving project services were stabilized in their community functioning, the goal was to then integrate individuals within ongoing service systems. Based upon their consent, clients were referred from the project to community mental health (non-project) therapists and/or case managers. Project staff assisted clients in this transition, to try and make the referral “stick”, and thus discontinue clients’ homeless project involvement. However, clients could be re-referred to the project or could themselves request further services at any time.
Because the project placed a major emphasis on housing needs, staff resources were also utilized in locating and accessing independent housing sites and working with landlords to maintain housing opportunities. At the Factorytown site, the project operated a Transitional Boarding House (TBH), which was minimally staffed, to provide a temporary independent living setting. Such a residence would also have been desirable in Collegetown, but was unaffordable due to high rental costs.

Program Results. An implementation analysis conducted on the project indicated that in its fully operational period, it was serving the intended population by site and by referral source (Mowbray, Cohen & Bybee, 1991). The project achieved a relatively high success rate in engaging clients screened eligible for services, in that 73% overall accepted some form of project assistance (Mowbray, Cohen, & Bybee, 1993). This compares favorably to other reports in the literature (Barrow et al., 1989; Rife et al., 1991). The intervention was judged successful in that 87% of participants were provided with and accepted a permanent-type residence in the community over a 12-month period following initiation of project services, in contrast to their unhoused status at project entry. Furthermore, receipt of project services was found to relate significantly to positive residential outcomes at a 12 month follow-up (Bybee, Mowbray, & Cohen, 1994, 1995).

Method

Sites

Factorytown was characterized by several large manufacturing firms, recent waves of plant closings, and high unemployment rates. Affordable housing was plentiful but often deteriorated or located in high crime or drug use areas. The second site, Collegetown, offered more acceptable but less affordable housing, reflecting the impact of two local universities and a disproportionately large white collar/professional population. Both communities had comprehensive, county-based community mental health (CMH) service boards that prioritized services to seriously mentally ill adults. These two CMH Boards operated the demonstrations. Each site employed a local service coordinator and staff for the project (7 part-time staff at Factorytown and 4 FTE's at Collegetown).
Sample

Each site recruited participants from three sources: homeless shelters, hospitals serving public mental health inpatients, and the existing community mental health (CMH) caseloads of aftercare clients. Once recruited, participants were screened (based on contact with the person and/or information from records, agency staff, etc.) and considered eligible if they presented serious mental illness, county residency, extreme residential instability (3 or more moves in the last year), were without housing or about to lose existing living arrangements, and if their next housing had not been determined. This definition is congruent with eligibility rules for homeless program services issued by the U.S. Department of Housing and Urban Development (National Resource Center, 1993). At project entry, all participants were either literally homeless, about to lose housing, or hospitalized with no suitable housing available upon discharge. Serious mental illness was defined as a diagnosis of psychotic, major mood, or severe personality disorder, coupled with multiple admissions to inpatient or community acute care settings within the last year.  

All individuals accepting some help between 10/1/89 and 12/31/90 were included in this study. Of these 163 participants, 60.7% were from Factorytown and 39.3% from Collegetown. About equal numbers of the 163 were recruited from hospital psychiatric inpatient units (36.2%) and the CMH caseload (38.7%), with somewhat fewer recruited from shelters (25.2%) (Although it should be noted that individuals found at the shelter who were on the CMH caseload were assigned to the latter recruitment source.) The study participants were relatively young (mean age = 37.5, SD = 11.0), majority male (57.1%) and white (58.9%), with a substantial number (28.8%) identified at entry as having substance abuse problems.

Results from a cluster analysis carried out on this population (Mowbray, Bybee, & Cohen; 1993), indicated that about 36% could be characterized as depressed; half of these also had a substance abuse problem. Another 28% were labeled as “Functioning”, having fewer prior psychiatric hospitalizations and better current adjustment. The final and largest subgroup (35%) exhibited high levels of aggression and psychoticism.
Data collection

Measures of amount, type, and timing of Homeless Project service provision for all clients over the approximately 15-month period (from three months prior to eligibility determination to 12 months after the date on which he/she first accepted help in the community) were included in the management information systems maintained by the Community Mental Health agencies at the two sites. Both systems utilized daily self-report activity sheets routinely required of all agency staff. The project director and the second author provided initial training and ongoing monitoring to Homeless Project staff in order to optimize consistency of activity recording across sites.

Data were also available for analysis from comprehensive assessments of client functioning completed initially by outreach workers (using the Client Level Assessment Measure; Hazel, Herman & Mowbray, 1991); from residential history data obtained by trained research assistants; through interviews and record reviews of community mental agencies, psychiatric hospitals, and shelters; and from mental health service utilization data, obtained from agency management information systems. (For a complete description, see Cohen, Mowbray, Bybee, Yeich, 1993; Mowbray, et al., 1993.)

Results

Of the total 163 individuals who received project help, 114 fully enrolled in the project (participating in assessments and accepting a wide range of assistance); the remaining 49 declined to participate in assessments but accepted varying degrees of project assistance. Both groups were included in the following analyses.

Amount and type of services provided by homeless project staff

The median total amount of contact was 14.5 hours (Mean = 25.0, S.D. = 26.9) with a highly skewed distribution. Nearly 40% received ten or fewer hours, and the remaining received up to 141 hours of contact. Analysis of the total number of months with contacts (calibrated from the date of first help accepted in the community) indicated a median of 3 months, with 75% of participants' contacts lasting less than 6 months. Nearly all participants (86%) had only one or two episodes of service during the
12-month follow-up period (e.g., periods of service separated by at least one 30-day period with no in-person contacts). However, intervention patterns showed substantial variability, with about a quarter of the participants being served in one episode lasting less than a month, another 30% served in a longer single episode (two to twelve months duration), about 30% served in two episodes (up to twelve months duration), and another 14% served in three or four separate episodes.

Table 1 displays information on the types of services clients received. Contacts were categorized as: 1) identification and eligibility screening, usually involving shelter, hospital or other agency staff or record reviews; 2) service entry: once clients were identified as eligible, they were approached and attempts made to engage them in service; this included assessment of client needs and housing preferences; 3) case planning included activities pursued with or on behalf of specific clients, e.g., at team meetings (clients were not necessarily present for these contacts). Direct services were provided with clients present and involved: 4) housing contacts, locating housing options, going out with clients to view these, making arrangements to obtain the housing, and moving; 5) mental health interventions included counseling, provision of emotional support, and crisis intervention; 6) skill building included guidance, practice, or role modeling activities of daily living (such as grooming, housekeeping, cooking, etc.) and community living skills (such as accessing public transportation, setting up a checking account, going shopping); and 7) case management included initiatives to secure entitlements, obtain CMH services (like medications, day program or vocational access) or non-CMH services (such as substance abuse counseling or medical treatments), and arranging for payee services. These groupings roughly paralleled the expected client service activities and definitions provided by the NIMH funding source.

For most clients, intervention from the Homeless Project included a variety of types of activities. For nearly half the clients, no identification or screening activity was recorded; this varied by site and by recruitment source. In contrast, considerable time was spent on service entry, reflecting the emphasis on assessing individual client needs and preferences for specific types of housing. As might be expected, housing activities were frequent
Table 1

*Homeless Project Service Activities* (N = 163 in follow-up cohort)

<table>
<thead>
<tr>
<th>Service Activity</th>
<th>#Getting any</th>
<th>Raw # Hours(^a)</th>
<th>Proportion of Total Effort(^a)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Median</td>
<td>Mean</td>
</tr>
<tr>
<td>Identification/ eligibility</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>eligibility screening(^b)</td>
<td>83</td>
<td>1.5</td>
<td>1.75</td>
</tr>
<tr>
<td>Service entry(^b)</td>
<td>137</td>
<td>4</td>
<td>6.14</td>
</tr>
<tr>
<td>Case planning(^b)</td>
<td>135</td>
<td>2.5</td>
<td>4.34</td>
</tr>
<tr>
<td>Housing(^c)</td>
<td>126</td>
<td>6</td>
<td>9.78</td>
</tr>
<tr>
<td>Case management(^c)</td>
<td>126</td>
<td>4</td>
<td>7.62</td>
</tr>
<tr>
<td>Mental health intervention(^c)</td>
<td>100</td>
<td>2.38</td>
<td>5.18</td>
</tr>
<tr>
<td>Skill building(^c)</td>
<td>69</td>
<td>2.75</td>
<td>5.83</td>
</tr>
</tbody>
</table>

\(^a\) Summary statistics reflect only those clients who received any of the specified type of service.

\(^b\) Hours include all staff time spent in these types of activities with or on behalf of a particular client; clients were not necessarily present for these activities.

\(^c\) Hours include all contacts of the specified types in which the client was involved (in-person and telephone).
and provided to nearly all clients. In other direct client service areas, great variation was apparent; after housing, case management involved the most time, followed by mental health interventions. Skill building activities were relatively rare, not reported at all for 60% of the clients, and consuming 10 or fewer hours for another 32%.

Clusters of service types received

Cluster analysis was used to group clients on the patterns of services they received from the Homeless Project. Individuals' scores on four variables—number of hours of direct service in housing, case management, mental health intervention, and skill building—were used to derive clusters in a hierarchical agglomerative analysis, using average linkage criteria for assignment of cases to clusters. Pearson correlation coefficients were used to define distances between cases, in order to avoid confusing total amount of service with relative proportions of different types of services received. The number of clusters was determined by an inspection of the plot of fusion coefficients and a review of the meaningfulness of the clusters.

Examination of mean differences between the four clusters suggested their labels. Clients in the Mental Health Focus Cluster received, on average, more than four times as many hours of mental health intervention as those in other clusters, coupled with moderate levels of other types of service. Those in the Case Management Focus Cluster received nearly four times as much case management service as those in other clusters, plus low levels of mental health and moderate levels of housing service. Individuals in this cluster received significantly more of three types of case management services: arranging entitlements and obtaining both mental health and non-mental health services. Clients in the Housing Focus Cluster received more than twice as much housing service, coupled with low levels of mental health and moderate levels of case management service. The Low Total Service Cluster received the lowest levels of mental health, case management, and housing service but somewhat higher levels of skill development. They received significantly fewer total hours of service and were in contact with project staff over fewer total months; they also received less assessment than those in the Mental Health and
### Table 2

**Multinomial Logistic Regression Predicting Service Cluster   \( N = 163 \)**

<table>
<thead>
<tr>
<th>Predictors</th>
<th>Global Wald Test</th>
<th>Mental Health Intervention Focus</th>
<th>Case Management Focus</th>
<th>Housing Focus</th>
<th>Low Total Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Site (Factorytown)</td>
<td>10.99***</td>
<td>-0.28</td>
<td>0.17</td>
<td>0.17</td>
<td>-0.05</td>
</tr>
<tr>
<td>Recruitment Source</td>
<td>8.93**</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shelter vs. Hospital</td>
<td>5.47*</td>
<td>0.26</td>
<td>0.13</td>
<td>-0.43</td>
<td>0.04</td>
</tr>
<tr>
<td>CMH vs. Hospital</td>
<td>8.62**</td>
<td>0.26</td>
<td>-0.10</td>
<td>-0.06</td>
<td>-0.11</td>
</tr>
<tr>
<td>Prediction Success Index</td>
<td></td>
<td>.21</td>
<td>.08</td>
<td>.11</td>
<td>.02</td>
</tr>
</tbody>
</table>

*Note: McFadden’s \( \rho^2 = .15 \).*

* \( p < .05 \).  ** \( p < .01 \).  *** \( p < .001 \).
Case Management clusters. Only 56% of the individuals in this cluster fully enrolled in project services; the other 44% declined to participate in assessments and accepted only limited help. This differed significantly from the other three clusters, in which 75% to 80% were fully enrolled ($\chi^2_{(3,N=163)} = 9.00, p < .03$).

**Covariates of service cluster membership**

Multinomial logistic regression was used to identify covariates of membership in the four service clusters. As can be seen in Table 2, project site and recruitment source were significant predictors of cluster membership, although the magnitude of the relationship was small (McFadden’s $R^2 = .15$). The prediction success indices at the bottom of the table show that knowledge of project site and recruitment source led to the greatest improvement in prediction of Mental Health cluster membership; no improvement was seen in predicting membership in the Low Total Service cluster.

The regression results indicate that, compared with the Collegetown site, more individuals at the Factorytown site were found in the Case Management and Housing clusters and fewer in the Mental Health cluster. At both sites, those recruited from shelters or CMH caseloads (in contrast to those from inpatient psychiatric facilities) were more likely to receive mental health focused intervention. Individuals recruited in shelters were also somewhat more likely to receive case management and much less likely to receive housing interventions. Those recruited through CMH vs. psychiatric hospitals were somewhat less likely to receive low total service. These effects did not significantly differ by site.

Among those variables not found to covary with service-type cluster were demographics, functioning at intake, diagnosis, and most descriptors of residential history. Only measures of pre-project shelter use and pre-project CMH service receipt (both of which were highly redundant with recruitment source) showed significant relationships with cluster membership. Although substance abusers received significantly more hours of service than those without substance abuse problems, they did not disproportionately constitute any of the four service clusters. Differences on specific service activities were not significant at Bonferonni-
adjusted probability levels, but it appeared that individuals with substance abuse problems received more hours of contact across all types of service: they received, on average, more than one additional hour of mental health intervention, about two hours more of both housing services and skill building intervention, and over three hours more of both assessment and case management service.

Discussion

Descriptive data on service amounts

The results concerning service duration were as expected for our short-term, intensive, linkage-type model: most participants had contact with the project for five months or less. The pattern of repetitive service utilization found, however, indicated that about half of participants had recurring needs. For planning purposes, these results suggest that in serving persons who are homeless and mentally ill, providers will need to allow clients to flexibly enter, exit, and re-enter project services. We also found that amounts of project services showed substantial variation in total hours of contact. The acknowledged heterogeneity in the characteristics of the target population also appear evident in their service use. Similar to other programs serving persons who are homeless and severely mentally ill, of concern is a subgroup characterized by extremely low levels of service use (Rosenheck & Gallup, 1991). That is, we found that about 36% of participants were in a low service-use cluster. Since this cluster was not distinguished in terms of client characteristics, we have no reason to believe that low service use reflected low service need.

Our descriptive data on types of services found, as expected, high levels of service activity in the areas of housing, case management and case planning—all previously identified as necessary to serve homeless persons with a mental illness (Bachrach, 1992; Barrow et al., 1989). We also found a relatively high proportion of time associated with service entry activities, congruent with our emphasis on involving clients in planning and addressing client preferences. Interestingly, what did not take much time was skill-building activities. Service plans, based on assessment data, indicated that, for the most part, HMI participants already
possessed necessary skills; what they needed were opportunities to apply them through environmental changes.

Predictors of service use analyses

A surprising result from the present study was that the predominant type of service (cluster) for participants had no relationships with any variables reflecting client demographics or other client variables. The only predictors of service type cluster were county site and referral source. The Collegetown site had a significantly greater proportion of clients in the Mental Health Intervention cluster. This is congruent with other results from this project, wherein more of the staff at this site had mental health training or experience and reported utilizing interventions more focused on personal relationships than on control mechanisms, disconnecting strategies, or rule orientations (see Mowbray, Thrasher, Cohen, & Bybee; 1996).

Concerning referral source, clients recruited from shelters or CMH were more likely to be in the Mental Health Focus cluster than those recruited from hospital inpatient sources; those from hospitals, compared to shelter-recruited clients, were more likely to be in the Housing Focus cluster. While perhaps at first counterintuitive, this finding makes more sense when interpreted in the context of the treatment provided to these clients in their recruitment setting. Hospitalized clients should be receiving intensive psychiatric services, thus rendering the delivery of mental health services unnecessary or redundant by project staff. The results imply that hospitalized clients in the homeless project had not received much attention from the inpatient staff on their housing needs post-discharge. Thus, this was the area which required the attention of the project staff. Indeed, the implementation analysis on the project (Mowbray, et al.; 1991) indicated that hospital staff typically advocated that clients go to dependent care placements, rather than independent settings, which most consumers prefer and on which this project concentrated (Yeich et al., 1994). Implementation analysis also identified barriers to engaging eligible clients in the hospital, caused by negative hospital staff attitudes towards supported independent living arrangements. The somewhat greater representation of hospital versus CMH clients in the low service cluster from the current study may reflect this; that is,
clients used the project to get out of the hospital, but then didn’t follow through post-discharge. Scanlan and Brickner (1992) have noted that in delivery of health services, staff attitudes towards homeless patients in hospitals may oftentimes compromise the quality of patient care delivery.

In contrast, it seems likely that clients recruited from shelters received proportionately more mental health- and case management-focused interventions because the shelter staff, as opposed to hospital staff, provided few of these services; project staff were the only mental health professionals with which many shelter clients had contact. Those recruited from CMH were also disproportionately in the Mental Health cluster (compared to those from the hospital). This may reflect the fact that their referral to the project was oftentimes due to an impending or actual housing crisis and that therefore they were more likely to need mental health services from the project to promote stabilization. It may also indicate that CMH-recruited clients requested or were more willing to accept mental health services.

The significant effects of recruitment source and service type cluster relate to the question of whether service receipt by individuals who are homeless and mentally ill reflects client characteristics or system characteristics. Scanlan and Brickner (1992) have commented that provider attitudes, the locus of care, and delivery system characteristics all affect health care for homeless persons. Calsyn and Morse (1991) suggest the need for more research to determine whether chronic homelessness is better predicted by individual-difference variables (such as social support, substance abuse, psychiatric pathology, demographics, or SES) or by societal level variables (such as entitlement levels, service availability, employment levels, or housing costs). A previous analysis of this intervention project found that engagement rates related more to referral source than to client characteristics (Mowbray, et al.; 1993). This suggested that findings from other studies relating client characteristics to engagement (such as being young, male, minority status, substance abusing, etc.) might be explained more in terms of the success of the connections a given program establishes with homeless referral sources, rather than differential client responses to offers of service; that is, if a program has a difficult relationship with the local shelter which serves young,
male substance abusers, it may be unlikely that these kinds of individuals will be successfully engaged in project services. If contextual variables (e.g., referral source) are not examined, analyses may incompletely conclude that client characteristics determine engagement success.

The current analysis also suggests strong contextual effects. Types and amounts of project services related more to the settings from which clients were drawn than to characteristics of the clients themselves. These results may be interpreted as the project concentrating its services in those areas where settings were deficient. It may also reflect the fact that settings can subsume client characteristics. That is, certain types of clients are more likely to be found in certain settings; however, if the variables reflecting these client differences were not included in our data collection (such as treatment motivation, service venue preferences, etc.), we cannot differentiate between setting effects and effects due to client characteristics. Thus, based on our experiences, we would recommend that future research investigations need to include contextual and a wide array of individual characteristic variables to select among competing hypotheses about service processes and outcomes and to optimize the number and appropriateness of clients served by homeless demonstration projects.

From a public policy perspective, the implication is that not only should local service providers assess client characteristics and needs, they should place equal attention on the service provision environment; that is, the existing relationships with homeless and housing providers, the strengths and deficits, and the overall resources available to clients who are homeless and mentally ill. Since such assessments are likely to vary substantially from one locality to another, state or federal funding mandates for specific levels of service provision seem unwise; rather, there should be requirements for service provision plans to follow from comprehensive assessments. Finally, we need to be concerned about the percentage of eligible clients who are very minimally served. These individuals may require more resources for engagement than the project could invest. Or, they may represent social structural problems that this micro-level intervention cannot address. For instance, the fact that safe and affordable housing simply does not exist in sufficient quantity for all who need it; or that some
human service agencies themselves compound the problem of homeless individuals by refusing services to those who are "difficult" or residentially unstable, or discharging them to unwanted placements. As others have noted, such systemic problems deserve as much if not more public attention than efforts to "fix" their casualties.

References


Notes

1. Under the extreme assumption that all individuals who could not be located at the follow-up point (that is, 17%) were homeless, it can still be asserted that at least 71% of the entire group were not homeless at 12 months.
2. Clinical diagnoses determined by psychiatric staff, based on hospital or CMH assessment protocols, were used to determine psychiatric eligibility for individuals referred from inpatient and CMH settings. For those recruited from shelter settings, historical diagnoses from CMH records were used, where available, supplemented by observational ratings developed in earlier research and found to produce reliable discrimination of mentally ill individuals when used by shelter staff trained on videotaped vignettes (Cohen, 1988). Diagnoses for individuals recruited from shelter settings were later verified through formal CMH intake assessments.

3. Attrition from the interview data collection portion of this study was relatively minor (17% of participants could not be located at 12 months) and has been reported in detail elsewhere (Bybee, Mowbray, & Cohen, 1994; 1995). While the current report utilizes management information system data which was theoretically available on all project clients and could therefore be considered comprehensive, it is plausible that some of the nonlocatable participants were receiving homeless services elsewhere. However, this percentage should be small (and would not exceed the 17% attrition rate).

4. Due to the positive skew observed on most service descriptor variables, all subgroup comparisons were examined with both parametric (ANOVA) and nonparametric (Kruskal-Wallis ANOVA on ranks) statistics. In all cases, results converged. For ease of interpretation and consistency with multivariate analyses, only the parametric results are presented here.

This research was supported, in part, by a grant from the National Institute of Mental Health, #H87 MH44373, to the Michigan Department of Mental Health.
Neighbors are believed to have an important influence on child abuse prevention and intervention. This article reports the results of a statewide telephone survey of Kentucky (n = 650) which examined the extent to which respondents suspected neighbors of child abuse (9.4%), and had ever taken in a neighbor's abused or neglected child (7.2%). Variables related to parenting (having a minor child, age, employment status, receiving AFDC benefits) were the only demographic characteristics significantly associated with suspicion of neighbors' abuse; only being the parent of a minor child was significantly associated with taking in a neighbor's child. The results imply that knowledge of and informal intervention in neighbors' child abuse or neglect are related to direct knowledge of the victims through their interactions with one's own children. Programs to enhance neighbors' prevention of or early intervention in child abuse or neglect situations would be most efficient if directed at parents of minor children.

Early intervention into physical child abuse poses real challenges due to the private nature of child abuse and the inability or reluctance of victims to report. Though child abuse often occurs in private, suspicions of child abuse are not uncommon. According to a 1989 Gallup-Poll survey, about 15% of the population (11% of males & 18% of females) claimed to know children they believed had been victims of physical or sexual abuse. This figure was consistent with 1981 Gallup-Poll results (Gallup, 1990). In a statewide survey of Kentucky, 20% of the sample reported they knew of someone who had physically abused his or her own children (Dhooper, Royse & Wolfe, 1991). Purported knowledge of child abuse is not rare but the source of this knowledge (i.e., the

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respondent's relationship to the suspected abuse victim and/or perpetrator) is a topic that has not been explored.

This research note discusses the role neighbors have in detecting and informally intervening in child abuse. It examines the results of a statewide survey which specifically asked respondents whether they suspected their neighbors of physically abusing their children (knowledge) and whether they had taken a suspected victim of child abuse or neglect into their home (informal intervention). Answers to these questions were examined in relation to respondent socio-demographic characteristics of gender, age, race, employment status, income level, education, marital status, parental status, and urban vs. rural residence. Based upon the results, suggestions are provided for developing neighborhood-based prevention or early intervention programs.

Neighbors are important resources for early intervention in child abuse (Gambrill & Paquin, 1992). Family members often deny that violence is occurring (Tooley, 1977). Neighbors in proximate positions to see, hear, or otherwise detect evidence of abusive behaviors may not be as vulnerable to fears or loyalties which frequently prohibit or delay reporting by family members. On the other hand, child abuse reporting can pose difficult problems for neighbors. They may be uncertain that abuse has actually occurred or reluctant to interfere with family privacy or parents' rights to discipline their children (Manning & Cheers, 1995). Data regarding the extent of neighbors' knowledge of and willingness to report abuse are important in determining neighbors' usefulness as resources in reporting and/or assisting abusive families.

The 1980 National Study of the Incidence and Severity of Child Abuse and Neglect stated that 49% of the cases known to Child Protective Services (CPS) were "reported by the child, parents, neighbors, and anonymous parties" (Ards & Harrell, 1993, p. 337-338). A national survey reported that 93% of those sampled stated they would act if they personally knew of a child abuse incident (Gil & Noble, 1969); 96% said they would act if they were present when an abuse incident occurred (Gil, 1970). Another national survey found that 25% of the respondents claimed to have done something to prevent child abuse in the past year (National Committee for the Prevention of Child Abuse, 1988). On the other hand, a recent Kentucky survey indicated that only
46 (31%) of 148 persons who had reason to suspect child abuse in the last 2 years had reported it to authorities. Those reporting accounted for only 6% of the total sample of 742 respondents (Dhooper, Royse & Wolfe, 1991).

Reporting suspected abuse to authorities is only one mechanism neighbors may utilize as an intervention. Neighbors often turn to each other for help before seeking help from formal helpers. Neighbors share advice and guidance and in this way convey the neighborhood norms with regard to child care (Warren, 1981; Unger & Wandersman, 1985). The power of these norms will depend on such factors as agreement on values, a willingness to take action when norms are violated and opportunities to monitor behavior (DuBow & Emmons, 1981). Unfortunately, there is evidence that neighborhood sanctions against abusers are primarily applied in the form of isolation of the abusive family (Gaudin & Pollane, 1983). Families engaged in child abuse have been described as being already isolated from community support (Garbarino, 1976; Powell, 1979). Herrenkohl (1978) found that in 128 families who had been involved in child abuse, about 40% were in conflict with their neighbors. Thus, neighborhood social control mechanisms may actually increase the level of abuse by further isolating the family members and increasing their level of stress.

Ecological variables impact on abusive families through the community. Neighborhood characteristics are seen as an indication of the probability that child abuse will occur (Garbarino & Sherman, 1980). Lower income neighborhoods have a higher number of child abuse/neglect reports, with "social conditions" mediating this relationship. Social conditions include percentage of female headed households, percentage of married mothers in the labor force and percentage of residents of less than one year. Anecdotal data indicate that the structure of the neighborhood in which the abuse takes place will influence whether it is reported to authorities, handled informally or even noted (Warren, 1981). Stack (1974) reported frequent exchange of resources among poor African-American neighbors, and Korte (1983) found that neighbors played a significant role in child care among single parents living in a lower-class African-American neighborhood. Fischer (1982) found that in non-urban areas marriage,
parental responsibilities, and home ownership served to tie people to their communities and promoted greater contact between neighbors.

Proposals have been made to utilize community social supports (Whittaker, Schinke & Gilchrist, 1986; Pancoast, 1980; Collins, 1980) and neighbors (Gambrill & Paquin, 1992) in assisting abusive or neglectful families. The impact of the local community is profound upon these families, and rehabilitation will be extremely difficult without community support. Unfortunately, these families are least likely to have such support (Whittaker, Schinke & Gilchrist, 1986).

While some anecdotal data is available regarding whether neighbors assist abusive families, there is no quantitative data about the extent to which neighbors assist abused children. It seems likely that helping a victim is easier than helping a violent perpetrator. It is also probable that providing some type of respite to parents or temporary care to abused children is the most appropriate form that neighbors' assistance to families who abuse may take. Who is helping abused children in the neighborhood and how pervasive is this help? Those data are important building blocks in further investigation of the development of effective strategies for neighbor intervention in child abuse.

Methodology

Data for the study were collected though a statewide survey conducted by the University of Kentucky's Survey Research Center during the months of October and November of 1991. This center has been conducting statewide surveys of public opinion in Kentucky twice a year since 1979. Telephone interviews were completed with 650 adults (aged 18 or over) who were contacted using a random digit dialing technique which ensures that all residential numbers (including new and unlisted numbers) in the state have an equal chance of being selected. While it is not known whether urban or rural dwellers in Kentucky differ in their access to telephone service, the United States Bureau of Census estimates that 92% of American households have telephones (Bureau of Census, 1991). The sample had a margin of error of +4% at the 95% confidence interval.
Characteristics of the sample

Of the respondents, 53% were female; 38% were aged 50 years or older, 29% were younger than 35; 91% were white, 8% were black. Over half worked full (47%) or part-time (12%), while 25% were retired and 17% were not employed; 14% earned under $10,000, 25.5% had incomes of over $30,000 and 52% had incomes between $10,000 and $30,000; 4% were receiving Aid to Families with Dependent Children (AFDC). In regard to education, 22.5% had not completed high school, 38% had a high school degree, and 39.5% had pursued education beyond high school. In terms of marital and parental status, 66.5% were married, 24% were separated, widowed or divorced, and 9.5% were never married; 41% had children under the age of 18 living in the house. Over half (64%) lived in small towns or rural areas, 24.5% lived in cities or suburbs. These percentages reflect the overall population of Kentucky based upon 1990 census data (U.S. Bureau of Census, 1991).

Survey Questions Related to Child Abuse

Two questions were developed with recommendations from a panel of experts in survey research at the University of Kentucky Survey Research Center:

1. In the past two years, did you ever have strong reason to believe that any of your neighbors have used an excessive amount of force or otherwise physically abused their children?

2. Have you ever taken a neighbor’s child into your home when you thought they had been abused or neglected? (Not necessarily overnight).

Cross tabulation through SPSS-X was used to analyze the association between responses to these questions and demographic variables.

Results

Responses to Question 1: Of the persons questioned, 9.4% (n = 61) stated that they had reason to suspect that their neighbors had abused their children in past two years. Demographic variables significantly associated with respondents’ suspecting...
neighbors of abuse were: age, employment status, receiving AFDC benefits, and being a parent of a child under age 18. Persons aged 50 or over were least likely to suspect abuse (4% percent reporting suspicion); 11.9% of respondents aged 35–49 and 16.9% of respondents between the ages of 18–34 reported suspecting their neighbors of abuse \( (X^2 = 18.29, df = 2, p \leq .01) \). Retired persons were much less likely to suspect their neighbors of child abuse: only 1.9% of retirees did so, compared to 13% of unemployed respondents, 10.5% of persons employed full-time, and 16% of part-time employees \( (X^2 = 16.37, df = 3, p \leq .01) \). Over a quarter of AFDC recipients (26.1%) suspected neighbors of abuse as compared to 8.8% of non-AFDC recipients \( (X^2 = 7.73, df = 1, p \leq .01) \). Finally, 15.7% of parents of minor children reported suspicion of abuse as compared to 5% of respondents who had no children under age 18 \( (X^2 = 20.78, df = 1, p \leq .01) \).

Responses to Question 2: Fewer respondents (7.2%, \( n = 47 \)) reported taking in their neighbor's child after suspected abuse or neglect. The only demographic variable significantly associated with this item was parental status \( (X^2 = 10.46, df = 1, p \leq .01) \). Eleven percent (11.2%) of parents of children under 18 reported taking in an abused child vs. only 4.5% of respondents without minor children. Variables which approached a significant relationship with this item were gender and age, with more women and persons between the ages of 35–49 reporting having taken in a neighbor's child. Only a third (32.8%, 20 of 61) of the respondents who suspected their neighbors of child abuse (i.e., answered "yes" to Question 1) reported taking in a neighbors' child. Apparently, most of the respondents who reported taking in a neighbor's child (27 of 47, 57.4%) were doing so because of suspected neglect rather than abuse or had done so more than 2 years prior to the survey. It is not known whether different actions (such as contacting authorities) were taken by the other respondents who reported suspecting neighbors of abuse.

Discussion

The variables found to be significantly associated with suspecting abuse of neighbor's children and taking in the abused or neglected child appear to be related to persons in the parenting
stage of their lives and specifically to being the parent of a child currently under age 18. Race, income, marital status, urbanization and other variables previously associated with stronger community ties were not found to be associated with suspicion of neighbors' child abuse.

Given that this study presents the responses of a population that is predominantly rural, application of these results to other populations should be done with extreme caution. However, it appears that efforts to improve informal resources to abusive or neglectful families, at least in Kentucky, should be directed at parents of minor children.

The results imply that knowledge about neighbors' abuse of their children does not follow the generalized network of informal distribution of information which would depend on the strength and density of network ties. Of more importance may be the specific relationship of the respondent's family with the victim. The most likely conduit of information about abuse may be interaction between the children of neighboring families. Further study is needed to examine whether knowledge of child abuse is derived primarily through child-to-child contact and parental observation of children's friends. Parents may suspect abuse of a neighbor's child because their own children report hearing of the abuse or because they (parents) directly observe physical evidence of abuse or neglect of a neighbor's child who is a playmate of their own child(ren). Hearing beatings or seeing them occur firsthand may be less likely sources of information about abuse, a possibility that further research should examine.

It is increasingly apparent that the formal child protective service system cannot effectively address the growing number of reports of child abuse and neglect without the assistance and support of other social services and of the general public. Particularly in situations of neglect, or where abuse is uncertain, neighbors may play an important role in preventing initial or further child abuse by providing respite to the family in stress, providing care and support to the victims of abuse or neglect, or using informal social control mechanisms on the abusive family. Resources, such as training and stipends, could be directed to parents of minor children to enhance their ability to intervene to prevent the abuse of neighbor's children. Specific data regarding
how and when families report abuse to authorities, take a child in, or otherwise initiate use of formal and informal resources are needed to develop strategies to promote neighborhood-based prevention and early intervention programs.

References


Book Reviews


For a half century, the nations of the world, developing as well as industrialized, have created social security systems. This new contribution to the literature of social security was edited and partially written by Midgley, of Louisiana State University, and Tracy, of Southern Illinois University. The book is one of the few critical explications of social security programs in the United States and other nations. It makes a valuable contribution to that body of knowledge. The author of the foreword, U.S. Senator John Breaux of Louisiana, calls the book remarkable.

The basic message of the book is that social security is under threat everywhere for a variety of reasons, some peculiar to specific nations and some common to all social security programs. Although those who want to study social security in the United States have access to ample materials on their own system of old age, survivors, and disability insurance, analytic materials on the systems of other nations are not so readily available. So this book provides some valuable information for a variety of readers including policy analysts and public officials who need to evaluate their own programs; educators who want to place social security in international perspective; and students engaged in studies of social insurance schemes.

Midgley’s introductory chapter provides helpful insights into many social security programs and generalizes about them. The fiscal viability of social security is the major concern everywhere. Hungary, he reports, has seventy-five recipients for every one-hundred contributors and the rates of payment in the social security funds has been increased recently by thirty percent. There are delays in payment to the social security systems by some firms in some countries, where enforcement of the collections is not as aggressive as it is in others. Some systems owe large debts, themselves, and, in some countries, government borrowing from social security funds has weakened the systems. There is also a larger population of older people, which is a growing problem for
social security systems, as well as more extensive early retirement plans. The systems, which were designed for male wage earners and women and children dependents, are having to face the larger numbers of more single parent families and more brief marriages. Midgley also points out that substance abuse is now defined as a legitimate disability and that, too, has increased social security beneficiaries. There are also administrative and processing errors that can affect 18–32 percent of the cases.

In another chapter, Howard Karger provides a detailed explanation of some of the issues facing U.S. Social Security and some of the options for stabilizing it. Some other issues are that many of the people who are most vulnerable to poverty are not covered. Social security programs in most countries focus on wage-earning employees rather than people who are not employed in formal organizations. Two authors provide a critique of the British system which is based on the Beveridge Report of 1942, and which is the subject of serious debate in the United Kingdom.

In the Netherlands critics say that the Social Security program is out of line with other programs in other nations because it is too generous. Some Dutch citizens think that social security reduces labor force participation. However, the authors on the Netherlands show that Dutch labor force participation is about 66 percent compared to the rest of Europe's 59 percent but that Dutch workers are less likely to be full-time workers than those in the rest of Europe.

Poland has a pay-as-you-go program on which employers contribute 45 percent of their payrolls. Male participants may retire at sixty-five and women at sixty. Either can retire five years earlier if they have had thirty or more years of work. And the plan in Poland is generous. It pays 24 percent of the current average wage plus more for those who have had higher earnings.

An article on women in social security says that inequities of benefits for women are a major cause of the greater rates of poverty among women in many parts of the world. In the developing nations, such as Zimbabwe, only small portions of the population are covered. In the developed Latin America nation of Uruguay 73 percent of the population is covered by a fairly generous and stable program.

Midgley and Tracy have done a remarkable job of finding
experts on these complex issues from a wide range of nations. Both the editors have had extensive experience in studying international matters and have written about international social welfare issues before. One would hope that future books on this subject are forthcoming and that they will cover other developing nations as well as Asian nations, which are not discussed in this volume.

The book is well-written, well-edited and full of fascinating information for those who want to know more and want to explain more about social security. The subject is specialized but it deals with the most important social welfare field in the world and, therefore, deserves the excellent treatment it has been given in this volume.

Leon Ginsberg
University of South Carolina


The Poverty of Welfare Reform has its roots in the genre of "welfare state philosophy" books typified by such authors as Richard Titmuss, Neil Gilbert, Ramesh Mishra, Gosta Esping-Andersen, Richard Cloward, and Frances Fox Piven, to name a few. While Handler shares a common purpose with these authors, his limited focus on the AFDC program differentiates his book from those with broader implications.

Handler argues that a convergence of opinion exists around the AFDC program between Democrats and Republicans. In fact, he argues that there is little difference between the two camps on welfare reform, with the exception of rhetoric. The common tenet between Democrats and Republicans (on both the national and state levels) is that paying public funds to the poor—particularly to single mothers and their children—perpetuates dependency, undermines self-sufficiency, and erodes the work ethic. Handler points out that this welfare toughness is now new, but an extension of a cycle that has dominated American politics since the turn of the century. AFDC policy continues to lie in the shadow of the sturdy beggar.
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This is a book about dispensing myths. As such, Handler points to a common fallacy in all current welfare reform proposals; namely, they recycle old remedies that have proven to be ineffective. He argues that trying to move large numbers of recipients into full-time employment will fail since most welfare programs exist on the state and local level, where government is unwilling to pay for comprehensive work and training programs. For Handler, national welfare reform efforts should focus less on welfare reform and more on restructuring the labor market and reducing poverty through legislation such as Earned Income Tax Credits (EITC) and universal health care. Welfare reform will do little to reform welfare without widespread changes in the labor market, including the provision of high-paying jobs with full benefits.

Getting tough on welfare is popular on national, state, and local levels. According to Handler, this get tough attitude represents a mixture of economic and moral factors, including: (1) increases in public costs, (2) threats to the work ethic, (3) an emphasis on family values, and (4) concerns about social order. These factors have been present in one form or another in social policy since the English Poor Laws of 1650. For Handler, the issue of welfare reform is essentially moral in nature since it is based on the view that welfare benefits encourage dependency and thereby compromise the work ethic. He maintains that the new consensus forged around these principles include left liberals who now endorse the issue of "responsibility." In effect, liberals now believe that while the truly needy must be helped, they must also contribute something by supporting themselves and their families.

In the second chapter, Handler analyzes aid to single mothers in the development of the welfare state. He convincingly argues that single mothers were never really considered "unworthy poor" and thus never excused from labor market participation. In the third and fourth chapters, Handler maintains that while welfare has problems, the essential problem is poverty, which is much broader than welfare reform alone. He then examines Manpower Development Research Corporation (MDRC) reports on the success rates of work training programs, concluding that these reports are exaggerated since most graduates do not approach self-sufficiency. Chapter five looks at state welfare reform efforts designed to strengthen family values. In an oversimplification,
Handler claims that while programs for the "deserving poor" are handled at the federal level, programs for the undeserving poor are handled on the state and local levels. Even AFDC is primarily a state program, with little real federal involvement. In the sixth chapter, Handler argues that welfare programs misinterpret the nature of those on AFDC—who the recipients are, what their needs are, and what they really want. The seventh chapter is essentially a summary of the book. Here Handler argues that past welfare reform efforts have made little difference in the lives of the poor. After welfare reform, life for the poor essentially went on as before. Finally, Handler argues that welfare policy has never been directed at the poor, but at the middle classes. In effect, welfare policy was an affirming of majority values through the creation of deviants.

Although well-written and argued, this highly readable book will not dramatically alter the discourse on AFDC policy. First, this book does not break new ground. Much of what Handler examines has been addressed in other places—including his previous books. Secondly, while well-argued, this book is not empirically-based. What Ellwood, Bane, Mel Duncan and others have tried to change by relying on numbers, Handler is trying to change through argument. While the book is impressively argued, it lacks the authority of hard data. Thirdly, Handler considers AFDC apart from the matrix of programs that make up income support for the poor, including Medicaid, Food Stamps, housing and energy assistance, and so forth. Arguably, the AFDC program is only a small part of the entire income maintenance package. For example, AFDC payments for a family of three in Mississippi are only about $122 a month, a sum clearly inadequate for survival. On the other hand, when Food Stamps and Medicaid are added, the gross income of these families significantly increases. By focusing almost exclusively on AFDC, Handler loses sight of the larger picture of public welfare. Moreover, it can be argued that the real threat to poor is not AFDC reform, but Medicaid changes. In many states, the value attached to Medicaid is far greater than paltry AFDC grants.

Despite these limitations, Joel Handler should be complimented for writing a contemporary and up-to-the-minute examination of AFDC policy. Although it somewhat revisits existing
literature and arguments, this book is a useful volume on one of the most misunderstood parts of the American welfare state.

Howard Jacob Karger
University of Houston


Since the passage of the Civil Rights Act in 1965, it has been assumed that blacks have made great gains in racial equality. This has been evident, supposedly, in the increase of the black middle class and the growing number of African-American penetrating corporate America. Yet, according to *Black Wealth/White Wealth: A New Perspective on Racial Inequality*, written by Melvin Oliver and Thomas Shapiro, the rise of the black middle class is not sufficient evidence of increased equality of blacks in America. On the contrary, *Black Wealth/White Wealth* offers an alternative to traditional indicators of equality based on income alone. Despite advancements made in the 1960s and 1970s, this book argues that racial inequality continues to be a dominant force in American life. This belief is based on the authors' analysis of private wealth (total assets and debts rather than income alone) as a critical indicator of the pervasiveness of racial inequality. Furthermore, they show how current public policy has failed to ameliorate this problem.

Using a sample of 12,000 households, in-depth interviews were conducted with a range of black and white families. The authors document ways in which economic barriers prevent blacks from acquiring wealth. These barriers include racially biased state and national social policies (including housing, employment and educational), limited access to capital, suburbanization and the growth of inner cities.

Oliver and Shapiro's study found that racial wealth differences exist because of inequality reflected in three areas: (1) disparities in human capital, sociological and labor market forces; (2) institutional and political influences and (3) factors contributing to the lack of the intergenerational transmission of assets and social mobility.

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Book Reviews

The authors insist that current social policies have serious implications for blacks in general and the black middle-class in particular. Policies based on income alone have failed to meet the needs of African-Americans because they underestimate the magnitude and scope of racial inequality that is based on wealth accumulation. Subsequently, the authors call for a massive refo-cusing of social policies that have prevented African-Americans, as a group, from accumulating wealth. These policies must pro-vide asset formulation for people who William Julius Wilson calls the "truly disadvantaged". Then, the country can begin to provide real equality among the races.

This book challenges policy makers and social scientists to reevaluate their thinking about the root causes of inequality in the United States. It provides a much needed contribution to the public debate on social justice in America and offers tangible solutions to uniting the nation in its commitment to racial justice.

Lolita Perkins
Louisiana State University


Over the years, comparative social policy research has paid a good deal of attention to the differences between the welfare sys-tems of the United States and the European countries. While many European welfare states are highly structured, centralized and coherent, the American system is often viewed as a patchwork quilt. Scholars have pointed out that American social policy has evolved in a haphazard fashion, that it is more subject to political interest group pressures than is social policy in Europe, and that it proceeds to deal with social problems incrementally.

In his analysis of the social policy agenda of the Clinton ad-ministration, David Stoesz not only confirms but emphasizes this view. Compared with the New Dealers, the Johnson War on Pov-erty and other periods of substantive social policy innovation, the Clinton years have involved little more than 'small changes' in social welfare thinking. There is, of course, no reason why any
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president should make a commitment to revamping the American welfare system. But as Stoesz points out, Clinton not only declared his intention to find a 'new paradigm' for social policy, but the need for a new paradigm is today greater than ever before. As the New Deal crumbles and as the Radical Right continues to take the initiative and dominate social policy debates, progressives must abandon their defensive posture and go on the attack. But, as Stoesz shows, their intellectual weapons are obsolete and blunt.

The election of a Democrat president in 1992 seemed to offer the hope that new ideas would emerge, exciting policy initiatives would be formulated and that a new era in American social policy would dawn. However, while Clinton embarked on an ambitious legislative agenda, no new paradigm in social policy emerged. Several major initiatives in the field, such as health care and welfare reform, floundered. The Republican victory in 1994 exacerbated the problem and effectively blocked the introduction of new programs. Defensiveness increased and Clinton's posture, to parody Murray, became one of shifting ground. The prospect of major social policy changes, suited to the demands of a new era, dwindled.

At the time this review was being written, the presidential election was still months away. By the time it is read, the results of the election will be known. If Clinton is re-elected as many predicted in mid-1996, social policy renewal may still be possible. If not, further retrenchment of the New Deal welfare state is likely. Without change, American social policy will be unsuited to the demands of a new century in which the global economic system, increases in population mobility, enhanced decentralization and pluralism, and the need for investments in human capital become critical.

*Small Change* is an extremely interesting book. It transcends the dry historical style which characterizes many documentary accounts of presidential domestic policies and its racy approach is engaging. It is thoroughly researched, up to date and conceptually grounded. The author's ability to synthesize the major policy developments of the last four years is remarkable. It should not only serve as a reference work but be widely read by anyone interested in the issues facing American social policy today.

James Midgley
Louisiana State University

This book contains eleven papers and commentaries presented at the National Bureau of Economic Research—East Asia Seminar in Economics Fourth Annual conference held in San Francisco in 1993. Essentially, the contributors analyse the growth experiences of Japan, China, and East Asian Newly Industrializing Countries (NICs) in light of the endogenous growth theory. Rejecting the neoclassical growth model which predicts that a slowing down of growth rates due to diminishing returns to additional factor accumulation per person, the endogenous growth theory, as stated by Anne Krueger, hypothesizes the accumulation of knowledge or some other factor whose accumulation is not subject to diminishing returns contributes to the perpetuation of growth. Some endogenous factors have been identified: the role of increasing returns to scale, the learning-by-doing effects of human capital, the dynamic spillover effects of export expansion, trade, outward orientation, accumulation of knowledge, and the development of new ideas. Whether any (or all) of these factors are crucial determinants remains to be empirically tested in specific country or region.

The book brings together some leading development economists who set out to search for relevant endogenous variables in Asian development. Taken together, these papers are a useful contribution to the growing literature on the empirical testing of economic growth models. With a few exceptions, the majority of papers have located selected endogenous variables. A concise but useful overview of the new growth theory pertaining to the NICs is given by Krueger in Chapter One while a comprehensive literature review of the theories of growth is conducted by T. N. Srinivasan in the next chapter. He also details the unique character of the new growth theories. Shang-Jin Wei’s study of China in Chapter Three pinpoints the influence of exports and foreign investment on rapid growth of individual Chinese cities. Ji Chou’s study of Taiwan finds the importance of trade and human capital accumulation (Ch.4). Chen-Min Hsu sets up a neoclassical growth model to analyse the effects of public investment with debt financing in Taiwan (Ch.5). Chong-Hyun Nam in Chapter Six details the importance of comparative exchange rate and
investment in infrastructure as explanations for economic growth in Korea. This is followed by the study of Joon-Kyung Kim and his colleagues who examine the role of Korean government assistance in the growth experience. In Chapter Eight, Kohama’s paper briefly examines the connection between Japan’s aid strategy and the economic development of recipient Asian countries. Hak Y. Pyo’s chapter is based on a comparative study of the Korea and United States and it reaffirms the importance of human capital in growth. In Chapter Ten, Fukuda and Toya’s research shows that, given the export-GDP ratios, the cross-country evidence supports the conditional convergence hypothesis in East Asian economies, though they speculate that the government policy would play a special role.

This book has a number of strengths. First, the collection gives a balanced assessment of the new theory. This is illustrated in the study by Shang-Jin Wei (Ch. 3) where human capital is not found significant in the case of China. Likewise, Fukuda and Toya’s confirmation of conditional convergence hypothesis in Chapter Ten harks back to the neo-classical model of convergence. Second, many contributors are aware of the numerous limitations in testing the growth model: few studies are robust; single-country time-series regression studies are lacking; and on a priori grounds, research efforts would provide only ambiguous results.

Lastly, the collection of papers demonstrates the futility of looking for a definitive model which incorporates specific endogenous factors. Contrary to the research climate where negative findings are often de-emphasized, the book begins with the country-specific time-series analyses of Japan and Korea by Krueger. A sense of humility is immediately instilled when her time-series results are no better than those from an earlier cross-country regression study of Levine and Renelt. She could only find that the role of economic policy must be considered in understanding growth. Similarly, William Easterly, in the last chapter, undertakes a cross-country regression study of the four “Asian Tigers” and concludes in a sombre note that “When all is said and done, the story of the East Asian successes is consistent with the old prosaic fundamentals — investment, education, financial depth, low budget deficits.” (p.284)

The book also has a few weaknesses. First, it is flawed by
an unconditional optimism of the impact of economic growth. Contrary to the favourable assessment by Krueger in Chapter One that there is no evidence of increasingly unequal distribution of income in the Asian NICs, Hong Kong and Singapore show clear evidence of worsening inequality, a fact acknowledged openly by the Singaporean government. Further, Ji Chou in Chapter Four contends that a small country can grow fast by introducing international trade and human capital. It would be too simplistic for any country to follow this recipe, discounting the multiple factors which are at play. For a balanced exploration, the incorporation of in-depth studies of Hong Kong and Singapore is needed. Above all, most contributors, except Easterly who extends his analysis to economic geography, have assumed that the proximate causes of growth are purely economic; the intellectual breadth of research has thus been compromised. What the book lacks is a full consideration of an inter-disciplinary perspective. One would suspect whether non-economic variables like geo-politics, colonial history, and socio-political contexts, in isolation or at play with economic variables, play some significant role in the growth process.

The lesson of this book is clear. Further research is needed to fully validate the new growth model. As Krueger succinctly puts it, there is still no consensus as to the precise role of increasing returns and government policy in the growth process (p.2). This collection has made an important contribution by laying down some future avenues of investigation: the need for an analytical framework; the need to shift focus from macro-economic variables to micro-economic aspects of growth; the use of country-specific time regression, etc. Paul Romer, who is credited with the revival of economic growth theory, comments convincingly in this book that the fundamental goal (in empirical research) must be to formulate new models that are right or at least closer to being right, than existing models. Using this standard, most contributors would consider their new growth models closer to the truth than the neo-classical theory. However, the research in this book has failed to unearth a "universal" growth model with definite variables. As this book demonstrates, this will not dampen the enthusiasm on the part of economists in their search for the validation of selected endogenous variables in selected
countries. Given its economic miracles, East Asia will certainly be the testing grounds for future research.

Kwong-Leung Tang
University of Northern British Columbia
BOOK NOTES


Social security is under attack. Once regarded as unassailable, critics today claim that social security is expensive, bureaucratic, demographically inappropriate and inequitable. They argue that it would be better if provision for old age retirement was made through private markets and voluntary forms of care. One argument that has been used with increasing frequency to undermine social security's legitimacy is the issue of generational equity. Because social security's 'pay as you go system' involves the transfer of resources between people who are employed and those who are retired, many believe the system to be unfair. It is also unfair that the average social security beneficiary receives more in retirement benefits than he or she contributes. Critics charge that old people live in comfortable retirement while young people work long hours to generate the resources needed to support the elderly. To make matters worse, critics argue that there is evidence to show that current social security expenditures cannot be sustained in the long run so that those who contribute to the system today may not receive benefits when they themselves retire.

While these arguments have gained currency in recent years, this interesting book shows that they suffer from numerous defects. The authors not only examine the issue of intergenerational equity in social security but comment on the economic, sociological and policy aspects of intergenerational relations as well. The book contains chapters which examine inheritance patterns, the role of informal supports and the employment of older workers. Although much of the material focuses on Britain, useful information about intergenerational relations in the United States is also provided. Although the book covers a range of topics and is discursive, it is the first of its kind. It should be widely consulted by anyone concerned with issues of gerontology, social security and social policy.

Populism is a powerful ideological force in American culture. Although narrow definitions treat populism as a political style, it is far more embracing. It pervades American politics, culture and history and resonates with ordinary Americans to an extraordinary degree. As the term's Latin root reveals, it is a focus on the *people*, and a concern with their beliefs, attitudes and values that gives populism its distinctive character. Since the notion of the people is so fundamental to an understanding of American society, a proper appreciation of populism is an essential requirement for anyone wanting to know what makes America work.

Kazin's readable history of populism in the United States is one of the best to date. While other works on the subject have focused on particular periods of American history, such as the late 19th century when the People's Party was on the ascendancy, Kazin traces the influence of populism from the 19th century up to the present time. His account of how populist ideas have inspired quite different political movements during the last century is particularly interesting. Populism, he demonstrates, not only represented the agrarian interests of small farmers who supported the People's Party, but characterized the activities of the labor movement during the Gompers era, inspired prohibitionists during the 1920s, and fueled racism in the South after the Second World War. Kazin also shows how populist ideas pervaded the new left anti-war movement in the 1960s. Despite the left's self-declared claim to socialist radicalism, Kazin reveals its commitment to populism. It is perhaps the ideological versatility of populism and its ability to inspire people of quite different beliefs that it is the most significant contribution of the book.

This is a important book which should be widely consulted by anyone who is interested in American politics. There are omissions, such as a lack of a detailed discussion of the Johnson administration's War on Poverty, which was essentially populist in character. Nevertheless, the book is comprehensive and highly informative.

Despite the connotation of its title, *America Unequal* is not only about social inequality, but about poverty, employment, economic growth and government social policy. The book is a rich brew of information and ideas about the complex interactions between these different phenomena. Indeed, it offers an incisive analysis of social conditions in contemporary America. Its analysis is effectively located within a historical framework which traces income and poverty trends over recent decades. These are related to the changing economic realities engendered by increased global competition, migration and employment opportunities. The book also makes extensive use of empirical data to support its conclusions.

The authors reach a number of important conclusions. First, they show that income inequality has increased significantly over the last two decades. Secondly, they reveal that this trend is the result of enhanced incomes for higher earners and stagnating incomes for many middle and lower income earners. Third, these trends are associated with a higher rate of poverty. Fourth, the authors refute the popular belief that government social programs are responsible for increases in poverty and inequality. Finally, they show that the problems of increased inequality, income stagnation and poverty are the result of an inability to ensure that economic growth raises levels of living for ordinary people. When the benefits of growth accrue primarily to the rich, and when growth fails to generate employment or improved standards of living for ordinary people, the long term results are catastrophic. Programs designed to promote growth, employment and participation in the economy are urgently needed. Social policies need to be harmonized with economic policies so that they support rather than detract from economic prosperity.

This is an important book. It makes a major contribution to unraveling the factors that contribute to heightened inequality and poverty in the United States. It is meticulously researched and should serve as an invaluable resource for policy makers. Its emphasis on policies that address the underlying causes of poverty rather than providing inadequate palliative relief, should be heeded.

In recent years, layoffs, downsizing, restructuring and outsourcing have become euphemisms for the fact that employment insecurity is on the rise. While most people could expect to find a steady, reasonably well paid job with one or perhaps two employers over a lifetime, this expectation has come to an end. New generations face a situation in which employment will be transitional, ephemeral and uncertain. In addition, more and more people will be self-employed selling their services to corporations as needed. The current period is a transitional one. As the United State struggles to compete in the global market place and as the demand for ever increasing profits escalates, more and more Americans will become displaced.

Moore's study of the problem of employment displacement begins with an account of the much publicized closing of Chrysler's automobile plant in Kenosha, Wisconsin. While the media presented the closing as an unfortunate but necessary fact of economic life, little attention was paid to the impact the closing had on the lives of the thousands of workers who were laid off. It was a lack of concern for these people that inspired Moore to examine the whole issue of employment displacement in some detail. His book is thorough, well researched and well written. However, it also makes for depressing reading. As growth slows, competition increases, wages fall and inequality rises, the prospects for ordinary people are hardly encouraging. The book discusses the causes of the present situation and provides a particularly poignant account of the huge economic, social and psychological costs of displacement.

Moore rightly rejects at the idea that market forces will somehow correct the situation. The final section of the book offers an overview of the policy innovations government can adopt to counter the trend. The author shows that there is an urgent need for action and that potentially helpful policies can be introduced. The question is whether the nation's political leadership has the will or inclination to take corrective action.

During the 1970s, Andre Gunder Frank achieved guru status in development studies. He was generally acknowledged to be the intellectual force behind the dependency theorists, a school of social scientists located chiefly in Latin America, whose views on Third World questions challenged the conventions of the time and offered what was then a startling alternative view of development. While modernization theory, the dominant social science development paradigm, contended that economic and social progress can be attained through domestic innovations which modify conventional productive activities and traditional behaviors, the dependency school claimed that the development problematic had to be examined from an international perspective which identified the role of global capitalism in exploiting the Third World. Underdevelopment, the school’s proponents argued, is not an original state of poverty and deprivation but a dynamic condition of exploitation in which global capitalism expropriates the wealth of the Third World and transfers it to the world’s centers of economic power. The process had begun with colonialism but it is still in progress and can only be stopped when the global capitalist system is destroyed.

*The Underdevelopment of Development* is a well deserved fest-schrift for Gunder Frank prepared by a group of colleagues and admirers on his retirement from the University of Amsterdam. Frank had previously taught at numerous universities and published prodigiously—36 books, 134 chapters and 600 articles. However, his work transcends the cloisters of academe. Although he could, as the editors point out, easily qualify for a Nobel Prize in economics, his political beliefs make this unlikely. Instead, it is in the Third World where his ideas have stimulated a new vision of development. It is this vision that will be his enduring legacy.
CORRESPONDING AUTHORS

Ronald E. Hall, Ph.D.
David Walker Research Institute
School of Human Medicine
8421 West Fee Hall
Michigan State University
East Lansing, Michigan 48224

Mark S. Kaplan, DrPH
School of Social Work
University of Illinois at Urbana-Champaign
1207 W. Green Street
Urbana, IL 61801

Carol T. Mobray, Ph.D.
School of Social Work
1065 Friere Building
The University of Michigan
Ann Arbor, Michigan 48109-1285

Sue Sohng, Ph.D.
University of Washington
School of Social Work
4101 15 Avenue, N.E.
Seattle, Washington 98105

Gary W. Paquin, J.D.,Ph.D.
College of Social Work
University of Kentucky
619 Patterson Office Tower
Lexington, Kentucky 40506-0027

Thom Bethel
Deputy Administrator
Nevada Division of Family Services
6171 W. Charleston Blvd. #15
Las Vegas, Nevada 89118

Susan B. Silverberg, Ph.D.
School of Family and Consumer Resources
PO. Box 210033
The University of Arizona
Tucson, Arizona 85721-0033

Nancy Wolter, Ph.D.
The George Warren Brown School of Social Work
Campus Box 1196
Washington University
One Brookings Drive
St. Louis, Missouri 63130
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Journal of Sociology & Social Welfare  
Western Michigan University  
School of Social Work  
Kalamazoo, MI 49008-5034  
U.S.A.  
Tel. – (616) 387-3198  
Fax – (616) 387-3217
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JSSW welcomes a broad range of articles which analyze social welfare institutions, policies, or problems from a social scientific perspective or otherwise attempt to bridge the gap between social science theory and social work practice.

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Reviewing normally takes 120 days.

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

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

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

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

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