

VI. Conceptions of Social Welfare

WHAT IS MEANT by social welfare? Is it relief, and just for the poor? Is social insurance included? What of public recreation and parks? And if these are social welfare, why not public highways and the Tennessee Valley Authority? How about private industry's pension plans? And what of fee-charging social agencies and the "private practice" of social work?

We are not concerned here with formulating a view of what social welfare ought ideally to involve, but rather with its existing outlines and trends in the United States. Specifically, we will: (1) point out what seem to be the currently dominant concepts of welfare, and (2) state some criteria for delineating social welfare. Later chapters will discuss the implications of the dominant American conceptions of social welfare for the services and for the professional practice of social work.

Current Conceptions

Two conceptions of social welfare seem to be dominant in the United States today: the *residual* and the *institutional*. The first holds that social welfare institutions should come into play only when the normal structures of supply, the family and the market, break down. The second, in contrast, sees the welfare services as normal, "first line" functions of modern industrial society. These are the concepts around which drives for more or for less welfare service tend to focus. Not surprisingly, they derive from the ethos of the society in which they are found. They represent a compromise between the values of economic individualism and free enterprise on the one hand, and security, equality, and humani-

tarianism on the other. They are rather explicit among both social welfare professionals and the lay public.

The residual formulation is based on the premise that there are two "natural" channels through which an individual's needs are properly met: the family and the market economy. These are the preferred structures of supply. However, sometimes these institutions do not function adequately: family life is disrupted, depressions occur. Or sometimes the individual cannot make use of normal channels because of old age or illness. In such cases, according to this idea, a third mechanism of need fulfillment is brought into play—the social welfare structure. This is conceived as a residual agency, attending primarily to emergency functions, and is expected to withdraw when the regular social structure—the family and the economic system—is again working properly. Because of its residual, temporary, substitute characteristic, social welfare thus conceived often carries the stigma of "dole" or "charity."

The residual concept was more popular in the United States before the Great Depression of 1929 than it is now. That it is consistent with the traditional American ideology of individual responsibility and by-your-own-bootstrap progress is readily apparent. But it does not reflect the radical social changes accompanying advanced industrialization, or fully account for various aspects of contemporary social welfare activity.

The second major formulation of social welfare is given in a widely used social work textbook as "the organized system of social services and institutions, designed to aid individuals and groups to attain satisfying standards of life and health. It aims at personal and social relationships which permit individuals the fullest development of their capacities and the promotion of their well-being in harmony with the needs of the community."¹

¹ This is a typically vague definition of the "institutional" view. Contemporary definitions of welfare are fuzzy because cultural values regarding the social responsibilities of government, business, and the individual are now in flux. The older doctrines of individualism, private property and free market, and of minimum government provided a clear-cut definition of welfare as "charity for unfortunates." The newer values of social democracy—security, equality, humanitarianism—undermine the notion of "unfortunate classes" in society. All people are regarded as having "needs" which *ipso facto* become a legitimate claim on the whole society. Business and government as channels to supply these needs have vastly broadened their responsibilities. Both the older and newer doctrines coexist today, creating conflicts and ambiguities in values which are reflected in loose definitions of social welfare.

(118: p. 4; cf. 191.) This definition of the "institutional" view implies no stigma, no emergency, no "abnormalcy." Social welfare becomes accepted as a proper, legitimate function of modern industrial society in helping individuals achieve self-fulfillment. The complexity of modern life is recognized. The inability of the individual to provide fully for himself, or to meet all his needs in family and work settings, is considered a "normal" condition; and the helping agencies achieve "regular" institutional status.

While these two views seem antithetical, in practice American social work has tried to combine them, and current trends in social welfare represent a middle course. Those who lament the passing of the old order insist that the second ideology is undermining individual character and the national social structure. Those who bewail our failure to achieve utopia today, argue that the residual conception is an obstacle which must be removed before we can produce the good life for all. In our view, neither ideology exists in a vacuum; each is a reflection of the broader cultural and societal conditions described in Part I; and with further industrialization the second is likely to prevail.

Criteria for Delineating Social Welfare

Keeping in mind this ideological dualism, we can now look at the substance of social welfare. What are the main distinguishing characteristics of activities which fall within the range of welfare practice in America today?¹

1. **Formal Organization.** Social welfare activities are formally organized. Handouts and individual charity, though they may increase or decrease welfare, are not organized. Likewise, services and help extended within such mutual-aid relationships as family, friends and neighbors, kinship groups, and the like are not included in the definition of social welfare structure. It is recognized that there is a continuum running from the most informal

¹ All institutions, of course, undergo change over time, both in form and function. However, some continuing identity is usually clear. Thus, the historical continuity and interconnection of social welfare institutions can be traced—from hospitals first designed as a place for the poor to die, to modern community hospitals serving the health needs of all; from sandpiles for the children of working mothers, to the tennis courts and baseball tournaments of a modern recreation program; from poorhouses to Social Security.

to the most formal, and that in-between cases—the mutual-aid welfare services of a small labor union, church, or fraternal society—cannot be precisely classified. The distinction is clear in principle, however, and important.

Modern social welfare has really to be thought of as help given to the stranger, not to the person who by reason of personal bond commands it without asking. It assumes a degree of social distance between helped and helper. In this respect it is a social response to the shift from rural to urban-industrial society. Help given within the family or friendship group is but an aspect of the underlying relationship. Welfare services are a different kind of "help." We must think here of the regular, full-time, recognized agencies that carry on the welfare business.

2. **Social Sponsorship and Accountability.** Social auspice—the existence of socially sanctioned purposes and methods, and formal accountability—is the crucial element in social welfare service versus comparable service under profit-making auspices. If mobilization of resources to meet needs is not accomplished by the family or through the market economy, some third type of organization must be provided, and this is typically the society as a whole acting through government (city, state, federal), or a smaller collectivity operating through a private social agency. (Cf. 365: p. 13.)

Some mechanism for expressing the public interest and rendering the service accountable to the larger community is an essential part of social sponsorship. For public welfare services in a democratic society, the mechanism is simply the representative structure of government. For voluntary agencies accountability is typically, though less certainly, achieved through a governing board. That some of these boards are self-perpetuating, unresponsive to changing needs and isolated from constituencies, does not deny the principle of accountability, any more than oligarchy denies it in the public welfare arena. The principle is acknowledged in privately as well as publicly sponsored organizations.

3. **Absence of Profit Motive as Dominant Program Purpose.** Just as the needs-service cycle within the family is excluded from the concept of social welfare, so generally are those needs which arise and are

fulfilled within the bounds of the free enterprise system. The services and goods produced by the market economy and purchased by individuals with money derived from competitive participation in that economy are not social welfare. Profitable and most fee-for-service activities are excluded. But there are cases difficult to classify.

Social welfare objectives can be intimately associated with what is basically profit-making enterprise, as when a private business provides recreation facilities, pension plans, or nurseries for its employees. The view may be taken, on the one hand, that since such services attend human wants quite peripheral to the purpose of the organization, they neither share in nor alter the nature of the underlying profit-making activity. The latter remains nonwelfare, while the former are essentially social welfare programs under business auspices. This view gains support from the observation that separate structures for the administration of welfare services often develop within the business enterprise, and constitute a kind of "social auspice." An industrial pension plan, for instance, usually has a trust fund separate from the financial operations of the company; a separate office with its own physical facilities will be set up to administer it; the policy-making group—board or committee—will often have employee or union representation, especially if the plan is collectively bargained; and its operation will likely come under some degree of government regulation.

On the other hand, the view may be taken that industry-sponsored welfare programs are simply part of the conditions of employment, a substitute for wages. Industries provide restrooms and run recreational programs to compete for a labor supply and maintain employee morale and efficiency. Pensions, in this view, are a kind of deferred wage. Programs are often administered not through separate administrative offices, but by the business accounting or personnel office. Even when separate administrative structures are created, this does not alter the underlying program purpose of facilitating production.¹

¹ It is true that men's motives vary; and businessmen are not an exception. What we are talking about here is not individual motives but organizational purposes.

Thus, the degree to which an industrial welfare program may be considered social welfare varies inversely with extent of emphasis on a contractual relationship between two parties seeking a mutually rewarding arrangement, and directly with extent of social sponsorship and control. It is clear, nevertheless, that industrial welfare programs affect the development of social welfare institutions. The Supplemental Unemployment Benefits scheme, for instance, creates pressure for expanded unemployment insurance, and private pension plans are integrated with OASI in planning for retirement. Our discussion of social welfare expenditures (Chapter VII) will therefore include data on industrial welfare programs.

Some aspects of professional fee-for-service practice are also difficult to classify. Most Americans probably would think—and without derogatory implication—that professions as well as trades are primarily ways of making a living (often a kind of small business), and thus nonwelfare in nature. Yet it is a fact that many individual professional practitioners—physicians, lawyers, and dentists particularly—observe what appears to be a semi-social welfare practice of scaling fees according to ability to pay. Fee-scaling in private practice, however, is often a professional norm, part of a formal code of ethics. As such, its meaning and nature derive from a different context—professionalism—and it can be seen as a device by which a group with a monopoly of an indispensable service protects its fee-taking privilege. Where the professional “charges what the traffic will bear,” there is no ambiguity, and his activity is clearly nonwelfare in nature.

To the extent that the private practice of social casework resembles other fee-for-service professions, it, too, is rather clearly outside the field of social welfare. Solo practice of social work is as yet so little developed, however, that it cannot be seen how close it will hew to the model of the other professions.

Many business leaders may acquire a sense of trusteeship going beyond their obligations to the shareholders. Thus, multi-plant companies have been known to avoid shutdown of an unprofitable unit because of major disruption to the local community. But one cannot say that the enterprise purpose is to save declining communities, any more than one can call dropping 50 cents in a blind man's hat Aid to the Blind.

4. **Functional Generalization: An Integrative View of Human Needs.** Since almost any of the gamut of culturally conditioned human needs may be **unmet** and since human capacities which can be developed are **many**, welfare services to meet needs and enhance capacities will be varied. Placing babies in foster homes, operating a recreation program, administering social insurance, developing medical service in a rural community—the substantive activities here have little in common; a great variety of activities may take on a social welfare aspect. From the standpoint of the welfare structure as a whole, these activities are properly described as “functionally generalized”; that is, welfare services are found attached to, or performing in place of, medical institutions, the family, education, industry—wherever there is “unmet need.” It will be noticed that this concept is closely related to that of residuality discussed above; what other institutions do not do, it is the job of welfare to do. To the extent that it is the function of social welfare to come in and “pick up the pieces” in any area of need, it must lack attachment to any given area.

From this characteristic derives, in part at least, the comprehensive view of human needs and personality that distinguishes social work from other professions. An international study by the United Nations of training for social work concludes that social work seeks to assist

. . . individuals, families and groups in relation to the many social and economic forces by which they are affected, and differs in this respect from certain allied activities, such as health, education, religion, etc. The latter . . . tend to exclude all save certain specific aspects of the socio-economic environment from their purview. . . . The social worker, on the other hand, cannot exclude from his consideration any aspect of the life of the person who seeks help in solving problems of social adjustment . . . [or any] of the community's social institutions that might be of use to the individual. . . .

(365: p. 13)

Individual agencies are, of course, specialized and limited in function; but the welfare field is inclusive. It is because social welfare is “functionally generalized” that we exclude the school system, which tends to be segmental in its approach to its clientele.

5. **Direct Concern with Human Consumption Needs.** Finally, how are government welfare services to be distinguished from other government services, since all are socially sponsored? It is possible to place governmental activities on a continuum which ranges from services primarily concerned with the functional requisites of the society (see Appendix) and only indirectly with the fate of the individual, to those which provide direct services to meet immediate consumption needs of individuals and families. At the "indirect" end of this continuum, following the analysis of Hazel Kyrk, are government activities "inherent in the nature of the state . . . such as the national defense, the preservation of law and order, the administration of justice, the exercise of regulatory functions. . . ." Intermediate are road building, flood control, forest conservation, and other such services, "the benefits of which are so remote in time or diffused among the population that they will not be privately provided." At the direct services end are those where "specific beneficiaries can be identified, although there are also general benefits. . . . Schools and universities, recreational facilities, libraries, museums, concerts, school books and lunches, subsidized housing, medical and hospital services. In this last group of services described are those which are distinctly for consumer use and enjoyment." (195: pp. 148-149)¹

In the last group fall the welfare services. Of course, social welfare programs serve the needs of both the larger social structure and the individual consumer. The unemployment compensation program in the United States, for example, has been designed as an anti-depression weapon as well as a means of alleviating the individual distress accompanying unemployment. But it is the latter, rather than the former, aspect of the program which from the present point of view qualifies it as a social welfare activity.

¹ An interesting parallel to the distinction Kyrk makes here has been noted with respect to Soviet state institutions where, since "everything is government," it might also be expected that everything would be social welfare. Sociologist Vucinich observes, however, that in the U.S.S.R.: "Soviet experts in jurisprudence make a sharp distinction between social institutions . . . and Soviet enterprises. Institutions (post offices, telegraphic services, scientific laboratories, schools, and the like) are, in the economic sense, nonproductive units which draw their funds from the state budgets and are not considered independent juridical persons. Enterprises, on the other hand, have their 'own' budgets . . . their 'own' basic capital (machines, tools, etc.) and working capital." (385: pp. 9-10)

A nineteenth century view of government in the United States saw its functions restricted to "activities inherent in the nature of the state." The veto of Dorothea Dix's mental hospital bill in 1854, it will be remembered, was based on President Pierce's belief that the life conditions of individuals were no proper concern of government. Today many government services are directed specifically to individuals, and it is these which tend to be identified as social welfare.

It is thus an additional distinguishing attribute of social welfare programs that they tend to be aimed directly at the individual and his consumer interests, rather than at the general society and producer interests; that they are concerned with human resources as opposed to other kinds of resources. Soil conservation, subsidy of the merchant marine, development of water power resources, much as these redound ultimately to human welfare, are not typically defined as social welfare; but feeding the hungry, finding homes for dependent children, even provision of recreational facilities are so defined. This is the point of the stipulation in the definition of welfare given by Kraus,¹ that welfare services have "direct effects on welfare and health of individuals and families," and of Cassidy's definition of the social services as "those organized activities that are primarily and directly concerned with the conservation, the protection, and the improvement of human resources." (56: p. 13)

In sum, the major traits which, taken together, distinguish social welfare structure in America (made explicit here as criteria to define the field of analysis) are:

1. Formal organization
2. Social sponsorship and accountability
3. Absence of profit motive as dominant program purpose
4. Functional generalization: integrative, rather than segmental, view of human needs
5. Direct focus on human consumption needs

The major weakness in definition occurs in the area of socially sponsored, nonprofit services which affect nearly everyone in the

¹ At a meeting of the United States Committee of the International Conference of Social Work, New York City, June 17, 1955.

society. It would seem, for instance, that public education might be classed among the social services, as it is in England (and by a few American welfare experts, for example, Ida C. Merriam). In the U.S. there is apparently a tendency to exclude from the welfare category any service, no matter how identified with welfare it may have been in origin, which becomes highly developed, widespread in its incidence among the population, and professionally staffed by persons other than social workers. Helen Witmer notes social insurance as an example of a welfare service which has tended to move out of the welfare area after it became a "usual institutional arrangement." (418: pp. 484-486) This seems to be consistent with the residual conception and its view of the welfare services as emergency, secondary, peripheral to the main show. As the residual conception becomes weaker, as we believe it will, and the institutional conception increasingly dominant, it seems likely that distinctions between welfare and other types of social institutions will become more and more blurred. Under continuing industrialization all institutions will be oriented toward and evaluated in terms of social welfare aims. The "welfare state" will become the "welfare society," and both will be more reality than epithet.

X. Agency Structure and Social Welfare Policy

SUPPOSE AN INDIVIDUAL wants help on a personal problem from a family counseling agency. Except in case of emergency, he cannot apply for and expect immediate service. He must first talk with a receptionist, who will give him an appointment with a caseworker for a more or less distant date.¹ Already, in a minor way, service has been controlled: by a receptionist, working under agency rules, and by the use of a waiting period, possibly "therapeutic."²

When the appointed time comes the client will meet with the caseworker not in his home but in an agency office, furnished with a desk behind which the worker sits. The "intake" interview will last, typically, about an hour. If his case is acceptable he will "continue in treatment" on some regular weekly basis, not because life's problems turn in a weekly cycle, but because the agency as a complex social structure finds it necessary to regularize activities if it is to function at all. Thus far, agency rules and professional codes of conduct have shaped the client's experience in obvious ways.

Beyond the worker are a supervisor and perhaps a case consultant with whom the worker will share case information and responsibility for diagnostic and treatment decisions. They help to decide what will be done with the client. Above them still is

¹ Even getting this far may be difficult and discouraging. A receptionist who acts like a clerk can be disturbing to someone seeking help on a delicate, personal problem. A description of how the steps prior to counseling may feel to an applicant is given in "The Better Mouse Trap" by Morton Sontheimer. (339: pp. 354-355)

² Some agencies have maintained, with professional backing, that a waiting period may have therapeutic value in motivating a client to accept help when it is finally given. Research at one counseling agency, however, indicates that a two-month waiting period resulted in more resistance, greater lack of emotional control, and more likelihood of dropping out of treatment. (304: pp. 92, 94, 190)

the agency director. All of them, from receptionist to director, make decisions about the casework service—either general policies and rules or specific case decisions. Codes, agency and professional, written and unwritten, formal and informal, govern *their* interaction, too, and thereby what is done for the client.

The caseworker, however, will not help him in just any way he needs and she (the worker) is able. Rather, the agency has certain "functions." If the client's needs lie outside the declared limits of these, he will be "referred" to another agency. He may be passed on through several before he receives service. He may find none to fit his need, or give up the search. Or he may receive service simultaneously from several agencies, each dealing with an aspect of his problem. He is faced, probably unwittingly, with the fact that agencies are themselves specialized, dividing the total welfare function in a web of interdependence whose complexity has fateful consequences for service.

Decisions affecting daily practice in and among agencies, matters of "small policy," will be made by all their personnel. Where "big policy" is concerned, however—large expenditures, major shifts in service—authority resides at a higher level. For the voluntary agency there is almost always a "lay board," legally responsible and the final arbiter of which clients will receive what services. But if the agency is "Chest"-supported even the board's authority is circumscribed, for there remains a "budget committee," typically including "hardheaded businessmen," to decide the amount of money the agency may have. In the public agency such decisions will be made, within the confines of existing legislation, by local or state "welfare commissions," and by public officials running up to federal Cabinet level. And most of these board members, commissioners, and officials come by these positions so crucial for welfare as a result of their power and status in the larger society. Their interests, and the stereotypes and opinions they hold about social welfare and social work, powerfully affect the nature of services available to the client.

This brief picture of social agency operation reveals an organization marked by specialization of function among workers, who are arranged in a hierarchy. Their relations are, to a degree,

formalized, their activities routinized. The agency is, in short, a *bureaucracy*, a form of organization typical of the complex industrial society. The agency is, further, one of a host specialized by program purpose, skill emphasis, clientele, location, and auspices. It exists in a state of *interdependence* with other agencies, creating needs for communication and cooperation which are met through a superstructure of coordinating mechanisms, such as councils and chests, which themselves take on bureaucratic form. Whenever important decisions on welfare matters are to be made, the *power structure* of American society will come into play. All these organizational characteristics of the agency and its environment reflect the changes wrought by industrialism in the larger society discussed in Chapters III, IV, and V: complex specialization and stratification, with a major shift toward service occupations; increasing scale of organization; the increased productivity and income to underwrite the whole.

Patterns of organization and control of social welfare activity have had little study. We can here suggest only their grosser, typical outlines. The label we give to these patterns, "bureaucracy," is a model to which actual agency practice conforms in varying degree. Where possible, we will indicate the conditions under which actual behavior will "fit" the bureaucratic model least and most.

Bureaucracy: Intra-Agency Specialization and Coordination

Bureaucracy (or, simply, formal organization) exists in degree—the degree to which certain distinguishing characteristics are present and emphasized. Many people would list these characteristics as red tape, buck passing, inaction, inflexibility. These, however, are but the "pathologies" of bureaucracy—they derive from a number of more basic features of organization. The purpose of this section is to discuss essential characteristics of bureaucracy, the implications of these characteristics for social service, and the conditions which promote their development in the social agency.

Distinguishing Characteristics. To say bureaucracy is to say *specialization*; and to say specialization is to say *hierarchy*.¹ Most

¹ The list of main characteristics used here is taken from the various writings of Max Weber. They are conveniently summarized by Blau (28: pp. 28-30). Cf. Dahl and Lindblom (71: pp. 235-236).

social agencies have, broadly speaking, two main levels of authority and status (representing also the major functional division)—the clerical-technical staff, typists to accountants, and the professional staff, each subdivided in standard ways. Within the professional staff the major ranks of worker, supervisor, and executive are found. From one to six or seven caseworkers (or groupworkers) may be directed by one supervisor who, if his supervisory load is light, may also carry a caseload. In a large agency there may be a case supervisor, supervisor of supervisors. We see here the standard pyramid of the "line" organization. (331: pp. 130-216) The essence is authority; the right to command by virtue of position passes successively from many hands to fewer to an integrating peak.¹ Any organization of appreciable size and complexity, comprising people of different but interrelated skills, inescapably is driven to such a system in order to achieve a framework within which goals can be set and efforts can be mustered and coordinated with maximal efficiency. Internal agency hierarchy is most fully worked out when the agency is public, or, if private, participates in joint fund-raising. Then central authorities create finely graded classifications or civil service schemes, running from the lowest filing clerk to the topmost brass.

The hierarchy is also a congealed model of the career pattern. It provides a set of steps through which the individual may advance, a promotional horizon for the motivation of those lower down. The caseworker aims to become supervisor, the supervisor to become an executive. Social agency structure thus accords with the need in industrial society for a highly motivated work-force (see Chapter V). Not all achieve their goals, of course, but there is some evidence that the hierarchical organization of social work allows a comparatively large opportunity for advancement above the basic caseworker and groupworker jobs. Among all welfare workers in 1950, 37 per cent were above client-contact jobs; among members of professional social work associations some 60 per cent hold the higher positions (though not all of these are

¹ The advisory, or "staff," function in social agencies, existing outside the line organization, is performed by consultants, usually psychiatrists, but sometimes home economists and other nonsocial work professionals.

supervisors and directors—some are teachers, public relations specialists, and the like). (375: p. 38; 201) An ironic commentary on the extraordinary speed with which social groupworkers become supervisors came from an experienced social worker observing operations in a modern settlement house: "Heaven forbid that a groupworker should lead a group!"

Although the supervision pattern may be required by bureaucratic organization in the agency, the ways in which authority is exercised, the styles of leadership, are quite as much an outgrowth of unique elements in social work professional culture. In an extensive literature devoted to developing effective supervisory technique, and in courses in supervision in schools of social work, leadership is more often conceived in terms of education than of command, as a channel for obtaining collaboration among workers on difficult problems than as a method of case review by higher authority.¹ Supervision is also a key element in the training of caseworkers, who spend about half their two years of graduate training in an agency under a selected teacher-supervisor. Since sensitivity to the motivational and emotional states of the client—perhaps the prime objective of social work training—must be preceded by self-awareness, the student is himself subjected to a near-psychotherapeutic experience. He is persistently called to account for his own behavior, not in cognitive but in emotional terms—not "Why do you think this way?" but "Why do you feel this way?"

This supervisor-trainee relationship has tended to carry over into general practice, leading to a recent upsurge of doubt about the social work supervisory pattern. Does the work of an experienced worker need to be subjected to persistent, routine review? Does this not foster excessive dependency in the worker? Is it logical and efficient to place responsibility for education in a person whose fundamental role in the hierarchy is command and review? (344) The increasing use in psychiatric settings of a professional-team approach raises further questions; the psychi-

¹ This emphasis is found to a lesser extent in supervisory training programs in industry, too—reflecting an attempt to humanize the mass organization and a growing concern with the morale of employees.

atrist and psychologist members of the team operate as independent practitioners, but the social worker still reports to a supervisor outside the team structure. The result is confusion in lines of authority and responsibility, and in concepts of professional role. (332) In some places the supervision structure is being tacitly abandoned. Back of these doubts probably lies the drive for professionalization of social work (see Chapter XI). Public opinion, it is observed, accords higher status to professionals who practice independently—outside administrative hierarchies. Stress on supervision is thus seen as an impediment to full acceptance of social work as a profession. If this belief is widespread among social work leaders, further erosion of the present supervisory pattern may be expected.

First, then, we have specialists, and to coordinate and motivate their efforts we have hierarchy. A second feature of bureaucracy—and agency—is an emphasis on rules, on doing things “by the book.” This appears as *routinization of activity* on the one hand, and on the other as *formalization of relationships* between functionaries and clients, and to a lesser extent among functionaries themselves. Compare the handout at the door of the monastery in fourteenth century Europe, or at the relief agency in nineteenth century America, or at a Salvation Army slum mission today, with the two-inch thick “Manual of Regulations” guiding the administration of contemporary public assistance. Or contrast the informal mixing and exchange of “culture” between University “settlers” and slum dwellers envisaged by the founders of the Settlement House movement with the elaborately planned program of activities offered by settlement houses today, even though they are among the least formal of our modern leisure-time agencies.

Formalization of colleague-relations within the agency should be distinguished from that of practitioner-client relations. The former derives more from the requirements of bureaucratic structure, the latter more from professional culture. Thus, in a small agency where the impress of bureaucracy is less, colleague relations will be more informal; but the worker-client relationship will be much the same whatever the agency size, so long as it is staffed by professionally trained people. There seems to be a

tendency in social work, however, to extend the ideal of objective, impartial, socially distant relations with clients (see Chapter XI) to colleague relations, as well.¹

Within any good-sized agency rules and some formality will be found. They function to smooth communication and command between the hierarchical ranks, to regulate relations between occupational specialists working side-by-side, and to realize the objectives of a planned program. Without stable, comfortable, certified ways of talking and writing to one another, people of different rank or different function do not easily maintain harmony. Without prescribed goals and rules that fit the goals, specialized efforts tend to be random and to cancel one another.

Because a bureaucracy coordinates interdependent specialists, each person must be proficient in his task, and must not presume to intrude upon anyone else's. Thus, further features of the social agency are *assignment of roles on the basis of technical qualifications*, and clear and official *areas of jurisdiction* for the several roles. In the nonbureaucratic organization—an early-day social agency or a contemporary agency not yet caught up in the swing toward professionalism and formal organization—little attention is paid to technical qualifications for role performance. In rural areas teachers without formal certificates of training are still hired, judges without law degrees are elected, and juvenile court probation officers and Children's Aid Society workers need only "be of good character." To qualify for employment in a modern, high-standard agency, in contrast, the worker must possess a MSW degree at least, and often also a "specialization" in psychiatric, family, or child welfare work. The supervisor not only must have such training, but in addition must give evidence of years of experience, and of interest in "professional improvement" by attendance at postgraduate institutes and the like.

¹ A well-known lecturer on mental hygiene in a school of social work used to insist that workers should not draw their friends from among their coworkers. Although rationalized on professional and mental hygiene grounds, such a rule of conduct seems but a glorification of one of the pathologies of bureaucracy. If it were followed, it very likely would tend to disrupt informal, task-relevant communication (e.g., exchange of professional news, of information about client needs, agency problems) and thereby reduce agency efficiency.

In the nonbureaucratic organization, areas of jurisdiction will be hazy—anyone may do anything, within limits, even if he is unskilled at it. In the family, father may cook dinner and diaper the baby, mother may drive the car and mow the lawn. In the early-day social agency, anyone might pitch in to help investigate a rush of relief applicants. But in the modern agency, the case-worker will not take over a dictaphone in the stenographic pool, even if she is able; the stenographer would not dream of conducting a treatment interview; and, although alternation of roles occurs, the worker who is not “on intake” will not casually wander in and do an intake interview.

Effects on Service. Bureaucracy, especially as it becomes joined with professional culture, plainly has many implications for agency operation and social service. The essential characteristics of formal organization—specialization and hierarchy, emphasis on rules, technical qualifications for functionaries operating in clearcut areas of jurisdiction—are not designed to interfere with the giving and getting of service. Quite the opposite. From the viewpoints of both client and worker, however, they often appear as obstacles and impediments.

The rules and red tape that swathe the agency within, for instance, also reach out to mold the client. He has a role to play, too; he must behave like a “case” if he is to use the service. He must fall into certain categories by need or other attribute—a dependent child, over 65, a marital problem, “motivated for treatment.” There are applications to complete or sign, appointments to be kept. He must be willing to cooperate, to bare his life’s secrets in relevant areas, to bring spouse or children to the office, to file charges in court, to be “cleared” through a Social Service Exchange.

Within the agency, specialists in a hierarchy find effective communication an increasingly severe problem. There is much truth in the observation that ours is the “paper age” (soon, perhaps, to become the “magnetic tape age”), that we are a nation of paper-shufflers and file-keepers. Small, informal groups can maintain identity, continuity, and tradition through word of mouth. Families need few records, and those, such as income tax returns, are required by the outside bureaucratic society. But anyone who has

worked in either small or large agencies or in business firms knows that paper-work is central to all operations; in the largest organizations, whole divisions simply maintain records. Several necessities of organizational life prompt the piles of paper. First, these organizations have a long time-perspective. They undertake long-range tasks, and therefore need to perceive long-range changes and to make continuing evaluations of organizational efforts and results, unclouded by personal or memory bias. Second, in so far as they assign positions on the basis of technical ability, they must keep records for periodic review of individual performance. Third, agencies are accountable to some board or legislative body or other authority; so they keep records to justify themselves should they come under attack or scrutiny. Most important, continuity of function dictates that records be kept, for people die, retire, quit, fail, are promoted. The next occupant of the position, the next worker on the case must get oriented. Some of this is done informally. But contacts and information are of such complexity and scope that even the memory of an "old office Joe" with a reputation for knowing everything cannot be trusted. To the extent that their time perspective is long, that accountability to officials is required, and continuity of specialized roles must be maintained, even small organizations will devote much effort to the record department.

The well-run social casework agency is a champion record-keeper. The Hill and Ormsby cost study in the Family Service of Philadelphia (primarily a casework agency) arrived at the following distribution of a \$100 expenditure for casework services (148: p. 168):

Interviewing costs	\$42.49
Case recording	32.15
Supervisory conferences	13.17
Case consultations	5.77
Miscellaneous	6.42
Total	\$100.00

Thirty-two per cent of all expenditures related to providing casework services were for recording. Moreover, if we focus not simply on recording but on the total process of *maintaining communication*

within a bureaucratic structure, then supervisory conferences and case consultations may be added to case recording, resulting in a total of 51 per cent of all expenditures for this purpose. These bulk so large along with other necessary costs that only 42 per cent is spent for direct contact with clients. The expense of maintaining communication appears to be very great. But where there is a long-range program with outside accountability, a complex division of labor, and frequent changes of staff, communication within an organization becomes necessarily a matter of prime importance—we do not know, really, whether or not a cost distribution such as the above is optimal for a family agency.¹

Because of the time that must be spent in maintaining communication, and the general intricacy of its inner workings, bureaucracy affects the speed with which service is given. The writers know of an instance in a small city where a midday radioed public appeal for bedding for a burned-out family brought fifty mattresses, flung upon their doorstep, by evening. Agencies oppose public appeals of this sort, but that is the way informal welfare operates. The formal agency, in contrast, has its own built-in tempo and reaction time. Although not typical, the time schedule of one large high-standard family agency in early 1955 was substantially as follows. When a prospective client first made contact with the agency, unless a well-defined emergency existed, he was asked to call back some two or three weeks later to arrange an appointment. When he called back, he was given an appointment three or four weeks later for an intake interview. At the completion of this, if he needed further consultation, he was scheduled for a second appointment some three to six months later. From then on he was seen every week or fortnight on

¹ As a result of the publication of the Hill and Ormsby study, several agencies have experimented with methods for reducing time spent on conferences and recording. Detailed recording of interviews is being abandoned for most purposes, and some agencies report considerable savings in recording time without hindrance to results. It is unfortunate that there is so little knowledge of the relative effectiveness of different organizational structures. There appear to be no studies which compare any measure of performance for agencies which are similar in size, function, and clientele, but differ as to supervisor-worker ratio, number of levels of authority, caseload, and so on. Studies which relate such variables are hard to design and harder to carry out, but they are sorely needed to supplement administrative wisdom.

regular schedule. This situation is perhaps extreme and may have been due largely to lack of personnel to meet the demand.¹ But the impress of bureaucracy is plain; no informal organization can ever operate with such deliberation in the face of a request for help.

Bureaucracy tends to minimize urgency, which may be counted a disadvantage. But the gains associated with it are clear: reliability, continuity, fairness. Although he may wait as long as six months for service, the client will receive dependable attention. The agency will not forget him, as the public will forget its mattress-buried family after a few days. Those same files whose maintenance eats up 32 cents of the agency dollar assure him definite attention at the appointed time. Other agency procedures also assure continuity of service—not just this burned-out family but others to come will get predictable help. Finally, while bureaucratic procedures may seem impersonal to the client—he cannot have his favorite worker, or perhaps even the one to whom he unburdened at intake—by the same token he is assured of equality of treatment. Class background, the worker's feelings, "pull," personal charm or lack of it, make little difference to the agency; in informal welfare they are often the very basis on which aid is given.

The model for the foregoing discussion has been the "ideal type" bureaucracy. (399) Along with its gains—efficiency, reliability, precision, fairness—come what many students have called its pathologies: timidity, delay, officiousness, red tape, exaggeration of routine, limited adaptability. (237: pp. 396 ff.) The agency as a means, a mechanism—the *agency*—for carrying out welfare policy becomes an end in itself. Between the altruist with his desire to help and the client with his need lies the machine, with its own "needs." These needs can result in an emphasis on technique and method, on organizational routines and records, rather than on people and service.²

¹ By the fall of 1956 this agency had managed to shorten the time span between initial request and regular service to an average of about four months.

² There is some reason to believe that in a large social agency, preoccupation with the rules, a strong "procedural orientation," will be found most often among middle ranks (long-service staff and supervisors). On the one hand, the top administrators

Footnote continued on page 244.

Factors Affecting Degree of Bureaucracy. Much of what goes on in social agencies fits this model of bureaucracy. And much does not. Several factors affect the degree to which bureaucratic gains and pathologies will be present in an organization. Among the most important are size, proportion of personnel which is professionally oriented, and degree of public control.

First, consider size: the bigger, the more bureaucratic. Even in large organizations, however, a network of informal, personal relations among workers infiltrates the bureaucratic skeleton, infusing it with qualities quite unbureaucratic. In the social agency lines of communication may by-pass the supervisor, a client will be seen out of turn or transferred to a worker he knows, hours set for "dictation" will be disregarded—all with the knowledge and tacit approval of everyone in the agency. This so-called "informal organization," which arises in part as a reaction against the pathologies of bureaucracy, is often essential to the survival of the agency and the accomplishment of its goals. It sometimes has a powerful effect in reshaping the goals of an organization. (303; 29)

In the small agency informal colleague relations and a deemphasis of hierarchy and rules are still more common, and the model of bureaucracy a still poorer fit. But even in the small agency many fundamental elements of bureaucracy—assignment of roles on the basis of technical qualification, division of responsibility, record-keeping—must still exist, with effects heightened by the professional culture of social work. It seems clear, also, that the day of the small agency is nearly past. Many such agencies exist, but mergers—both by geography to cover metropolitan areas and by program purposes to cover related functions

Continued from page 243.

not only have an overview of the whole agency, but they must also relate it and justify it to the larger community in terms of program purposes—so they are likely to be goal-centered ("drop what you're doing and see this man"). On the other hand, the lower ranks are too close to the task and what it takes to get it done, to become enamoured of procedure. The middle ranks, most insulated from both the day-to-day task and the overview of agency and community, are most vulnerable to "technicism." (Cf. 112: pp. 162 ff.) Also vulnerable are the less competent, less successful, and therefore most insecure functionaries: insecurity breeds rigidity and overconformity; the insecure fear change and seek security in fixed rules. (Cf. 29.)

—are now frequent. Finally, there are a limited number of ways to organize work—and if the schools and churches we attend, the stores we patronize, the voluntary associations and political parties we belong to, the government agencies we encounter, and the defense establishment we support all accustom us to elements of bureaucracy, we become predisposed to adopt this organizational form in new areas for different problems, appropriate or not. The atmosphere and pattern of bureaucracy tend to be copied in small agencies even when size and degree of specialization do not require them.

A second major factor affecting degree of bureaucracy in the agency is *the proportion of personnel that is strongly committed to a profession*. A professional orientation among functionaries works both ways—toward accentuating and toward reducing bureaucratic tendencies—but on balance the reduction effect may be stronger. Considering that both professionalism and bureaucracy are responses to complex specialization in modern society, it is not surprising that they play into each other at many points. The impersonality of relations governed by rules that the formal organization requires finds its counterpart in the professional emphasis on formality of client-worker relations. Insistence that recruitment and promotion of workers be on the basis of technical qualifications is common to both; and both strive toward clarity in the definition and jurisdiction of roles. We have also suggested that some unique stresses in social work culture may further accentuate bureaucratic tendencies, for example, the emphasis on supervision and records, and a possible tendency to carry rules for worker-client relations over to colleague relations.

On the other hand, to be professional is to behave in many ways counter to the bureaucratic pattern. The service code of the professional (see Chapter XI) requires him to give foremost attention to the needs of the client, with several unbureaucratic results: he may disregard or short-circuit formal rules and regulations in order to meet client needs; he will be concerned about red-tape impediments to efficient operation, and will be ready to make adjustments; he will strive to maintain or improve existing standards of work (330); he will often seek to evaluate service on

the basis of results achieved rather than by techniques used. Professionalism gives one not only the incentive but also the strength to avoid excesses of bureaucratic proceduralism—for membership in a cohesive group with its own standards, and with roots outside any given agency, frees the functionary from the fears and insecurity which would lead him to take refuge in fixed rules. “A professional orientation neutralizes feelings of dependency. . . .” (29: p. 188) Where professionalism is strong, Blau finds, the feeling of freedom is also strong, and the proliferation of rules less necessary.

A third factor affecting bureaucracy is *auspices*. Among the various types of auspices, the public versus private alternative is most crucial on the American scene. The public agency is larger on average than the private agency, and less often professionally staffed. Thus, the factors discussed above, size and method of staffing, enter again. Not only has the public agency a bigger local operating office, it is also more often tied in with extensive state and federal hierarchies of control. People in the ADC program, for instance, or in unemployment insurance, work in local, state, regional, and federal offices; a mass of regulations issues at all levels; and there may be a dozen supervisory layers stacked above the local-bureau visitor and employment-office interviewer. Such towering organizational pyramids require an emphasis on the basic characteristics of bureaucracy and invite the exaggerations which we have called “pathologies” of bureaucracy.

Two other conditions of public agency life tend further to accentuate bureaucracy: public welfare programs are framed in law, and the agency operates in a “goldfish bowl.” The basic law setting up a program is usually brief; administration of the program requires an endless flow of regulations which comprise the ever-changing “Manual.” Operation in the glare of publicity may create an atmosphere of insecurity which, as Blau shows, tends to foster rigidity and proceduralism. It is no accident that Weber found his model of the bureaucrat in the public official.

Much of what social workers accept today as normal agency practice is but the universal face of bureaucracy. The personal, piecemeal, immediate, unstructured, informal, and haphazard

welfare practices of yesteryear find less and less place in the welfare world of today. Given awareness of the possible pathologies of bureaucracy, and some ingenuity, the inherent disadvantages can be minimized. Certainly, ways can be found to reduce a six-month waiting period for service. When the organization becomes top-heavy, needlessly hierarchical, preoccupied with procedure, deaf to the needs of individuals, then alternative lines of communication and change can be found—by pressure from without (consider how veterans' groups reach into and manipulate the massive bureaucracy of the Veterans Administration), or by pressure from within (witness the many solutions to organizational and service problems instituted spontaneously by staff subordinates without administrative direction). And it is not impossible for agency administrators studiously to minimize bureaucratic pathologies.¹

Bureaucracy: Interagency Specialization and Coordination

Not only does specialization within the agency give rise to bureaucracy, but specialization among agencies in a community also creates an interdependence which requires coordinating mechanisms. The basic problem, whether *within* the agency or *among* agencies, is the same—how to attain effective integration of specialisms. Among agencies, however, the bases for specialization are more varied, and an authoritative structure for exercising over-all control is lacking. Further, the need for coordination among agencies is often obscured. It is less easy to see the community as a functional whole, with interdependence among all its

¹ Detailed observation by Blau of people at work in a state employment agency and a federal law-enforcement agency led him to list five main factors that minimize bureaucratic pathologies, i.e., factors that increase the agency's ability to change itself and initiate adjustments that further organizational goals: (1) job security for employees and staff (which can be achieved by sensible financing and personnel policy); (2) a professional orientation toward the work (which can be encouraged by high standards of recruitment and performance); (3) established workgroups that command the loyalty of the workers (to lessen the need for individuals to seek security in fixed rules and familiar routines); (4) the absence of basic conflict between workgroup and management (so that workgroups do not sabotage organizational goals); and (5) organizational problems experienced as disturbing (a challenge for change such as a case overload). (29: pp. 208 ff.) In addition, agency administrators and supervisors can use all the skills of the democratic leader that fit so well the training and ideology of social workers.

parts, than it is to see the essential unity of a single agency. Nevertheless, the division of labor which binds us all together in a web of mutual dependence, though sometimes obscure, is a basic fact of community life. (Cf. 143.) In welfare, as in all areas of endeavor, no one can do the whole job; there must be an extensive division of welfare work. But on what bases is the work divided? What problems arise? What methods are used to meet the problems?

Bases of Specialization in Social Welfare. Work can be divided in a great many ways. But a close look at any array of specialties in an organization or any array of organizations in a field shows a limited number of criteria by which they justify or define their special work. The major bases of specialization among social agencies are listed and exemplified in Chart E.

CHART E. BASES OF SPECIALIZATION IN SOCIAL WELFARE

<i>Basis of specialization</i>	<i>Exemplified by such specializations as:</i>
Purpose (or program)	Public assistance, corrections, recreation, vocational rehabilitation
Skill (or process)	Social casework, group work, vocational counseling, psychiatry, community organization
Clientele	Children, adults, aged, veterans, nonveterans, religious background, financial ability
Auspices (or sponsorship)	Government (federal, state, local, state-local), voluntary (sectarian, nonsectarian, joint- financed)
Geography (or location)	Geographic jurisdictions and boundaries of service

Specialization on any of these bases can, of course, occur within, as well as among, agencies. A very large agency may be regarded as a complex of specialized subagencies. The Veterans Administration, for example, offers vocational rehabilitation, social service, pensions, and so on (specialization by purpose or program), employs psychiatrists, social caseworkers, and the like (specialization by skill), and has district, regional, and local offices (spe-

cialization by geography).¹ Our focus here, however, is not on the internal structure of a single administrative unit but on the aggregate of separate agencies typical of the welfare scene in most American communities.

The Reasons for Specialization. The general advantage gained by specialization, of whatever mode and on whatever base, is efficiency—economy, speed, accuracy in performance of a task. (331: p. 137) But efficiency is only one of the factors leading to specialization. Consider some cases of specialization by clientele. Separation of adults from children in outpatient psychiatric service is probably motivated almost entirely by a desire to enhance the degree of skill that can be brought to bear—which should increase efficiency. Separate family agencies for Catholics, Jews, and Protestants, however, stem from religious sentiments, and probably decrease over-all efficiency. The dual school system of the South, based on specialization by race, certainly decreases efficiency, though it may realize other values of some citizens in that area. The “special” public assistances, ADC, OAA, and the like, arise for political reasons—popular support can more easily be generated for old folk and orphaned children than for the generality of poor.

Similar reasons explain some of the specialization that occurs on other bases. Geographical dispersion of agencies makes services physically available and allows for regional variation in standards and needs, for example, lower relief grants in Mississippi than in New York. But it also serves, especially among government agencies, to forestall or silence outcries against “centralization in Washington.” Some of our present specialization by skill—marital counseling, rehabilitation counseling, educational counseling, parent-child counseling, vocational counseling, and family casework, for instance—probably owes as much to con-

¹ The V.A., of course, has but one clientele, veterans (though they may be subdivided into pensioners, compensation claimants, etc.), and one auspices, the federal government. A single auspices is the usual pattern for welfare agencies in the U.S.; in England it is quite common for an agency to be sponsored jointly by government and private groups. (167: p. 5) An example of multiple sponsorship in the U.S. is the Michigan system of community child guidance clinics, which is instituted by the State Department of Mental Health only on condition of local (government or voluntary or both) sharing in financing.

siderations of professional jurisdiction and prerogative as it does to actual gains in efficiency. And so on.

The fact that specialization often occurs for reasons irrelevant to efficiency does not mean that it is "wrong" or even that it lowers efficiency. The specialization among relief programs mentioned above, though it may have some undesirable consequences, may be the best balance of social welfare losses and gains that can be achieved under the existing social and political circumstances. If separate family casework facilities for religious groups are favored despite their possibly greater economic cost, then religious values and not economic efficiency are the weightier criteria. The desirability of a given mode of specialization in a particular situation can be judged only in terms of the priority of values pertinent to the situation.

Disadvantages of Interagency Specialization. Whatever the motivations behind them, the fact of specialization and the particular basis on which it is undertaken do affect both the efficiency and the goals of service. Some of the problems they present for social welfare can be grouped under four headings: gaps in service, dividing the client, segregating the client, and duplication.

(1) *Gaps in service* are currently recognized as a most serious problem in the provision of welfare services. A case cited by Virtue in a study of children's services in Michigan illustrates how specialization on several bases works to create gaps:

Two boys, 10 and 11, are bedridden and paralyzed with muscular dystrophy. Prognosis is death within five years. Previous aid through the Crippled Children Commission has been terminated upon diagnosis, owing to the poor prognosis and the unavailability of hospital care for purely custodial cases. After full investigation by welfare, educational, judicial, and private agency personnel, no aid was given. At last contact, the mother was caring for these boys together with her other children, in a house with no plumbing, and with no help other than that supplied by an occasional visit from an orthopedic therapist and a volunteer neighbor who read to the boys one afternoon a week. The judge of the juvenile court reported that the marriage of the parents appeared to be in jeopardy, as a result of long physical and mental strain. Reasons given by various agencies for not extending aid were:

1. Juvenile court: no neglect or other basis for jurisdiction.
2. Health department: no local health department.
3. Welfare and relief authorities (state and county): father is employed and thus ineligible for financial assistance; suggest foster care through special educational services.
4. Crippled Children Commission: statute interpreted not to authorize home care.
5. Local school: insufficient personnel to furnish home tutoring.
6. State department of public instruction, special services division: locality not eligible for state-furnished special services.
7. Michigan Society for Crippled Children and Adults, Inc.: public agencies could help if they saw fit; private agency should not invade public agency field. (384: pp. 9-10)

In this case, the juvenile court, relief authorities, and the Crippled Children's Commission could not act because of real or imagined restrictions imposed by specialization on *program-purpose* lines. Services of a health department and of the special services division of the state department of public instruction were not available because of gaps in *geographic* coverage. The local school board had insufficient personnel to provide home tutoring, presumably from lack of funds; this results from a specialization by *auspices*—many localities are too poor to provide special educational services and need help from the state or federal government. Notions about proper auspices also apparently account for the private agency's refusal to act.

Gaps in service also result from specialization by *skill* (or process) and *clientele*. In a paper on "The Limits of Social Service" psychologist Gordon Allport suggests that narrowing of "agency function" has progressed to the point where

. . . The problem is growing acute in social work. Increasing emphasis on defining agency function can lead to a rat-race of referrals, sometimes demoralizing to the client and hence unethical. Even if referrals themselves do not damage the client, he may find at the end of his trek that for his distress there is no rubric and therefore no agency to help him. An unmarried girl in a certain town could find no help; she was seven months pregnant and the only appropriate agency had a rule that no applicant more than six

months pregnant could be accepted. Good casework, the agency said, could not be done at this late stage of pregnancy. . . . (5: p. 204)

Here the agency, though it deals with unmarried expectant mothers, specializes in a clientele less than six months pregnant. The more controlling specialization in this case, however, is by skill—"good casework" dictates the restriction on clients. Presumably agencies which do not specialize in good casework should exist to care for girls pregnant longer than six months. In both the Allport and the Virtue cases, it is clear, specialization has so far distorted the presumed goals of service that no service is in fact given.

(2) *Dividing the client*, in social welfare as in medicine, is regarded as a serious problem. It occurs when the client—individual, family, or community—has a problem whose solution requires two or more skills, or has several problems involving a variety of programs. The extent to which multiple problems in a single case is the rule rather than the exception is suggested by Buell's finding in St. Paul that the majority of health, dependency, and adjustment services were absorbed by multiple-problem families. (43: p. 9) It is common occurrence in any good-sized American city for a public assistance worker, a probation officer from the juvenile court, and a family caseworker all to be visiting the home of a single family—and it can happen that a visiting teacher, truant officer, and public health nurse will meet them there. In social welfare, dividing the client takes place mostly on the basis of specialization by program; division by skill is better illustrated from medicine where a general practitioner, an internist, a urologist, a gynecologist, and a proctologist may simultaneously serve a female client who has an infection of the pelvic area.

The existence and availability to the client of such varied specialties is not the problem—they may all be necessary. The problem is that services are not integrated, a situation increasingly hard to avoid as services grow ever more specialized, numerous, and technically arcane. Consider a fairly common big-city social syndrome: family on ADC because father is disabled with a heart condition, one or more children delinquent.

The
fath
orde
the p
misc
abse
to m
thou
know
the c
and
plan
men
sult-
fami
treat
(3)
speci
thou
speci
in p
segre
opin
done
ness
open
stign
look
Ar
ment
facili
ment
towa
tient
atric
out g
tion

The relief investigator, in pursuance of agency policy, urges the father to seek work; the visiting nurse counsels rest on doctor's orders. The assistance agency hunts a part-time job for mother; the probation officer bids her stay home to keep Johnny out of mischief. The truant officer warns Johnny against any more absences from school; the probation officer admonishes him not to miss his school-hours appointment at the court. This picture, though hypothetical, is not much exaggerated. Only the clients know the full story of conflicting counsel, and they do not write the case records. From the point of view of service both by agency and profession, inconsistent, partial, and contradictory treatment plans result—inefficiency. From the client's viewpoint, puzzlement and resentment ("inability to respond to treatment") result—and the goal of service is lost. Many of the "hard to reach" families now receiving so much attention are the product of such treatment; their disaffection is understandable.

(3) That *segregation and stigmatizing of the client* may result from specialization is little recognized in social welfare literature, though they constitute a serious disadvantage of some types of specialization. Of course, some segregation—children from adults in psychiatric service, for example—carries no stigma. Even segregation that would be disapproved by preponderant public opinion—separation of clients on religious or racial grounds—if done with "malice aforethought," with knowledge of and willingness to pay the consequences, is at least overt and can be opposed openly in terms of the pertinent values. But segregation and stigmatization are too often the unanticipated, and often overlooked, effects of specialization.

Americans, for instance, have not yet ceased to think of the mental hospital as a "nut house," rather than as a medical facility, though it is surely not the aim of special facilities for the mentally ill to stigmatize their patients. Because such attitudes toward mental hospitals and the mentally ill interfere with patient recovery, there is now a movement to incorporate psychiatric facilities into the general hospital. This amounts to knocking out geographic and, to some degree, program bases of specialization in order to avoid the stigma attached to segregation. Spe-

cialization by skill would remain; that is, psychiatrists would now work in the general hospital, alongside other medical specialists, under the mantle of a general health program.

The juvenile court offers another example of how specialization by program and clientele can lead unwittingly to stigmatization, and hence to poor service. Although the juvenile court was in part created just to avoid a criminal court record for children, it has developed according to some observers (cf. 355) its own stigma, and the vast growth of social services under its aegis serves to suck in an ever-larger population of children to take the brand. Appreciation of this is a main motive in the recently growing movement to trim back the court to more strictly legal functions. (Cf. 30.) Pressure to expand court social services, it should be noted, has come not from within the court itself (until recently at least), but from the outside community. The court, as part of the police power of the society, has in effect been forced to accept responsibility for handling such problems as other agencies, public and private, have been unable or unwilling to accept.

Because populations are socially, racially, or otherwise segregated by residence, geographic specialization of a service often begets unanticipated stigmatizing effects. The agency becomes identified with the neighborhood. In late 1956 there was established in the Jeffries public housing project in Detroit an experimental nursery school, sponsored by the Housing Commission and a university college of education. Expertly staffed, and with excellent physical facilities, the nursery was planned, in part, as a demonstration of the feasibility and desirability of "integrated" education—across lines of race and economic class. To obtain so mixed a group of children it was necessary to draw on white and better-off Negro families who lived outside the housing project. But no outside mother, even though she lived just 40 feet across the street, would at the start send her child into the "project nursery."

It is unavoidable that specialization, especially on the basis of location of clientele, will often have segregative effects. In many instances, this will make little difference, either in efficiency or for

the goals of service. When disadvantages do appear, however, these must be weighed against the advantages gained by the given mode of specialization. Is it better to have a (voluntarily) segregated nursery than none at all? It may be more difficult and costly, again, to design life-cycle (all ages) communities than it is to build mass housing for the aged to live in apart. But if the latter does not in fact realize our goals of health and happiness for the old, the economy of specialization should perhaps be forgone.

(4) Eliminating *duplication of services* was a foremost objective of the first large-scale attempt to "organize charity," eighty to ninety years ago; and duplication is still a favorite *bête noire* of critics of social welfare organization. A close look, however, might suggest that what is called duplication is often in fact justified by the advantages of specialization by clientele, auspices, and so on. The most commonly cited example of flagrant duplication is the array of veterans' services, paralleling at many points those available to "ordinary citizens." But are these duplicate services, or are they a realization of a value the American people hold (or are presumed by legislators to hold) about how veterans should be treated? Looked at closely, the veterans' services are not "just the same" as those available to the general community. The veterans' pension is administered quite differently from relief; getting a nonservice connected disability taken care of in a V.A. hospital is quite unlike applying for hospitalization under the "afflicted adult" provisions of the poor law; veterans' vocational rehabilitation is structured and staffed differently from the civilian rehabilitation program. If there were no V.A., veterans would not be getting the services they now have. Whether they *should* get them is, of course, a different question, not to be confused with the charge of duplication.

Experienced public assistance administrators have recently proposed establishing employment services within, and under the administrative direction of, the assistance agency. This would seem to be duplicating the services offered everywhere by state employment service offices. To some extent this may be true. But the more important truth is this: despite conferences and agreements, the general employment service is not geared to give

the kind of patient, painstaking, individualized, and long-term attention to any one case that is often required to get a relief recipient back in the work force. Yet this is exactly the kind of service the public assistance agency wants and is prepared to set up. When the relief recipient is referred to the general employment service, nothing happens; when the relief agency does its own employment job, it is often successful. By most criteria of efficiency or goal-achievement, two such employment services do not duplicate each other.¹

Much criticism of "duplication," and much of the reorganization undertaken to eliminate it, may be traced to "political" motives (331: pp. 162-164)—a desire to get rid of or take over existing agencies and units which threaten the hegemony of other units, a desire to weaken, strengthen, or change the goals of programs by placing them under departments with hostile or friendly views. Something of this may be seen on the community welfare scene in the current movement to close the many, small, Chest-supported community centers found scattered about large American cities, and replace them with a centralized agency employing roving neighborhood workers who utilize existing school and church buildings to put on a program. The shift is defended on the grounds that it eliminates the expense of "duplicate" physical facilities—the community house. Other things equal, such a saving would evidently accrue. But the further consequences are that control of the program moves out of the hands of the local center board, and the nature of the program itself changes. It seems likely that those who engineer such reorganization are aware of these consequences, and count on them. Whether the consequences are desirable in themselves is not, again, the question here.

In the multi-problem family case used above to illustrate "dividing the client," the relief worker, the probation officer, the family caseworker all take identical "face sheet information" from the client, and may tread each other's footsteps in extensive

¹ The relief agency-administered employment service may be less efficient in so far as it lacks the technical knowledge of occupational categories, job descriptions, employer preferences, and labor market conditions possessed by the general employment office.

explorations of the client's life history. This sort of duplication is wasteful and probably harmful to the client, as is also the overlap in service programs offered, and skills used, by the workers.

It should be emphasized again, however, that duplication, dividing the client, gaps in service, and all the other problems that come with specialization, are not to be regarded as total evils to be destroyed root and branch. Rather, they are costs to be balanced against gains that result from specialization on one base or another; they are factors to be weighed in our efforts to obtain an optimal division of labor in the social welfare job, once we have decided what welfare job we want done.

Specialization as a Technical Problem. It is clear that the choice among types of specialization (by program purpose, skill, clientele, auspices, location, or some combination of these) is fateful for both the shaping of welfare goals and their efficient accomplishment. It is clear, too, that once we have decided what values we want to pursue or emphasize (for example, strengthening child-supervision by keeping an ADC mother at home versus raising family income by getting her a job), the problem of specialization is mainly a technical one, a matter of know-how. What special programs will be appropriate, what skills should be applied, with which of the possible auspices should responsibility rest?

Let us return to the examples given in Chapter IX of the treatment of children labeled "delinquent." We saw there that agency practice reflects community values in all their contradictions and ambiguities. But even if we should deliberately clarify and rank our values as, first, "protection of the child," second, "justice," and, third, "deterrence of serious crime," we would still have knotty problems of organization. Kahn, in his intensive study of court services for children in New York City, notes that, though there is an abundance of programs available to help the child in trouble with the law, *these programs are structured and specialized in ways largely irrelevant to the problems children have.* Present program specialization for juvenile court cases is in terms of methods of case-finding and community stereotypes of clients ("neglected," "delinquent," "defective") or in terms of symptom-

labeling ("truant," "conduct disorder," "stealing"). Such labels "do not differentiate between children in terms of how they can be understood, what their needs may be, or how they should be served." (171: p. 6) The truant may prove to be either a bright child who needs a more stimulating school program, or a schizophrenic who needs hospitalization. The child who steals may simply be obeying the codes of his gang (see Chapter IX), or a kleptomaniac expressing emotional conflicts. It will be noted that Kahn is concerned here not with duplication of service, or segregation of the client, or dividing the client, but with program divisions that are inappropriate to the problem. The present array of programs would be comparable, using a medical analogy, to hospital clinics specialized in "fevers," "aches," and "rashes."

Inappropriate program specialization creates havoc in the development and deployment of skill specialties. The purpose of specialization by skill is to create, through intensive practice and training, exceptional efficiency of performance in a restricted area. With the present organization of programs, however, any worker in any agency is likely to have in his caseload so wide a variety of problems requiring different skills that no effective skill specialization is possible. Or, if one skill carries high status, then everyone strives to claim or attain that skill, and other necessary skills are neglected. Every caseload, for instance, is likely to contain some children needing psychotherapy, resulting, Kahn notes, in the "attempt to transform each staff member into a psychotherapist. . . ." (171: p. 7)

The problem of adapting means (specialization) to ends (service) is further illustrated in Burns' discussion of auspices for public social security programs. (48: pp. 212-223)¹ At what level of government should responsibility for unemployment insurance reside? Why is OASI federally, but the unemployment program state, administered? What level of government is best suited to finance and administer public assistance? It is evident that political forces play a large part in what actually happens—witness the shifting of unemployment service back and forth between

¹ Burns, in Chapters 11 to 13 of the book cited, gives the best analysis in print of social security programs in relation to basis of specialization.

state and federal auspices. But political considerations aside, the answers to such questions depend on knowledge about such technical factors as: the relative taxing powers and tax bases of the different auspices, effect on mobility of labor and industry, effect on productivity, regional and industrial differences in unemployment rates, regional variation in living standards.

Thus, both Kahn's question (what is the best way to divide programs for children in the court?) and Burns' question (what is the optimal allocation of income maintenance programs among public auspices?) are not only value questions whose answers depend upon one's ranking of the goals of these programs, but also technical questions whose solution requires scientific knowledge. For children's services, we need to know more about administration—the effects on the child of different types of courts and schools, different encounters with specialists variously organized and controlled; and we need to know more about the factors of personality and social structure that produce various types of delinquents. For social security programs we need to know more, for example, about the health of children in ADC families (federally subsidized) as compared to children in families on local relief.

The present structure of children's services is justly criticized, but, both because of the confusion of goals being pursued and the lack of relevant knowledge, a more appropriate structure is hard to determine. We may wonder at the present haphazard arrangement of social security programs but until we know whether the economic rehabilitation of public assistance clients is better achieved by use of a relief agency-administered employment service than by use of the general employment service, or whether unemployment benefits are more adequate under federal rather than state sponsorship, a better arrangement cannot be determined. Questions of this sort have only recently come into focus as pressing problems for research in social welfare.

Coordination. Once we have decided how to divide work—on the basis of both goals and organizational know-how—we still have the problem of coordinating the special agencies we set up. Some of this is handled in the routine process of agency operation. But

much of it is done more deliberately by welfare planners operating in the field known as "community organization." Improved coordination through planning cannot solve all the problems created by specialization. It is, however, of major help in tackling the problems of dividing the client, gaps in service, and duplication.

One of the oldest coordinative devices is the *social service exchange*, developed in the early charity-organization period to control duplication of relief-giving by the many private relief agencies of the time. Today duplication in relief is no longer a problem, and the exchange is used mainly as a means of letting one agency know which other agencies have been active on a case. Theoretically, the exchange could help to solve the problem of dividing the client, by allowing agencies to collaborate and integrate their services on a case. In practice, it is doubtful that much of this happens.¹ Other agency listings on the clearance slip carry only identification data; for useful case information one must read the agency record, or consult the worker on the case, which are both time-consuming processes. The number of other agency listings is often too large for a caseworker to track down and there is no way to establish priority among them for follow-up. Even when other agency records are read, integration of treatment does not automatically result. In recent years, moreover, agencies have increasingly adopted the practice of "selective registration" of cases, so that there is now no assurance of obtaining a complete picture of agency involvement in a case. Because of doubts about the usefulness of the exchange function, and concern about the breach of confidence involved in registration (is it sound professional ethics to register a client without his knowledge or permission?), some communities have dropped the exchange.

Another time-honored device for obtaining integration of services among agencies is the *case conference*. Informally, a vast amount of telephoning goes on among social workers in a community, ascertaining activities and policies of other agencies,

¹ Although the extent to which agencies clear cases through the exchange can be readily ascertained, there appears to be no evidence on the extent to which actual integration in service results from such registration.

checking who does what in a given case. Much of this conferring is useful; some of it probably represents attempts to untangle snarls resulting from earlier lack of integration of service. There is apparently no research information on the amount, nature, and effects of telephonic communication among social workers in a community. In its more formal guise, the case conference involves a planned meeting of supervisory as well as worker personnel from two or more agencies, in which, besides discussion of the exigencies of the immediate problem, agency policy with respect to similar cases is threshed out. Such conferences, because they are time-consuming, are convened only for exceptional cases; they are called to deal with emergencies, rather than to facilitate the daily integration of services.

A fresh approach to the problem is being explored by the Family-Centered Project in St. Paul, where, by agreement among the agencies serving a family, one worker is usually assigned to the case and administers all the services. (149) This device has been used before but has not had the benefit of extended and systematic application; results so far in St. Paul are promising. Of course, there are serious obstacles to this approach. For example, when a public assistance agency and a court probation service are active in the same family, how can the court's powers be given legally to the relief worker; or how can the probation officer assume legal responsibility for determination of relief need? Further, and perhaps more serious, how can the benefits of specialization be realized if specialists are not allowed to deal with the case? Some evidence suggests these obstacles can be surmounted by *selective use of specialists, after relationship with a family has been cemented by one worker.*

A different set of coordinative devices is addressed to the problem of gaps in service. When needed services simply do not exist, specialization, of course, is not the cause, nor is coordination the cure. But the equivalent of service gaps occurs when the client is not steered to the proper existing service—which can happen simply from a worker's inability to know all of the several hundred possible resources in a large community, or from his failure to go through the right channels to get an agency's attention.

There is no measure of, nor any research that has attempted to measure, the amount of nonuse and misuse of existing social services in a community. Such studies as Virtue's of public services to children in Michigan, however, suggest that the amount is large and the consequences wasteful and sometimes disastrous. (384: pp. 6-18)

One method of dealing with the problem is the *welfare resources handbook*, now issued, usually by the community welfare council, in nearly all large communities. Handbooks receive wide distribution and much use by such welfare "threshold" institutions as the police, schools, and churches, but they can help the unsophisticated clergyman or police sergeant only a little way toward the goal of precise agency selection and referral. For the family problem appropriate for a family agency, there will be found scores of agencies listed under the "Family Services" heading in the handbook; and brief bits of information about agency function, intake policies, and the like may mean little to those not already informed. On this basis bad referrals are often made. A better practice involves further telephoning until an agency that accepts responsibility is found. Even then, the case may have to be referred further; and, if accepted, may only get onto a long waiting list, as we noted earlier. The sophisticated social worker also uses the handbook, but in a different way. He already knows the community welfare structure and how to refer cases. For him the handbook is a convenient-sized telephone directory, to check addresses and phone numbers, or sometimes the geographic jurisdiction of an agency. Handbooks have their value but, as with dictionaries, one must first know the language in order to use them.

The *community information service* is a tool designed for much the same purposes as the handbook, and is in many ways superior. All a worker needs to know is a telephone number—the resources specialist on the other end of the wire, given a few pertinent details, selects the best agency for the case in hand, and gives directions for getting there. On first glance, this is more expensive. The resources handbook is sold at a price that pays for its cost; the cost of an information service cannot be so recaptured. But the savings from reducing fruitless agency contact, wasted

time for workers, and the runaround for clients must be weighed against that cost.

Virtue suggests that "where many agencies, spanning several specialized professional techniques" offer various services, "adequate choice-making or 'threshold' personnel must be developed to ensure that the resources are known, integrated, and appropriately used." (384: p. 18) She mentions children's consultants of a state department of welfare, visiting teachers, and staff members of child guidance clinics as examples of "threshold" personnel. But such workers are hardly more specialized in the liaison function than any of a score of other kinds of workers—family caseworkers, probation officers, and the like—and what seems called for is not specialized personnel for referral work, but solid knowledge of resources and skill in referral as part of the standard equipment of welfare workers in all agencies. Professional social work training, more than training in the other occupations involved in welfare work (medicine, education, law), aims specifically at imparting such knowledge and skill. It is interesting to note that this important task of liaison, which only social work makes a definite effort to discharge, is often overlooked in descriptions of the social work function.¹

The specific devices mentioned above operate within a framework for coordination provided in most large communities by the *council of social agencies* (variously called community welfare councils, health and welfare federations, and so on). The council, of course, is a general, social welfare planning organization, with coordination only one of its functions; and councils are only one of the many types of bodies devoted in whole or part to welfare planning.² The council, however, is the key coordinative unit at

¹ Janowitz' study of "Public Perspectives on Social Security" shows that few people know their rights and benefits under even such a well-known program as OASI. (165) It is clear that welfare professionals in an increasingly complex society must take major responsibility for knowing welfare resources and how to steer people to them.

² The central offices of public welfare departments, at the state and federal levels especially, emphasize such a function. In the voluntary field, the 1954 *Social Work Year Book* devotes 83 pages to a listing of agencies at the national level alone, most of them concerned with planning and coordinative activities. There is even a body—the National Social Welfare Assembly—whose task it is to coordinate the work of the national coordinating agencies.

the community level; at its best it represents a high point in democratic participation in American communities.

Out of the council's coordinative machinery, however, new problems arise. It is possible, and not uncommon in large communities, for councils to become a block to agency planning and working together. Once the coordinating function is centralized in a single center, there is a natural tendency among agencies to leave the planning function to the central body, awaiting its call to action. Other channels of communication tend to dry up; there is felt a responsibility to move only through the formally constituted planning center. (111) This is a loss to cross-agency communication; and since the center itself becomes a bureaucracy, distorting incoming messages as it passes them on to suit its own needs, a further limitation is placed on cooperative action. However, if there is leadership in the planning center, the gains far outweigh this sort of loss.

More difficulty occurs when the central planning body does not provide a staff adequate to the coordination task. In the Detroit metropolitan area, for instance, the welfare council in 1957 employed about 25 professionals (exclusive of top administration) distributed as follows: work with suburban division, 4-5; publicity and community information service, 4; volunteer services, 4; research department, 3; budgeting, 3; special projects, 2; coordination of agencies grouped by program field, 3; coordination of agencies on a neighborhood basis, 1. The four persons working in program fields and neighborhood councils carry most of the load of coordinating the work of the city's some 200 officially chartered public and private agencies, plus a possibly greater number of unofficial groups active in social welfare. There is, of course, no standard formula for allocation of personnel to the various subdivisions of a central planning body. Certainly, wide variation would be found among councils across the country. One wonders, however, why the number of professionals now serving the program fields is the same as twenty years ago—three—though population, number of agencies, and specialization in welfare services have all increased greatly in this period. One wonders, too, why the number working in neighborhood co-

ordination of agencies has dropped from six or seven in 1950 to only one or two today. Whatever the reasons, from the agencies' point of view it is a fact that machinery for interagency cooperation is less adequate now than it was a decade or two ago.

The situation can be worsened, moreover, when the planning agency is under undue control, direct or indirect, of the fundraising arm, the Chest. This can come about through organizational structure, for instance, when both council and Chest are under the same board of directors and top administration; or informally through financial dependence of the council on the Chest. It is here that the influence on social welfare of the power structure in American communities becomes most clear.

Power Structure and the Social Agency

Power is the *ability of one social unit (group or person) to influence the behavior of another social unit and thereby condition its access to social values* (objects that groups of men want as shown by their behavior toward them). Men in some positions exercise considerable power over men in other positions. To speak of a power structure is to locate these positions and their connections. A full understanding of the operations and policies of the social agency requires some knowledge of the power structure of both American society and the local community—for the agency takes account of men of power in ways worth study. The aim of this section is to speculate about these ways.

The Location of Power in the United States. In different societies and times, different classes and groups have been powerful. In tenth century France it was the nobility and clergy; in thirteenth century Venice, the great merchants. In early New England there was a type of theocracy. In the U.S.S.R. power has resided in the Communist party, perhaps sharing with industrial managers, military leaders, and key scientific groups.

Solutions to problems in one sphere (or role system) in a society tend to limit and control solutions in other less dominant spheres. Thus, if a society gives top priority to war and expansion beyond its boundaries, such priority will limit the way in which the problems of internal order and domestic economy will be

handled (for example, the amount of freedom and the standard of living allowed); it will also increase the power of military leaders. If a society gives top priority to the production and distribution of material goods, this will limit the possible power of religious leaders; it will also increase the power of the industrial elite. (Cf. 252: p. 180.)

Power in America, as we suggested in Chapters IV and V, has been considerably diffused with the advance of industrialism. Comparing the 1880's with the 1950's, we can say that power has become amorphous, hard to locate, shifting. The heterogeneity of occupation and income, the upsurge of organized farmers and laborers, the multiplicity of voluntary associations pursuing special interests—these make the notion of a "ruling class" untenable. As David Riesman suggests (300: pp. 242-255), any one of the many power blocs converging on Washington can usually veto a measure which strikes at the core of its interests, so complex are the mutual stalemate and mutual backscratching arrangements.

But while power is more diffuse than it was in the Gilded Age, some groups still have more than others, and in a general way they can be located. Men of great power are mainly but not exclusively found in the economic, military, and political spheres. The men and problems of these spheres tend to take precedence over the men and problems of other spheres.

Men at the top in the economic sphere—investment bankers and corporation lawyers as well as business executives—make fateful decisions not only about the kinds and quality of goods available for consumption, about jobs and credit and who will get them, but also about the level and kinds of welfare expenditures and who will control them, a point we will discuss in detail below. To protect and expand their interests, the economic elite make liaison with other spheres; their power is felt in politics, religion, social welfare, as well as in industry and business. Their personnel is increasingly interchangeable with that of government; there is a heavy traffic between them.

A second major locus of power is the military. Mainly because of what we view as a permanent military threat and a consequent

shi
inc
ad
vas
lar
eff
spe
pu
nat
ma
pla
pre
and
cor
"ge
int
eff
is t
der
to
wh
Wh

1
mili
of e
nati
one
Con
mili
tras
fits,
or 2
Tim
wou
892.

2
Fede
and
Hou
istra
Selz
(319
prot

shift of elite attention from domestic to foreign affairs, plus the increased cost of up-to-date military technology, the generals, admirals, and administrators of the defense establishment have vastly increased their power, a fact demonstrated in their enlarged budgets and their control over men and material.¹ The effect on social welfare is obviously crucial, if indirect; the more spent for military purposes, the less available for social insurance, public aid, health and medical care and other welfare services.

In order to understand the control of welfare policy at the national level, developments within the political sphere (the third major locus of power) are especially important. It is a commonplace that the classical view of democracy—in which the people presumably discuss issues, arrive at definite and rational opinions, and elect representatives to carry out their will—does not even come close to the realities of modern government. That the “general public,” by which we mean those who are not organized into active and politically relevant pressure groups, have little effect on government operations, in the welfare field as in others, is the widely accepted truth. The place of Congress, of the President and his Cabinet, of the higher civil service, and the pressures to which each is sensitive are discussed in a vast literature, in which few systematic empirical studies of welfare policy appear.² Who does make policy and who reshapes it, once made, however,

¹ Since 1941, the percentage of the entire government budget spent by and for the military has never gone below about 30 per cent. Since the Korean War, about two of every three federal budget dollars have gone for defense. “Even more significantly, national security expenditures in [the peacetime year of] 1954 amounted to nearly one sixth of total national income.” (53: pp. 292, 894) When the President sent to Congress in January, 1957, his proposed budget for the fiscal year 1958, he called for military expenditures of more than \$45 billion, or 63 per cent of the budget. Contrast the proposed total bill for domestic welfare measures including veterans’ benefits, public assistance, health, education and housing; it came to less than \$17 billion, or 24 per cent. (*U.S. News and World Report*, January 25, 1957, p. 149; *New York Times*, January 17, 1957, p. 13.) Excluding veterans’ benefits, welfare expenditures would be less than 17 per cent of the entire federal budget. (Cf. 53: pp. 801–802, 892.)

² See, however, these case studies: Macmahon and others, *The Administration of Federal Work Relief* (221); Kesselman, *The Social Politics of FEPC* (179); and Meyerson and Banfield, *Politics, Planning, and the Public Interest* (239), a study of the Chicago Housing Authority in action. For excellent case studies of the legislative and administrative process on issues or in areas further removed from social welfare, see Selznick, *TVA and the Grass Roots* (322); Schattschneider, *Politics, Pressures and the Tariff* (313); and Bailey, *Congress Makes a Law* (13). Among the general treatments of these problems, see Key (180), and Gross (128).

are large questions with no easy answers. We can note here only two developments in both state and federal government that seem fairly clear. First, the number, variety, and influence of pressure groups—religious bodies, labor unions, manufacturers' associations, the organized professions—have grown, and there is hardly a welfare program enacted or a welfare agency administered without these special interests making themselves felt. Second, the influence of the higher civil servants, the administrator and the staff expert, has grown. Those public welfare executives and technicians who are program-minded, in collaboration with relevant pressure groups, clearly affect much welfare policy. They have the technical knowledge and experience which their political superiors (for example, cabinet officers) and legislative committees lack; they can use both executive and legislative channels to shape welfare programs. Such experts, grouped in formidable bureaucracies, also bridge the wide gulf between legislative "policy" and "execution"; they do not "make" policy, but they "crystallize" the policy when the policy is loose, sharpen the definition of the problem when its specificity is low, fill the vacuum when the boss is busy or time is short, use official policy pronouncements as a lever to strengthen and broaden welfare programs. (Cf. 410: pp. 194-195.) All this has long gone on in the field of health, where physicians, by virtue of strong internal organization, financial affluence, and technical indispensability, have shaped the course of government policy. Even the least powerful professions such as social work now have their "representatives" in Washington, and together with professionally trained and committed technicians and administrators, they can have a say. It is mainly within the political sphere that social work leaders must operate, if welfare policy is to show their mark.

It can plausibly be argued, with C. Wright Mills (246), that the political elite has lost ground in the fifty-year rise of the new coalition of business executives, political leaders, and military men. But to what extent the three spheres coordinate their efforts is still an open question. The three often represent an uneasy coalition, loose even in informal organization, vague or contradictory in policy, each internally divided, and sometimes break-

ing down. There is no doubt, however, that relative to the leaders of religion, or labor, or social welfare, the economic, the military, and the political elite is each overriding in power. There is also no doubt that all three have their ultimate effect on the size and character of welfare expenditures, and on the control and operation of the social agency. The impact of the military and political elites is obvious and is best seen on a national level in the enactment, financing, and administration of welfare programs. The effect of the business elite is less obvious and is best seen on a community level, and especially in the voluntary agencies.

The Social Agency Board in the Local Community. With the exception of some agencies under sectarian auspices, private agencies in the United States typically have a lay board in control. Such boards have evolved from the early years when a group of wealthy persons would constitute themselves the patrons of a charity. Their major function then, since welfare work was mainly confined to relief giving, was often little more than supplying funds out of their own pockets and those of their friends. With the growth of federated financing, the direct involvement of service-agency boards in fund-raising has declined; but indirectly, through their influence on the allocation of jointly raised funds, their importance in this area remains. In other areas the functions of the board have expanded. The board assumes legal responsibility and becomes the entity of incorporation. It represents the agency in community and interagency relationships and, most important from the viewpoint of everyday welfare practice, it has the power to set policy in all phases of agency operation, from rules governing client eligibility to pay scales for professional staff.

Decisions made by these boards vitally affect the lives of large segments of the community. Who then sits on them? Although democratic representation from all sectors of the community might be ideal for an agency board, it usually serves the financial and other needs of the agency better to obtain what is known in social work circles as a "power board," i.e., to take the American power structure into account. The results are seen in a recent study of the governing boards of 17 voluntary health associations in the Detroit metropolitan area, where labor is relatively articu-

late regarding democratic representation.¹ The boards averaged 22 members in size. Membership was distributed occupationally as shown in Table 8.

TABLE 8. REPRESENTATION OF POWERFUL PEOPLE ON VOLUNTARY AGENCY BOARDS

	Per cent
Businessmen	21.0
Physicians	15.1
Industrialists	8.8
Wives of businessmen	8.6
Wives of industrialists	5.7
Attorneys	5.2
Educators	4.1
Labor representatives	3.9
Financiers	3.6
Employees of welfare agencies	3.4
Government officials	2.3
Clergy	1.8
Editors and journalists	1.8
Registered nurses	0.8
Others (mostly housewives)	13.8
Total	100.0

SOURCE: Engel, Robert L., *Representativeness of Governing Boards* (100).

The business interests and their wives, plus physicians and attorneys, total 68 per cent. The businessmen and industrialists were noted as being "presidents, vice-presidents, treasurers, and chairmen of the boards of the largest industries in Detroit." (100: p. 19) The high percentage of physicians is accounted for by the special health function of these agencies. Some 38 per cent of all board members lived in a group of small, upper-class suburbs which represent but a minute portion of the area's total population. About 70 per cent were in the top 20 per cent of income

¹ It is worthwhile listing, as an example of the growth and specialization of voluntary welfare work in America, and of the need for coordination, the fields of these agencies working in the one area of health in Detroit: Cancer, Crippled Children, Arthritis and Rheumatism, Cerebral Palsy, Infantile Paralysis, Tuberculosis, Heart, Mental Health, Mentally Retarded Children, Muscular Dystrophy, Blindness, Multiple Sclerosis, Planned Parenthood, Visiting Nurse, Epilepsy, Rehabilitation Institute, League for the Handicapped. And this is not an exhaustive list of Detroit's health agencies.

receivers. Nine of the 17 boards are self-perpetuating, new members being selected by action of the board itself.

This Detroit picture is probably typical of urban areas. A study of a sample of agencies in Springfield, Massachusetts, in 1951-1952 showed 85 per cent of board members to be managerial or professional in occupation, as compared to 20 per cent of the area's population fourteen years of age or older. (383: p. 7) A nationwide study of board membership conducted by Community Chests and Councils in the mid-1950's, using a sample of more than 2,000 agencies, counted 36 per cent employers and executives, and 31 per cent professionals other than social workers. (63: p. 6)¹

Agencies, of course, vary in their ability to attract prominent members of the community. The smaller, younger, and otherwise less important agencies have correspondingly less powerful people on their boards. On the other hand, there is usually an even greater concentration of the business elite or their representatives on the boards of central fund-raising agencies; the nationwide study mentioned above found Chest, Fund, and Council boards to be composed 40 per cent of employers and business executives.

It is clear that top community power figures—from business, industry, finance, and the high-status professions of medicine and law—get channeled into commanding positions on social agency boards.² To note where power lies, however, does not say how

¹ In this same study similar information was gathered on a sample of 184 public-agency boards in charge of tuberculosis hospitals, public assistance, and public recreation programs, and the like. Occupational distribution of their members is not markedly different from that of the voluntary agencies: 24 per cent employers and executives as compared to 36 per cent, and 38 per cent professionals as compared to 31 per cent. The public boards thus have fewer members from the business community, more from the professions. The public boards also have a higher proportion of wage-earners (not labor representatives)—7 per cent as against 3 per cent.

² C. Wright Mills (246: p. 280) reminds us to "be careful of any simple and direct inference from origin and career to political career and policy. . . ." For: "(1) Men from high places may be ideological representatives of the poor and humble. (2) Men of humble origin, brightly self-made, may energetically serve the most vested and inherited interests. Moreover (3), not all men who effectively represent the interests of a stratum need in any way belong to it or personally benefit by policies that further its interests. Among the politicians, in short, there are sympathetic *agents* of given groups, conscious and unconscious, paid and unpaid. Finally (4), among the top decision-makers we find men who have been chosen for their positions because of their 'expert knowledge' instead of family background and present connections.

often, or to what purpose, it will be used. We turn now to that question.

The Consequences of Power Structure for Welfare Policy: The Case of Business. For the sake of simplicity we will concentrate again on the implications of business power for the voluntary agencies, where most professionally trained social workers work. A guiding generalization can be stated at the outset: The business elite is by and large concerned with "big policy," not "lesser policy." By big policy we mean issues involving major welfare programs; that is, those programs which affect many people, or cost a great deal, or both. Big policy is best exemplified in the determination by central fund-raising bodies of the general level of welfare expenditures and their distribution. By lesser policy we mean decisions involving minor costs, affecting small populations, or both, as well as supervision of the technical conduct of social welfare affairs. In these matters, business leaders avoid involvement.¹

Seventy-five years ago board members often took a direct and personal interest in agency operations and clientele.² In the early form of the Charity Organization Society members of the board would constitute the case-review committee, investigating what resources a family might have and deciding what relief might be obtained for it. Frequently they themselves undertook "friendly visiting" in the homes of the poor. As social work has grown more professional and agencies more specialized, and business interests have become more regional or national than local in scope, board members have largely withdrawn from participation in agency operations and do not exercise their policy-making powers in day-to-day operations.

Professional social workers, aware of the board's ultimate responsibility, often feel uneasy at this apparent abdication of

¹ We are talking here, it should be noted, not about the motivations of individual businessmen, but about the interests of the business community. Individual businessmen have been known to favor the closed shop; but Chambers of Commerce and the NAM back "right to work" laws.

² And in small cities and towns sometimes board members still do, to the distress of professional workers. Even in small places, it is only in older agencies with traditions reaching back into the 1800's that board members will insist on personal information or direct contacts with clients.

power by the board. Thus, the executive of a family service agency wrote in 1956:¹

I've been concerned and at the same time both amused and somewhat guilty about the fact that the Board of Directors makes policy decisions, both by authority of the by-laws and in the actual voting they do; yet **actually** in the present day family casework agency the staff has to "educate" the Board constantly and persistently and it certainly does choose the elements of education which lead toward the conclusions of which the staff approves. In other words, we tell them how to vote and they vote and we call that process "the Board sets the policies of the agency." . . .

I can frankly cite very few instances when Board opinion has influenced my judgment about policy and practices during the [many] years I have been Executive of this agency, although the Board has made every important policy decision and has been "informed" ad nauseum before every decision. . . .

Of course, the really valuable thing here is that if they are in disagreement with me, they have a right to say so and no doubt there come times in every agency's history where this happens. So in spite of all the above ridicule of our present system, I think the best thing to do is to continue the process.

This inside view of the agency is not caricatured. It is a typical picture of board behavior where small policy matters are at stake. Even in decisions of the middle range (medium cost affecting medium-sized populations)—for example, decisions to establish a children's clinic or well-baby center, movements to knock out traditional building-centered settlement houses in favor of roving neighborhood workers—welfare professionals are skilled in interpreting need, and powerful community leaders are used to making a routine financial contribution, taking care not to become too much involved.

But on "big policy" the economic interest of men of power may be controlling, whatever their humanitarian spirit, their sense of community responsibility, or reluctance to get caught on time-consuming welfare committees. Such problems as slum clearance, or unemployment compensation, or the total level of welfare expenditures are "big policy" and men of wealth and power are

¹ In a personal letter to the authors.

well aware that either through taxes or large voluntary contributions they will foot a big chunk of the bill. Here agency administrators no longer "tell them how to vote"; and professional welfare workers are less likely to determine policy.

Floyd Hunter, in one of the few systematic studies of power and community welfare in an urban area, illustrates the point about "big policy" and "lesser policy" with the case of Joe Cratchet. Cratchet was a professional social worker in a large southern city who ran a locally sponsored neighborhood club for underprivileged boys. He was an outspoken man and slum clearance was among his interests. Top leaders of the community, men of great power and wealth, were divided on the issue of housing reform, for which there was considerable public demand. They compromised one year by deciding to aid "a women's group which had as its platform 'paint up and clean up the undesirable neighborhoods.'" Cratchet "publicly attacked the 'clean-up-paint-up' campaign as being sponsored by the power interests to shunt off any vital approach to the housing problem." A furor followed, during which the Community Chest Board instructed the director to devise some way of getting rid of Cratchet. Cratchet stood his ground, and it was not until his agency budget was up before the Chest that the matter came to a head. After much debate and maneuver, during which Cratchet's personal life was investigated (without result) and his agency program won approval, he was dismissed. "Big policy" was involved and he had been too outspoken on the issue. (160: pp. 189-193)

A second case, Denny North, was executive secretary of a civic planning association in Regional City. Hunter observes:

His job is dependent, to some extent, upon his convincing the top structure, through intermediaries, that he is "all right," because many of the projects in his office are concerned with civic improvement, and the top leaders are watchful that no reformer or agitator be long in the job. . . . Many of the conditions which need remedy are expensive propositions and are long held in abeyance by the men who could really make decisions to move toward solutions of the various problems. . . . If he organizes too well, and sells his program too effectively, he is in danger of becoming what is known as a

controversial figure in the community and of meeting the same fate as his predecessors who were considered reformers. (160: pp. 53-54)

The kind of welfare situation in which the business community feels impelled to take a controlling hand is well illustrated in these cases. They suggest, further, that there is built into social agency structure a considerable social and psychological distance between the makers and executors of fundamental welfare policy. The board member lives on The Hill, the welfare professional somewhere down the slope. The social circles of their lives rarely intersect—a gap in society lies between. Client needs and difficulties, around which the professional builds his life, are but leisure-time interests to his board of control; and the professional's plea for some new service for the "underdog" may lose its urgency when strained through a "bird-dog" philosophy.

In such a situation—with the pressures for conformity to "big policy" of "big men," the gap between policy and client needs, the social distance between board member and professional—the social worker may develop feelings of impotence. Again quoting Hunter:

The professionals in Regional City, in their social gatherings, are rather likely to discuss their frustrations and dissatisfactions in terms of hopeless or resigned despair. Much of their discussion centers around disparaging remarks concerning the powers that be and the feeling that they have little opportunity to help in matters of community policy and decision, in which they feel they have definite contributions to make. (160: p. 56)

Probably most social workers, being less concerned with broad social reform and community planning, and less acutely aware of "the powers that be," would not speak so darkly. Social workers do not typically despair; few board members are entirely insensitive to welfare problems. Moreover, Regional City is in the Deep South, where Organized Labor and other welfare-minded groups are not yet strong enough to become an effective curb on business power. In the rest of the country one might expect to find business power used with more restraint. It is even possible that more skill in techniques of communication, in the tactics of

social action, more use of the machinery of patient "reporting" and "clearance" might have lessened Cratchet's troubles with the Regional City elite.¹ Yet, like any extreme but true case, Regional City highlights what goes on less visibly, less dramatically, in everyday life and in all urban areas, and points to some consequences of the power structure for welfare policy—unstudied and unmet needs, underdeveloped welfare services, and frustrated welfare workers.

Another illustration of the issues which excite business attention, and hence board member concern, is federated fund-raising for voluntary social welfare. Because federated financing simplifies and rationalizes what is otherwise a chaotic struggle by a myriad of individual agencies competing for donations both from the businessman and from his employees (who must be solicited in his place of business), because by its very size it is "big policy," community business leaders usually give it active support and look sharp to its proper control. Central financing provides a channel for the expression of business interests in the spending of welfare funds. Non earmarked funds raised for a group of agencies must afterward be divided among them; thus, allocation also becomes a function of the central body. And who gets what—which services will be expanded, which contracted, whether a new agency will be opened or an old one foreclosed—is decided by a budget committee on which businessmen sit.

Now, on many decisions the lay powers will follow the lead of welfare professionals, as in the case of agency boards described earlier. But where boards lead instead of follow—that is, generally on "big policy"—the fact that they are attuned more to matters of finance and business, and the fact of their social-class identifications, have subtle and far-reaching effects. Thus, one study suggests that centralization of fund-raising in the context of American power structure may introduce irrelevant standards for allocation, interfering with the rational and equitable deployment of welfare resources—rational, that is, by any criterion of

¹ In a community organization course in a school of social work, Cratchet's troubles would be used as a case study in "how not to do it." It would not be claimed, however, given the Regional City situation, that much could be done quickly even by skilled practitioners of welfare planning.

public interest. In a situation of limited resources, the social-economic level of an agency constituency (board and clientele) rather than the substantive content of its program becomes the standard for allocation. (205) For example, assuming equal need, a long-established and nationally known recreation agency with a "power board" and middle-class clientele using its swimming pool and handball courts stands a better chance of getting a budget increase than a little, local community center whose board president is the corner groceryman. Back of this, in part, lies the fact that the weak constituency cannot threaten, with the same force as a strong one, to do its own fund-raising. But whether fund-raising is done jointly or not, the business community tends to control it and, hence, fund allocation. This is achieved, often without intention, by the size of donations by leading businessmen, plus their ability to get or discourage contributions from their friends, and their ability to devote their own or their staff time to the campaign.¹ (308)

With only rare exceptions (and then with irrational or inequitable results), top business leaders concern themselves with big policy, not lesser policy. Two trends may be in the making, however, which will change this picture. On the one hand, the business elite, in and beyond the community, in so far as they represent national, multi-plant corporations, tend to withdraw entirely from direct control of local voluntary welfare efforts, giving way to lesser local figures. This should work to reduce business interest in big policy at the community level, especially in the industrial suburbs and satellite cities. On the other hand, the business elite tend more and more to use voluntary welfare as a testing ground for rising business executives and as an avenue for public relations. This should work to maintain business control over big policy and perhaps increase concern with small policy as well, especially in large central cities.

¹ The technique of federated fund-raising also depends to a considerable extent on the presence on the Chest board of the voice and will of the givers. As campaigns are commonly run in America, a goal is publicly announced and solicitation from the general public starts. Prior to this, however, a good portion of the goal, perhaps more than half, has already been pledged in "big gifts," and information on these is divulged piecemeal during the campaign to maintain public interest and morale.

The first point finds support in two studies: one by Schulze of changing power structure in "Cibola," a small satellite city of Detroit, and one by Mills and Ulmer of the relationship between "civic welfare" and the extent of big-business domination in small and medium-sized cities.

Schulze found that over the past 100 years there has occurred "*a marked withdrawal of the economic dominants from manifest participation in the socio-political life of Cibola.*" (317: p. 359) The "economic dominants," those who occupied the top occupational positions in the local economic system, had given way to "public leaders"—local merchants, educators, salesmen, public officials, clergymen, realtors—in the control of community life, including welfare policy. This withdrawal by the economic dominants extended to "big policy" matters such as change to a manager form of city government, and a fight over expansion of the city by annexation. Schulze argues that nonintervention by economic heavyweights is a general concomitant of urbanization, resulting from increasing dependence of economic units upon populations and organizations beyond the local area, and a consequent withdrawal of interest from local problems. This would hold, though in lesser degree, for men on the interlocking directorates of local banks and industry, to the extent their interests (for example, bank deposits and loans, business contracts) extend beyond the local community, as well as for those in control of the nationwide firms. (317: p. 357)

Mills and Ulmer also found that executives of large, absentee-owned corporations tend to avoid active, positive involvement in the welfare problems of the local community where the plant is located. This study compared three pairs of small cities, one city in each pair being "big-business," the other "small-business," as measured by number of employees per employing organization. Each pair of cities was matched as to geographic location, population size, and race and nativity of population. Mills and Ulmer attribute the following differences between the big-business and small-business cities to the size-of-business factor. In the *small-business city*: there is a larger middle class, composed of independent proprietors rather than corporation officials; specializa-

tion
mun
retai
in lo
affai
part
fare,
that
of tl
ester
neg
pora
ship
T
moc
app
mar
wor
tem
whc
tain
giga
clin
S
stan
cent
mul
to
Det
the
exe
loc
kin
abs
can
wel
vie

tion in production is less and there is less domination of the community payroll by one or a few industries; range and quality of retail services are greater; business leaders take a more active role in local civic affairs; middle-class women are more active in civic affairs; labor and business groups cooperate better. In general, participation in local civic affairs, and consequently "civic welfare," are higher in the small-business cities. The authors argue that this is because corporation officials who set the social tone of the big-business community are not themselves much interested in local civic enterprises but may, nevertheless, exercise a negative, "veto power" over civic action which threatens corporate interests, thus preventing anyone else from taking leadership. (250)

Three distinctions must be made, however, which suggest modifications of Schulze's and Mills and Ulmer's conclusions as applied to the general urban welfare scene. They are: (1) resident managers of local firms *versus* managers of absentee firms who work in plants in the local community and either live there temporarily or not at all; (2) satellite cities or industrial suburbs whose plants are controlled from afar *versus* central cities containing both the main plants and the central headquarters of gigantic corporations; and (3) fast-growing *versus* stable or declining communities.

Some of the economic dominants in satellite Cibola, for instance, are resident managers of multi-plant companies whose central offices are in Detroit. Some of these live outside and commute to Cibola. Commuters *or* residents, many expect to move on to other jobs in other communities. All are oriented toward Detroit headquarters, where their fate is determined. Meanwhile, the growing public-relations consciousness of large corporation executives militate against their "meddling" in the affairs of the local community, though friendly gestures of a noncontroversial kind are, of course, still approved. From the viewpoint of the absentee firm, the managers who live in or commute to Cibola cannot afford to get too involved with the local politics and social welfare of a small satellite city. From the managers' personal viewpoint, the same holds true, for they are temporary residents

whose main commitments are in the company and its way of life, not the community and its way of life. But contrast the economic dominants who run local firms. Schulze found that while these men were less active in local affairs than the "public leaders," they were more active than the absentee-firm dominants. Moreover, there is little evidence that the top executives of the automobile companies in Detroit with plants in satellite Cibola are becoming less active in the financing and control of welfare activity in the central city. The withdrawal of local economic dominants from welfare policy in the satellite city, and of central-city dominants from central-city policy seems to be going on in lesser degree if it is going on at all.

Finally, concerning the effect of big-business participation or withdrawal on the development of "civic spirit," some of the differences between big-business and small-business cities may be due not to the factor of business size but to *rate of population growth*, a factor Mills and Ulmer did not control in their analysis. Two of the three big-business cities had explosive rates of population growth from 1890 to 1940 compared to the small-business cities with which they were paired (1500 and 1200 per cent growth as compared to 150 and 300 per cent). In the third pair of cities, where growth rate was low in each case, there was also the least difference in "civic welfare." What Mills and Ulmer attribute to big-business domination may be simply the lag in per capita welfare expenditures generally associated with swift population growth. (Cf. 272; 331: pp. 37-38.)¹ This objection, however, applies more to observations about how much welfare effort there is than it does to conclusions about who controls welfare policy and agency operation.

¹ Goldschmidt's study of three industrialized farming communities in Kern County, California (124), found civic participation to be inversely related to *size of landholding*, and accounts for the relationship on much the same grounds as do Mills and Ulmer. But note, again, it is the big-farm community which has had the greatest rate of recent population growth. Note, too, Angell's finding that his Integration Index for American cities (based on crime rates and welfare efforts) was correlated *positively* with the Mills-Ulmer index for degree of big-business domination. Angell comments: "This surprising result is probably a consequence of the greater frequency of small businesses in mobile and heterogeneous communities rather than of any direct causal influence of large business on integration. At any rate, it is clear that the scale of enterprise is not closely related to moral integration, as the congressional committee supposed." (10: p. 18)

We have previously noted the withdrawal of agency board members from active participation in the daily conduct of social agency affairs. We have in the Schulze and Mills-Ulmer studies, perhaps, evidence of a further stage in the same process. If so, welfare professionals may expect shifts in the composition of agency boards, especially of the powerful fund-raising agencies in the suburban or satellite city, in the direction of "wider community representation," a fundamental goal of social work philosophy. Whether this would simplify the job of working with board members is not clear.

The second trend—increasing use of welfare activity as training for future executives—would seem to slow down the withdrawal noted above. The overrepresentation on agency boards of businessmen is not due exclusively to their desire to control welfare functions. The agency's striving for powerful patrons and the sense of community responsibility of such persons are also factors in their board service. Equal willingness and ability to serve are probably less frequent in lower social ranks. However, a study by Ross of organized philanthropy in "Wellsville," a large city in eastern Canada where voluntary welfare organization is quite in the U.S. pattern, points to two motives for business participation which may be overriding. Although she finds that "philanthropy, most particularly the organization of financial campaigns, is a substantial activity of successful businessmen" (308: p. 274), she also finds that such activity is not a matter of *noblesse oblige* or spirit of community responsibility. It is instead a matter of: (1) facilitating business careers, and (2) maintaining good corporation public relations. In a story that casts a strange light on "voluntary" welfare organization, we are told by 70 businessmen respondents that businessmen have "philanthropic careers" as well as business careers. For each rung on the business ladder there is a rung on the philanthropic ladder, and a man has to show his mettle on the latter to qualify for advancement on the former. Before the development of organized fund-raising in Wellsville, church membership, activity in church work, and family background were the important adjuncts to business careers. Now it is more important to identify with philanthropy,

both for individual advancement and for company publicity purposes. (308: p. 280) Such activity, moreover, is not seen as a matter of choice for the man who wants to get ahead or for the corporation fighting to stay in the public eye. It is part of the sober game of business, and one result is that the attitude of those who play it soon changes from enthusiasm to "one of apathy and weariness." (307: p. 485)

It seems likely that "the gradual monopolization of money-raising campaigns by the business world" over the past fifty years noted by Ross in Wellsville (308: p. 280) is a general development in urban-industrial America as well—though the withdrawal of big corporations from direct involvement in the affairs of satellite communities may be a variation on the theme. It is likely, further, that the changes this pattern of control has brought to Wellsville have occurred elsewhere, too: from giving by the pious and wealthy only, to giving by all sections of the community; from giving as a means of securing reward in heaven, to securing good public relations on earth; from church control of fund-raising to less-direct but still effective business control; from stress on people in need to stress on the efficiency of agencies; from leadership by amateurs to trained personnel working in professional organizations coupled with careerists from business; from reliance on a sense of individual responsibility to reliance on group pressure. (307: pp. 485-486) Like so many main tendencies of urban-industrial society, the shift in control of welfare agency and welfare policy has brought mixed blessings. Without more knowledge of this area, only the bold and hasty would tell us where the good and where the bad lie.

XI. The Emergence of a Social Work Profession

ANY CONSIDERATION of how the welfare services are organized must deal with the people who man the agencies. The professionalization of social work is therefore one of the more important developments in American social welfare. This is a reflection of the growth of the professions that accompanies industrialization everywhere, but in America the process has perhaps gone farther than in other countries and with greater repercussions.

Professionalization of any occupation involves several characteristic processes and effects. It means that efforts will be made by the professional group to control the type and standards of work done in its area of competence; that practitioner-client relationships will assume new forms; that decisions about the proper methods of supplying services and directions of future development of practice will tend to be delegated by the larger society to the organized professional associations and to the professional schools; that the profession will assume a certain status in the hierarchy of professions, influenced by and influencing popular stereotypes of the profession and economic returns to the practitioners; that certain ethical obligations will be self-imposed by the practitioner group; that jurisdictional disputes over areas of competence with related professions will arise.

Many of these characteristics of professionalization are evident in American social work. Since they have not been intensively studied, the picture presented here must be regarded as partial and suggestive only.¹

¹ The following analysis of professionalism is indebted to the work of Professors E. C. Hughes of the University of Chicago and R. K. Merton and W. J. Goode of Columbia University. Cf. Caplow, *The Sociology of Work* (50).

What Is a Profession?

What is the difference between an autoworker and a physician, or an electrician and a lawyer, that makes us speak of one as a professional and deny the label to the other? Both in the minds of the lay public and professional groups themselves the criteria of distinction seem to be two: (1) The job of the professional is *technical*. (2) The professional man adheres to a set of *professional norms*. The degree to which an occupation fits these criteria is the degree of its professionalization.

A profession claims *exclusive* possession of competence in a specified area. This competence is "technical" because it comes from a systematic body of skill and knowledge acquired only through long, prescribed training. The profession represents a monopoly of skill, which is linked to standards of training and which justifies a monopoly of activity in an area. It is felt that not just anyone can do the job, so the job territory is marked "off limits" to the amateur, often by law.

The basis of the claim to technical competence varies—with each profession emphasizing the distinctive features of its own background. Medicine, since its "reform" in the United States some fifty years ago, has emphasized its roots in a scientific body of knowledge along with high, rigorously defined and enforced standards of training designed to impart that body of knowledge. Contrast the ministry. It, too, stresses rigorous standards of training. But clearly it does not claim possession of a science-based body of knowledge (though its doctrines are well-codified and systematized). It is medicine and not the ministry that has become the preferred model for social work, and a close relationship has developed between them. One result of this has been the recent increase in social work efforts to undertake the research needed to establish a unified scientific base—exemplified in programs of research developing at several schools of social work. Just as there is no mistaking the sphere of competence of a physician, no confusion about how one becomes an M.D. or who has a right to the title, social work has hoped through science-based effort to achieve similar status, to enable it to render

service and achieve rewards befitting its spirit and its professions.

The criterion of "technical" is not enough, however. The barber goes to a trade school, has an apprenticeship, and forms an occupational association to uphold standards, regulate entry to the trade, and get legal sanction for his practice. But the success of the claim to professional status is governed also by the degree to which the practitioners adhere to a set of moral norms that characterize the established professions. These norms dictate not only that the practitioner render *technically competent*, high quality service; but that he be *impersonal, objective* (the professional avoids emotional involvement), *impartial* (he does not discriminate, he gives equal service regardless of personal sentiment), and be motivated by a *service ideal* (devotion to the client's interests more than profit should guide decisions when the two are in conflict). These norms function to govern conduct among members of a profession and between them and their clients. Professional codes of ethics help to maintain such norms.

The degree of professionalization, then, is measured not just by the degree of success in the claim to exclusive technical competence, but also by the degree of adherence to professional norms of conduct. We will consider these norms further when we discuss client-professional relations.

Why Does Professionalism Increase?

The "demand" for a profession of social work, as for other professions, has arisen in the context of, and as a result of, several trends discussed in Part I. Specialization itself, a prerequisite to professionalism, is the result of the underlying industrialization process. Rising productivity and income not only permit but *force* the eventual withdrawal of population from farming and manufacturing. These people are channeled into the tertiary service "industries"—service professions and occupations of all kinds, from physicians and social workers to beauticians and television repair service men. Specialization in the service industries, of which social work is one, is bound to increase with industrialization's advance.

The growth in scale and complexity of social organizations—business corporations, labor unions, professional groups, social agencies, units of government—is likewise a factor, because it creates a demand for liaison and contact men of all kinds. We need guides, so to speak, through a new kind of civilized jungle. Social work is an example par excellence of the liaison function, a large part of its total activity being devoted to putting people in touch with the community resources they need but can hardly name, let alone locate.

Also involved in the shift toward professionalization is the prestige of science. Every practice modeling itself on medical lines wishes to shine with the light of science, real or simulated. Quite early the devotees of the human adjustment arts began to yearn toward a goal of "social engineering." The empirical, critical, rational spirit of science has found its way into nearly every type of activity in America. And it has become particularly important to social work because the neighboring, established professions, especially medicine, to which social work looks for its model of professionalism, stress scientific knowledge as the basis for professional practice.

Finally, in any complex society with strong traditions of freedom, there is a general tendency to preserve the autonomy and privacy of the different spheres of life—familial, religious, professional, political, cultural, military, and the like—and for each to respect as well as influence the others, while running itself by its own standards. This is essential to the maintenance of the freedom and efficiency of each. (Cf. 327.) Professionalism, involving as it does the use of esoteric skills and knowledge, is conducive to such autonomy. This autonomy, combined with professional prestige, makes it easier for the occupational group to resist the interference of lay opinions and pressures. Professionalism thus extends, in a measure, the power of an occupational group, both over its own members and the client public.

Aside from these organizational pressures toward professionalism, there is a big push from the workers themselves. What is happening to real estate dealers (realtors), junk dealers (salvage consultants), and laboratory technicians (medical technologists)

is not professionalization in any exact sense. But it is true that hundreds of occupations aspire to a prestigious label and use the established professions as their model—both for their label and ultimately for the organization of their work.

At least three rewards of professional life provide impetus for this trend. First, the professions have high status. Research consistently reveals that Americans place the professions at the top of the occupational prestige scale. Second, the professions have high income. Although starting incomes for many professions are low, and average annual incomes for some remain below many craft and business occupations, lifetime earnings and lifetime security for the professions are very high indeed. (312: p. 99) Third, job simplification and standardization for one portion of the labor force (see Chapters III and IV) reduce intrinsic job satisfaction; the job becomes a necessary evil. The drive toward professionalization, through stress on the moral and ethical aspects of work, through celebration of the service ideal and creation of a sense of internal community, may be seen as a way to give new meaning to the job.

Social Work: The Area of Competence

In the long run, the social workers' move toward professionalism—the establishment of formal training programs, the learning and celebration of professional norms—will not be fully successful without the delimitation of a clear area in which social work, and no other occupation, has technical competence.¹ Social work has made strenuous efforts in this direction, but has been faced with difficulties deriving from its traditions and its field of activity.

Historically social work consisted of a tradition of concern for the welfare of people, especially the disadvantaged. But no group can claim monopoly of humanitarian philosophy, or create a profession out of it. To the extent that people believe that every citizen has the duty to improve the common life, social work (as

¹ Nor will licensing, currently pursued by social workers, "make" the profession. Egg-graders have been licensed for some time in Indiana, well-diggers in Maryland, horseshoers in Illinois, plumbers in many places, and so on.

social reform) looks like everybody's business. As psychologist Charles Dollard puts it, "social work has had to fight a constant rearguard action against the pervasive notion that any man with love in his heart can do the job." (92: p. 233)

The crucial move toward delimiting an occupational area appeared when the Charity Organization movement provided a system wherein a Visitor came frequently and systematically in contact with "cases"—the heads of poverty-stricken families primarily—with special attention given to what were seen as the individual or family causes of difficulty and as individual resources to meet the problem. Thus, a setting and vehicle were provided for the observation of human behavior and for the practice of skills in helping people out of trouble. Casework, as Helen Witmer observes, was "born in the dilemma of poor relief," that is, as a method to break the long series of failures in dealing with poverty. (418: p. 127)

Casework, of course, is only one of the specialties in social work; but it is so dominant that it is doubtful that there would be any such identifiable entity as professional social work without it. Emphasis on casework evolution can index the evolution of the whole profession.

In its early days casework carried a strong "sociological" emphasis: an interest in the social-economic environment—conditions of factory labor, housing, income maintenance. Quite early, however, casework became centered on the individual, on his personal strengths and weaknesses, on individual psychological mechanisms, and on broad social forces only as these were interpretable in individual behavior terms. Mary Richmond is reputed to have said, "I have spent twenty-five years of my life in an attempt to get social casework accepted as a valid process in social work. Now I shall spend the rest of my life trying to demonstrate to social caseworkers that there is more to social work than social casework." (41: pp. 186-187)

Reinforcement of this trend came from the rapid adoption by casework, particularly after 1920, of large parts of psychoanalytic theory, which was introduced into America in the second decade of the century. Casework was already so individually focused that

it seems likely it would have developed in this direction anyway. Psychoanalysis, however, with its relatively coherent theory of personality, provided a rationale for "diagnosis and treatment" that had hitherto been lacking.

Thus, an area of competence began slowly to be carved out. Social work knowledge at first consisted largely of sophistication in the use of community resources and the insight of "wisdom" into human motivation and behavior. Social work skills even today consist in large part of an extension and refinement of information on how to interview, how to obtain facts about the client's background, how to identify and distinguish surface from underlying problems, what community resources exist, and how to refer. Such practice is pragmatic, based on rule-of-thumb experience rather than on theory.

In recent decades, however, a theoretical base for practice has been built up, largely by borrowing from psychoanalytic theory, but also by creative conversion of such theory to social work usages, and by borrowing from other dynamic psychologies and, to a lesser extent, from academic social psychology, sociology, and cultural anthropology. Curricula in graduate schools of social work today commonly have as a central requirement courses in "human growth and development" designed to present an integrated theory of human personality.¹ Many of the major concepts (defense mechanism, transference, counter-transference, ego strengths, sublimation, libidinal attachment, psychosexuality, instinctual drives, the Oedipus complex, and so on) are Freudian, but, as noted, usages from other areas are increasing.

Against this knowledge background, then, casework takes form as a type of counseling process which emphasizes helping an individual to identify, clarify, and understand his own difficulties to the point where he can free himself from them, or accept help. The resemblance to psychotherapy is close. Casework operates on the premise that any individual facing social stresses which he

¹ This designation and emphasis derives in part from the publication in 1952 by the American Association of Schools of Social Work of a curriculum policy statement which marked out "Human Growth and Behavior" as one of the three major areas of social work education. The other two are "The Social Services" and "Social Work Practice."

cannot deal with his strengths and inner resources which, if freed from the shackles of fear, inhibition, and other types of psychological blockage, will enable him to become effectively self-responsible (excepting, of course, psychotics, babies, and the like). A man out of work, for example, will not usually be supplied with a job, but will be helped to understand why he will not seek, or cannot hold, one—or why one is not available to him on his terms. Casework's motto is "help people to help themselves." To this end training stresses knowledge and insight into psychological processes, both of the client and worker. Exhortation and coercion are avoided.

Caseworkers hold that social welfare programs cannot be built except on a sound comprehension of these aspects of human behavior. Although the importance of economic and other environmental factors in creating and conditioning individual problems is recognized, and "environmental manipulation" (for example, referring a jobless man to an employment service using community resources) is considered a proper part of treatment technique, this aspect is not stressed.

We have been speaking here of casework. But it is worth noting that in recent decades even group work has absorbed into its knowledge base a good deal of the same dynamic psychology with which casework is imbued.¹ Social group work, as compared to other types of group leadership, is personality-focused rather than activity-focused. Its object is to use group processes and structure—leadership opportunities, social pressure, and the like—to improve or develop the individual's personality and help him learn to live successfully with others. Acquisition of skills, activities for their own sake, competition are usually subordinated and controlled to the ends mentioned above.

In some quarters even community organization for social work (social welfare planning), which would seem to have its natural basis in sociological rather than psychological perspectives, is construed in interpersonality terms. An alternate concept of

¹ See, for instance, the article on "Social Group Work" in the 1954 *Social Work Year Book* (336) or Gertrude Wilson's and Gladys Ryland's *Social Group Work Practice* (413). Quite recently, and not to any extent in print, this emphasis has been challenged in favor of a "group dynamics" theoretical background. (Cf. 412.)

comr
proces
the s
organ
group
psych

Soci

W
aliza
patic
degr
prof
press
of in
oppo
sion
patt
mea

E
the
worl
pare
of I
Woi

T
"pro
tion
pro
grac
pers
for
plet
per
yea
sch
sinc

community organization currently in vogue focuses on the *process* of working with groups in the community rather than on the substantive problem of identifying areas of social need and organizing to deal with them. This approach uses the term "inter-group work" rather than community organization but here, too, psychological perspectives are dominant.

Social Welfare Occupations: The Extent of Professionalization

We have been speaking informally of "social work professionalization." The fact is, there are a number of social welfare occupations, diverse not only in skill and job content, but also in degree of identification with and preparation for social work as professionally conceived. Some groups are actively engaged in pressing for professional status; some are passive toward the idea of inclusion in the profession; while still others may be consciously opposed. Before discussing some of the implications of professionalization for practice, it will be useful to present the existing pattern, using formal social work education as the best available measure of professionalism.

Extensive data on the social welfare occupations and on the social characteristics and working conditions of welfare workers are contained in *Social Workers in 1950*, a report prepared by the Bureau of Labor Statistics of the U.S. Department of Labor and published by the American Association of Social Workers.

Table 9 shows the estimated distribution of welfare workers by "program" or field of service, and the degree of professionalization of each as measured by the percentage of workers in the program who have completed two or more years of training in a graduate school of social work. Of the estimated total of 74,240 persons in the United States in social work positions, as defined for purposes of this study in 1950, only 16 per cent had completed the full two-year graduate curriculum. An additional 11 per cent had one to two years, 13 per cent something less than a year; 60 per cent had no study at all in a graduate social work school. Comprehensive data of this sort have not been gathered since 1950. However, there is reason to believe that the picture

presented here has not changed appreciably (see section on "Recruitment," page 309).

Public assistance workers, by far the largest group (41 per cent of the total), are in the main without professional school training. However, public assistance is considered by people both inside

TABLE 9. DISTRIBUTION OF U.S. SOCIAL WORKERS ACCORDING TO PROGRAM AND PROFESSIONAL EDUCATION FOR 1950

Program	Number of workers	Per cent	Per cent in each program with 2 or more years in graduate social work school
Public assistance	30,110	41	4
Work with physically handicapped	1,756	2	8
Work with adult offenders	2,298	3	8
Work with aged in institutions	652	1	6
Group work (including recreation and informal education)	8,764	12	11
Other services to individuals	3,999	5	19
Community organization	2,675	4	22
Child welfare work:			
Noninstitutional (except court)	6,645	9	29
Institutional	2,599	4	23
Court services	1,943	3	11
School social work	1,210	2	17
Other family services	4,749	6	42
Psychiatric social work:			
In clinics	1,071	1	83
In hospitals	1,182	2	48
Medical social work	2,804	4	49
Teaching social work	518	1	74
Not reported	1,265	2	..
Total for all programs	74,240	100	16

SOURCE: U.S. Department of Labor, Bureau of Labor Statistics, *Social Workers in 1950* (375: Table D-3, p. 39, and Table D-14, p. 48). Percentages do not add to 100 because of rounding.

and outside the field, and by the public at large, a social work operation. Public aid agencies, in cooperation with state and federal authorities, have constantly tried to raise the standards of social work training among their employees, and have supported fairly extensive stipend and work-training programs toward this end. Also, where trained supervision is available, professional schools of social work frequently use public assistance agencies for student field work placement.

Obstacles to further professionalization of this program exist, however. First, public aid is largely locally administered, and changes are therefore difficult to effect, however strong the desire of many state and federal administrators for higher standards. The local welfare worker's job is still viewed as one of eligibility determination by "relief investigators." Second, public welfare personnel are among the lowest paid professional and semi-professional public employees. A recent study in the state of Florida, comparing salaries of Department of Welfare personnel with those of other departments in the state government shows

TABLE 10. DISTRIBUTION OF PUBLIC WELFARE EMPLOYEES AND OTHER PUBLIC EMPLOYEES IN FLORIDA ACCORDING TO SALARY FOR 1954

Monthly salary	Department of Public Welfare	34 other state departments
(In dollars)	<i>Per cent</i>	
Under 300	87.6	46.7
300 to 450	11.6	39.8
450 to 600	0.7	8.7
600 to 700	0.1	2.3
700 and over	0.0	2.5
Total	100.0	100.0

SOURCE: Florida Department of Public Welfare, 1955-1957 *Legislative Program* (106: p. 11)

this clearly. Figures in Table 10 show percentage of personnel in each salary class, as of September, 1954. Since the bulk of those who earn less than \$300 per month in the Welfare Department are "visitors," who must in most cases possess a college education and provide themselves with a car, more than training or ability is reflected in these figures.

Thus, both incentive and resources for expensive professional training are lacking. Finally, the size of the group needed in this program has rendered substantial professionalization unlikely, since in 1950 there were only about 20,000 employed social workers in the whole country with one or more years of professional education in an accredited school of social work. (375: based on Table 2, p. 6, and Table 5, p. 9) In this field, therefore, professionalization as measured by present social work standards can occur only slowly.

The nature of the clientele of public assistance programs, especially Aid to Dependent Children, has changed in recent years. In many cases the ADC families need not only financial aid—a matter of bookkeeping and eligibility checking—but skilled, rehabilitative casework service. This challenge to provide more skilled service has received increasing attention. The Bureau of Public Assistance in the Department of Health, Education, and Welfare has sponsored several regional conferences, aimed at awakening the states to the need for casework service in the ADC program. In 1956, for the first time, federal grants were authorized for the training of public assistance workers, and for research in the rehabilitation of public assistance recipients (though a bill to appropriate funds under the authorization was later defeated). Several states (for example, Michigan) have begun to place training supervisors in local public aid bureaus and have approached professional social work schools with plans for the casework training of public assistance workers.

There is evident in all this a recognition of the complex tasks comprising the public assistance function and an attempt to identify and segregate those aspects which justify professional skills. Studies are presently under way to see which of the tasks in public assistance are sufficiently routine to be allocated to semi-professional positions—much in the way that scarce physicians have yielded small slices of their job to new technical and semi-professional personnel (x-ray and laboratory technicians, and the like). Three outcomes of job evaluation are possible: provision of expanded professional service to supplement a streamlined eligibility determination operation; maintenance of only the limited amount of casework (including skilled referral) that has been present in the combined job in the past—as ever larger portions of the total operation are taken over by personnel with little professional consciousness; or complete elimination of the casework aspect of public assistance.

Work with the physically handicapped is an uncertain area with regard to social work identification (only 8 per cent of its workers have full training). Although many private agencies (for instance, League for the Handicapped) are clearly in the social

wor
ma
wit
stat
an
pha
the
gra
plo
wor
ises
trai
res
wor
me
this
wor
esse
clea
A
pro
pro
into
the
an
ove
ferr
fed
anc
hav
anc
has
wo
edu
cha
to
the

work tradition and strive to raise their professional standards, the major rehabilitation program in this country, run by the states with federal financial participation, is typically administered by state departments of public instruction or similar bodies having an educational orientation. In consequence, the training emphasis in many states has underplayed social work. In some states there is even a definite antagonism to social work in this program. Whether in the future more social workers will be employed in it depends on general developments in rehabilitation work (the 1954 federal legislation expanding the program promises a heavier social work investment), and on the availability of trained personnel, especially medical social workers. Part of the responsibility for the situation may rest with schools of social work themselves, for social work education, except with regard to medical social work, has not given much attention to training for this field. That the rehabilitation counselor's job is not a casework specialty seems to have been accepted. Whether it is essentially therapy, or education, or something else, is not clear.

Work with adult offenders, mainly in probation and parole programs, has not been social work oriented. Until very recently, professional schools of social work have evinced only minor interest in the field, and there is considerable question whether the caseworker as presently equipped could operate effectively in an atmosphere of high authoritativeness and "toughness." Moreover, most adult offenders are male, while most caseworkers are female, which might make a poor fit for this type of work. The federal probation system employs some trained social workers, and recently a few local and state probation and parole offices have been seeking trained casework supervision for their workers, and investigating opportunities for training the staff itself. One has the impression that this is a field that will move toward social work identification, but, as the 8 per cent figure on social work education shows (Table 9), it is likely to be a slow process. The chance for speed depends on the ability of social work education to be flexible in meeting the peculiar needs of this field, and on the salary and other incentives offered.

Child welfare work presents a varied picture of professionalization. Court services comprise mainly probation officers in juvenile courts (some of whom will be working with dependent rather than delinquent children). In many places court social workers are still political appointees; even where under civil service, they may be required to have only a college degree and "good character." Recently there has been an increasing degree of awareness among public hiring authorities that casework skills are needed for this sort of work, and some tentative exploration of methods for providing the training has occurred. Professional consciousness in this area remains on the whole low—with consequences we will discuss below in the **Role Conflict** section.

School social work, more commonly known as Visiting Teaching, straddles two disciplines. In some jurisdictions social work training is required for employment, in others the stress is on training in the field of education combined with some lesser preparation in casework. The professional organization of these workers, the School Social Work Section of the National Association of Social Workers, is fully identified with social work. However, the high educational requirements of the NASW which went into effect in October, 1955, will henceforth prevent all but those who complete graduate social work training from joining the professional association.

Community organization workers (22 per cent professionally trained) are employed mainly in Chests and Councils of Social Agencies, with some additions from state and national planning, coordination, and social action agencies. Such agencies are on the whole closely tied to social work, and have played a key part in promoting professionalization. Social work training for community organization work, however, is not widely offered, and the literature in the field is scanty, compared to the flood of books in casework. Because of the limited number of community organization positions relative to other jobs in social work, the flow of students has been too small to support a community organization major except in the larger schools. The need for skills not characteristic of social work—public relations, research, accounting—also helps to account for a rather low degree of social work train-

ing i
consc

Gr
agair
of th
YWC
house
lized
they
YMC
Spirir
"YM
categ
train
caree
other
work
persc
from
been
ing i
Futu
tation

So
ing"
culty
and
group
they
in Sc
to an

Fa
of pr
high-
tion
auspi
stand

ing in this group, which by other standards is professionally conscious.

Group work, including recreation and informal education, is again a divided field with respect to social work allegiance. Many of the employing agencies in this type of work (YMCA and YWCA, Girl Scouts and Boy Scouts, settlement and community houses) are large and venerable and in the absence of a crystallized, established occupational specialization for the kind of work they do they have tended to cultivate their own specialties. The YMCA has for years looked to George Williams College and Springfield College as its major sources of trained personnel, and "YMCA work" is widely recognized as a separate occupational category if not profession. The Boy Scouts, though perhaps not so training-conscious, similarly maintains a training center for careers in "Scouting." The YWCA and the Girl Scouts, on the other hand, have tended to look to the accredited schools of social work for their paid staff members, although the limited supply of personnel from this source has made it necessary to recruit staff from a variety of sources. Jewish community center work has also been social work identified, and the settlements have been moving in that direction, though more slowly. Rural programs (4-H, Future Farmers of America) have little social work orientation.

Some programs that classify themselves as "character-building" are somewhat antagonistic to social work. Part of the difficulty here has been the inability of practitioners in the recreation and leisure-time activities field to understand the objectives of group work, and to grasp the ways in which it differs from what they customarily do. Finally, recreation workers are often trained in Schools of Education, adding an element of divided allegiance to an already complex situation.

Family services other than public assistance show a high degree of professionalization. These services include employees of the high-standard member agencies of the Family Service Association of America. There are some family agencies under religious auspices, as well as those under court auspices, which have lower standards, at least as far as social work is concerned. On the

whole, however, family service is highly identified with social work and is well on its way to complete professionalization.

Medical social work is a solidly social work occupation, with high professional standards. Inability to obtain adequately trained people, rather than lack of desire, is the main obstacle to more complete professionalization.

A high degree of professionalization is evident in the psychiatric field, especially among social workers in mental health clinics (83 per cent have had two or more years of graduate social work). Many of the large state hospitals, particularly in more rural areas, still employ "psychiatric social workers" with little or no training. Clinics, however—both child and adult—exist mainly in urban centers and have from the first maintained high standards for all professional employees. Moreover, because of their high prestige and relatively favorable pay scales, they have consistently been able to attract trained people when other agencies, aiming at equally high standards, have gone begging for help in an undermanned field. Although psychiatric social workers are very highly identified with social work, it is among members of this group that we find most strongly the "psychotherapy" conception of casework, and a tendency to extend the social work role in the direction of medical, and more particularly psychiatric, practice, in order to achieve the rewards of professional status that psychiatrists have. There is a difference of opinion among social workers as to whether persons entering "private practice" are still in the field. To some it seems that the few who go it alone adopt a professional stance at the cost of abandoning social work.

The above analysis, though it gives only a rough picture of the peaks and valleys of social work professionalism, provides the background for discussion of some universal aspects of professionalization and its consequences for welfare services.

The Development of a "Professional Self": Client-Worker-Colleague Relations

Schools of social work, like all professional schools, try to transmit more than technical skills and knowledge. A prime con-

cern
fession
natu
of no
in th
clien
and
sona
fact
gist
stroi
estal
439,
Th
I, v
spec
are
sion
N
mus
life.
pati
fina
suc
the
in a
pre
T
tecl
the
tior
mu
fine
into
exa
S
the

cern in training for professional work is the creation of a "professional self." While there is variation between professions in the nature of such a self, it tends to be oriented toward a similar set of norms—standards and guides to proper or expected conduct in the professional role. Four ideas about the ideal professional-client relationship are especially well developed in the healing and helping occupations. They center around the words impersonal, objective, impartial, and selfless. They stem from the basic fact that the job is both technical and humanitarian. As sociologist Talcott Parsons suggests, these four norms are especially strong in the medical profession, the current model for many less established professions, including social work. (282: pp. 433-439, 454 ff.; 280: chap. 8)

The Impersonal Relationship: Functionally Specific. As we saw in Part I, work relations in modern society tend to be "functionally specific"—the rights and obligations covered by the relationship are clearly defined and delimited. The human relations professions emphasize this sharply.

Many of the problems both the physician and the social worker must face require extensive exploration of the client's personal life. The physician must have access to all parts of the body of the patient; the caseworker to many aspects of the emotional and financial condition of the client. How can a stranger be permitted such intimacy and such knowledge? Given the intimacy, how can the professional restrain himself from involvement with the client in areas where he has no competence and how can the client be prevented from making demands in such areas?

The profession deals with such problems by accenting the technical aspects of the situation, and limiting the relationship to the task at hand. If personal information is sought, it is information relevant to the performance of the technical task; if rapport must be established, it is rapport for a purpose. The situation is defined in diagnostic and treatment terms, not in terms of personal interest in the client. Think of the physician's rectal or vaginal examination. The intimate contact is defined as nonintimate.

Social work practice illustrates this in many ways. Inquiry into the client's life is defined as legitimate, not as snooping. The

worker typically does not "make friends" with the client. He does not reveal his personal life, entertain the client socially in his home, or visit with the client on a social basis. As far as possible, the social worker insists that service be given in the office rather than in the home, because the latter threatens a more extensive personal involvement than is good for professional relationship. The client is kept to a strict appointment schedule, symbolizing formality of relationship and measuring restriction of contact.

Emotional Neutrality. Related to the injunction to keep the relationship within bounds is the norm which says, "Be *objective*—be aware of and control emotional involvement with the client." The person who brings his problems to a social worker or other professional is in trouble. His emotions will be aroused by this, and intensified by internal resentment at having to expose his weakness to an outsider. This situation confronts the professional "helper" with something of a dilemma. If he becomes emotionally involved himself he loses objectivity, his ability to see facts in clear perspective, and his power to help; but at the same time a sufficiently close relationship must be established to convince the client of the worker's identification with his problem and of willingness to understand and help. There must be involvement and no involvement at the same time.

All human relations blend social nearness and distance; and the dilemma of involvement and detachment is not new to our time.¹ But never before has it been built into a society so formally and explicitly for so many roles—roles segregated and labeled "job." For social work (as well as for psychotherapy) the term "objectivity" (or emotional neutrality) takes its place beside "rapport" as a characterization of the client-professional relationship. Together they comprise in Mannheim's words a "strange combination of intimacy and objectivity; nearness and distance, attraction and repulsion, friendship and estrangement"

¹ The problem is dealt with in many different ways. In Roman Catholicism, for instance, the priest maintains social distance from the confessor by interposition of a physical barrier. The Zuni have created the role of "ceremonial father," sponsor and guide to the male child in initiation rites—a relationship marked by intimacy in limited, prescribed areas only, distance in others. The ceremonial father is not a blood relative but is supposed to act like one upon occasion.

(225:
trainin
work)
habit
then tl
self."

Impo
serve
relatio
nical s
which
them:
the no
interes
istic se

To
versa.
sonal
give or
of pers
no gro
Moreo
service
havior
the att
tionshi
ground
serve t
less of
Social
practic
It becc

The
ship is
to pro
than li
peculia

(225: pp. 324-325), a combination which the professional in training (especially one who works in an intimate field like social work) finds difficult to comprehend and incorporate into his habit patterns. When it is grasped and "learned in the muscles," then the novice has developed the essence of the "professional self."

Impartiality and the Ideal of Service. Formality and objectivity serve to protect the professional and keep otherwise intimate relations within bounds (thus indirectly making possible technical service to meet the client's need). But two further norms which directly protect the client arise out of them and strengthen them: "Don't discriminate among clients on a personal basis," the norm of impartiality; and "Keep personal and commercial interests subordinated to the client's needs," the norm of altruistic service.

To the client the professional helper is a stranger and vice versa. In the eyes of the other, each may have undesirable personal or social characteristics. If the practitioner were free to give or withhold his services, to serve poorly or well, on the basis of personal characteristics, then there could be no confidence and no ground for establishing professional helping relationships. Moreover, if likes and dislikes were to be made the basis for service, then the client would tend to develop attitudes and behavior to win the practitioner's favor. Often this would involve the attempt (not necessarily conscious) to develop personal relationships, and client-practitioner contact would be made on grounds irrelevant to service. Thus, all professions come to observe the norm of impartiality—the best possible service regardless of race, religion, politics, or personal traits of the client. Social work not only incorporates this norm into its professional practice, but makes it an important part of its whole philosophy. It becomes part of the professional self.

The fourth major norm governing client-professional relationship is *service*. All professional associations and all groups aspiring to professional status espouse the ideal of service. This is more than lip service. It *has* to be a working ideal because the client is peculiarly vulnerable: he is in trouble and ignorant of how to

help himself out of it. (282: p. 445) If the client believed that the practitioner was interested simply in making money, ready to use his confidences and to exploit him for personal gain, then he would not be willing to enter a professional-client relationship. He would demand a guarantee of specific results in a specific time. This is the way to get houses built and milk delivered. Problems dealt with by professionals cannot be handled this way. No physician or lawyer or social worker can guarantee results, even though he must be paid. In exchange for this latitude the professional submits himself to the service norm which guarantees to the client not results, but devotion to his interests and his cause.

Because of the client's belief in the professional's service ideal he does not typically attempt to bind him to a contract; he has confidence in and gives his confidences to the worker. Such trust is especially necessary in the helping professions where intimate matters are involved. Among some of the established professions, like law, medicine, and the ministry, this confidence even becomes legally sanctioned in the form of privileged communication. In social work, client-worker confidences do not as yet have this legal status, a fact which has occasioned difficulty for both client and worker in some types of social work practice.

All of these norms help to guide the professional in his relationship with the client. They define the situation for both client and practitioner; they protect both. Social work as a fledgling profession, along with all the other occupations in process of professionalization, absorbs them from the existing culture of professionalism or discovers them afresh out of the necessities of its own practice.

The emergence of the professional-client relationship in the "intimate" fields reflects in interpersonal relations what has been happening in the larger society. The demand that the large and impersonal bureaucracies of industry and government, education and justice be "humanized" is part of a general tendency of advanced industrialization in a free society. What we have here is an attempt to combine the intimacy of the social relations of the small, nonindustrial community with the impersonal, segmental, contractual relationships necessary to a large area of urban-

indust
smooth
formal

Norm
derive
from r
the pro
sustain
apply
experi
else ha
equals
profes
set of
to oth

Col
the gr
among
outsid
The n
these
tions a
ing of
within
havior
tasks,
for ea
genera
tures.
these
and th

The
this fe
profess
compe
after a
petent

industrial life. The human relations professions function to smooth the workings of the bureaucratic welfare state with a formalized personal touch.

Norms Governing Colleague Relations. Professions and professionals derive their self-images not only from relations with clients but from relations among fellow-workers. Day-by-day, hour-by-hour, the professional self developed in Graduate School is affirmed and sustained or changed by colleagues at work—in the labels they apply to one another, the technical information they pool, the experiences they share that the practicing professional and no one else has. (Cf. 21.) It is the colleague group, ideally a society of equals, that celebrates and enforces the norms governing client-professional relations. The colleague group also develops a second set of norms that cue the newcomer to the “right” ways to relate to other professionals.

Colleague relations form around two poles: competition within the group; unity toward out-groups. Group members compete among themselves for jobs and status; but they also unite against outsiders who threaten the privileges and rewards of the group. The major norms that shape colleague relations are centered in these two areas. They concern recognition of formal qualifications and maintenance of professional standards of work; the airing of problems and complaints; the utilization of specialties within the profession; and the interpretation of colleague behavior in professional terms. It may be that the unique history, tasks, and functions of each profession lead to distinctive norms for each, but our emphasis here will be on the norms that seem general to all service professions located in bureaucratic structures. Needless to say, the research to establish the existence of these norms, the proportion of practitioners who adhere to each and the intensity of their adherence has yet to be done.

The first norm governing colleague relations may be stated in this form: *Do what you can to maintain professional authority and professional standards of work.* All professionals honor the technical competence of the formally qualified. An MD, RN, or MSW after a name creates the presumption that the individual is competent in the designated occupation and should be recognized as

such by all others who have the same credentials. Four corollaries of this guiding rule are: reluctance to criticize or rank qualified colleagues; criticism of less trained practitioners; self-regulation of workload to maintain standards; and, perhaps unique to social work, an accent on close personal professional supervision of the individual practitioner.

The reluctance to criticize or rank the abilities of a colleague before the client public, or expose him to criticism by others, is illustrated in the teaching and medical professions. Organized schoolteachers carry on a perennial fight against proposals of administrators and parents that promotion and salary increases be based on merit, rather than seniority. One reason why physicians oppose public medical service is that, in the absence of a market mechanism for determining who should acquire most income and authority, they would have to grade each other, or suffer nonmedical administrators to do so. (48: p. 141) A local medical society asked to recommend a physician will simply present a register composed of all physicians in the desired specialty and require the client to make the individual choice. All professions tend to foster the myth that all practitioners are equally able.

All professions are also anti-amateur. Competing practitioners who are not regarded as professionally qualified are condemned. An attitude of disgusted outrage accompanies the refusal of MD's to recognize the claims of osteopaths and chiropractors. The latter groups are not in a position to reciprocate such feelings, and develop defensive attitudes. (389)

In social work the situation is more ambiguous. Most welfare jobs are filled by persons without a Master's degree in social work or equivalent. The widely used epithet "untrained" has therefore been applied to these persons with increasing uneasiness, since they are the main reservoir for badly needed recruitment to the profession, and it is important that they not be estranged. "Trained" and "untrained" often work side by side on the same jobs in the same agency. Sometimes the untrained—especially the older and more experienced—supervise the trained. Generally, on the job, not much is made of the distinction; every-

day soc
fledglin
untrain
gressive
Educat
pline pr

Yet t
importa
to the c
avoid o
associat
gets fur
they a
guidanc

Anot
ity and
professi
worklo
"Don't
Where
admini
much
you're
professi
pace is
either t
cases a
mornin
pace se
the coll
lose its

Conc
on pro

¹ One
with his
ties, to w
help to s
tantly, d
the Natio

day social and work relations are overriding. Sometimes the fledgling School graduate will adopt the scoffing attitude of the untrained toward professional tenets—much as the young “progressive education” trained teacher will often abandon College of Education mental hygiene precepts in the handling of child discipline problems under the coaching of the old-timers in the school.¹

Yet the distinction between “trained” and “untrained” has important consequences. Promotion may be open to the one, not to the other. Personal relations have to be handled delicately to avoid offense. The young trained worker can join the professional association, the older experienced one cannot. As the whole field gets further professionalized, the distinctions will get sharper—as they are now in professionally advanced settings like child guidance and family service.

Another corollary to the norm, “Maintain professional authority and standards,” is seen in the tendency, universal among both professional and nonprofessional occupations, to regulate the workload. In the professions this takes the form of the rule, “Don’t do too much or too little work if it lowers standards.” Where there is a system of record-keeping for the compilation of administrative statistics, this can be translated, “If you report too much work (client contacts, collateral visits, case conferences), you’re doing a sloppy job; if you report too little, you’re shirking professional responsibility.” This problem of regulating the workplace is seen in complaints among physicians that their colleagues either take on too large a practice, or refuse service to borderline cases at inconvenient times (for example, three o’clock on a rainy morning). The idea that there is an optimum workload or workplace seems widespread in the professions; it is generally rooted in the collective desire to protect work standards, lest the profession lose its authority.

Concern with bona fide service is seen, finally, in the emphasis on proper professional supervision of the novitiate. This is more

¹ One vehicle for the effort of the trained social worker to create a *modus vivendi* with his untrained colleagues is the “Social Work Club,” found in many communities, to which anyone interested in social welfare may belong. Trained professionals help to sponsor such clubs, but do not monopolize leading roles and, more importantly, do not pressure fellow professionals into joining, as they do with respect to the National Association of Social Workers.

than the surgeon's supervision of the intern's closing of the wound, or the Chief of Surgery's review of the Staff Surgeon's operative performance. In social work, supervision is both more detailed and lasts longer. What begins as field work training under very close watch of agency personnel continues for a lifetime in the "supervision complex" (see Chapter X). The supervisor-worker relation has in it some of the elements of a training analysis. The idea that the professional social worker should not do anything without close (if permissive) supervision is perhaps more pervasive among social workers than in any other profession.

A second norm governing colleague relations is this: *Do not air professional problems, complaints, and mistakes publicly*—do nothing and admit to nothing which will discredit the profession in the eyes of outsiders. Within their own circle, professionals will often ridicule the pretensions and limitations of their own vocation; they will also discuss the problems of malpractice. Physicians will joke about patients they call the "psychos" whom they treat with placebos or send "on vacation" via Blue Cross. Surgeons will admit privately that mistakes are made, that some of their hasty colleagues perform unnecessary operations, and that some slips of the knife do occur. Similarly social workers will laugh with one another at what they consider the absurdity of some personality theory learned at school; they will also wonder on occasion whether they have helped or hurt a client, admit to having sloughed off an importunate case, and so on.

Errors of judgment and deficiencies of skill are inevitable in any occupation requiring much judgment and high skill. All professions develop ways of spreading the risk of inevitable mistakes. (Cf. 158.) One way is to keep them quiet, view them as matters for strictly professional concern. The tendency to close ranks against any outside complaint of malpractice, commercialism, or incompetence seems plain. Thus, it is difficult to get one doctor to testify against another in lawsuits for malpractice, whatever the merits of the complaint. Fee splitting, apparently endemic in medical circles, and in many states illegal, is often called to the attention of medical societies, and the typical answer is a convention resolution that the profession should police itself.

Al
wash
occa
havi
befo
talk
of ju
dran
of th
thou
pape
out c
In
be a
Seve
pose
sion
Leg
not
soph
possi
socie
their
rese
prac
Thei
dilex
ume
indig
Th
of th
honor
comp
syste
claim
the v
maki

Although the norm that soiled professional linen should be washed in private is relatively weak in social work, there are occasions when it is clearly expressed and affects colleague behavior. For instance, if a client is psychotic and commits suicide before the need for referral to a psychiatrist is recognized, the talk will tend to stay in the fraternity, with silence or statements of justification greeting the complaining public. Or, for a less dramatic occasion: social workers tend to avoid public criticism of the administration of welfare programs. The profession is thought to be under fire enough ("Relief scandals!" the newspapers cry); to give information to the public that can be used out of context is to add fuel to the fire.

In general, however, internal problems of social work seem to be aired in public with uncommon frequency and frankness. Several reasons may account for this. Since social work is composed of a number of occupations, some of which are not professionally conscious, the centrifugal pulls on it are many and strong. Legal aids to control of members—licensing, certification—are not yet well developed. Moreover, the profession has a philosophical commitment to democratic discussion of all issues. It is possible also that the unique connection between social work and sociology affects the situation. Sociologists in social work, due to their own professional predilections, are prone to turn their research attention not only to substantive questions of social work practice, but also to the social organization of social work itself. Their studies typically emphasize the problems, paradoxes, and dilemmas of the profession (a tendency to which the present volume is not immune) and this may add to the self-critical strain indigenous to social work.

The third norm governing colleague relations is this: *Be aware of the limited competence of your own specialty within the profession; honor the claims of other specialties; and be ready to refer clients to a more competent colleague.* This is expressed in obvious ways in the referral systems of the more established professions; the internist does not claim the work of the ophthalmologist, the latter does not claim the work of the brain surgeon; each supports the prestige of all by making appropriate referrals. In the less well-established profes-

sions this norm sometimes creates dilemmas: when, for instance, should the nonmedical psychotherapist terminate treatment and refer a patient to a psychiatrist? In social work, because of the commitment to a generic curriculum and recently growing official opposition to internal specialization, this norm is not strongly developed. But it does exist. For instance, a psychiatric caseworker who takes a job leading a group of convalescent psychotics in a recreation setting accepts as valid the disapproval of group workers, and feels that a group worker should be hired for the job. Or a family caseworker on a difficult child case will consult a child welfare specialist, or refer the client to a clinic for psychiatric casework service.

Finally, there is a norm which may be unique to social work: *Interpret colleague as well as client behavior in professional (for example, casework) terms.* The colleague group expects the social worker to be alert to the unconscious motivation of overt acts, to display his knowledge of the "deeper" causes of behavior, and to do this in a way that will remind everyone he is part of the fraternity. As one caseworker put it, "You're not one of the crowd if you let a Freudian slip go by unnoticed." If there is any norm unique to the colleague groups in social work it is this one—a reflection, perhaps, of the self-consciousness of a fledgling profession, as well as the uncertain state of the social and psychological knowledge on which social work rests.

The four norms we have described—maintain professional authority and standards of work; do not air problems, complaints, and mistakes publicly; recognize the bounds of special competence and be ready to refer; interpret both colleague and client behavior in professional terms—all function together to regulate internal competition, build the solidarity of the group in its relations with outsiders, and enhance the success of the jurisdictional claim which any profession must stake out. For the individual social worker, these norms function to affirm the professional self he began to develop in training.¹

¹ In all professions there is some discrepancy between the norms inculcated in professional training and the requirements of practice. In social work this would be so if for no other reason because of the varied jobs available after graduation and the relatively standard curriculum used before graduation. "Reality shock"—a label

Some

Th
severa
ment
relati
field

Rec
new
towar
profes
growt
the p
peopl
schoo
train
them.
for so
presen
pickin
it also
tion c
ber o
recen
total
that
staff

The
partly
image
choic
stereo

suggest
job—is
it seem
ideolog
norms
relation
of the p

Some Consequences of Social Work Professionalism

The development of professionalism sketched above has had several effects on the practice of social work. Four will be commented upon here: problems of recruitment, interprofessional relations, role conflict among social workers, and definition of the field for future growth.

Recruitment and Public Images of the Profession. Recruitment of new practitioners is a particularly critical problem in the drive toward social work professionalization. Figures on the number of professionally trained workers greatly underestimate the true growth of professional consciousness, and public recognition of the profession in recent years. The evidence is that many more people identify themselves as social workers than graduate from schools of social work, and many more positions calling for trained social workers exist than there are trained people to fill them. A situation has arisen in which the public demand built up for social workers cannot be met because too few students are presenting themselves for training. Although this makes for "good pickings" for present workers, and is tending to push salaries up, it also tends to frustrate public expectation, and invites preemption of the jobs by other occupations. Table 11 shows the number of graduates from the two-year social work curriculum in recent years, and gives a ratio of social work graduates to the total number of college graduates two years earlier. It is clear that these numbers, whatever their trend, are not enough to staff a profession of 75- to 100-thousand members.

The reasons for these recruitment difficulties are partly social, partly economic. The social aspect relates in part to the public image of the profession—always an important element in career choices. Too little is known about the current content of popular stereotypes of the social worker. The obvious negative phrases

suggested by Everett C. Hughes for the experience of the new graduate on his first job—is minimized by field work training in the social work curriculum. However, it seems possible that agency practice typically contrasts sharply with professional ideology. In less well-established professions such as social work or psychology, the norms dealing with client-professional relations as well as those governing colleague relations may be less a working code than a set of ideals advocated by the leaders of the profession (and partly summarized in a code of ethics).

"do-gooder" or "cold snooper" may reflect more the social workers' anxieties about a hostile public than the actual feelings of that public. Research on this matter is needed.

There are, however, three suggestive studies of the relative prestige or social status of social work. A national cross-section of the population was asked in the spring of 1947 to rank prestige-wise a list of 90 occupations. (263: pp. 412-413) Social work was not among the occupations listed but "welfare worker for a city

TABLE 11. TRENDS IN GRADUATE SOCIAL WORK EDUCATION

Year	Number of graduates from two-year social work curriculum	Per cent of all college graduates of two years prior
1949-1950	1,804	.67
1950-1951	1,923	.52
1951-1952	1,946	.45
1952-1953	1,844	.48
1953-1954	1,651	.50
1954-1955	1,590	.52

SOURCE: French, David G., "An Estimate of the Number of Persons Who Will Be Graduated from Schools of Social Work in the United States, 1955 to 1965." (116: Table 1)

government" ranked forty-sixth in the list of 90—around "electrician," "trained machinist," "undertaker," and "reporter on a daily newspaper." The only other welfare-type occupation was "playground director," which ranked fifty-fourth, around "tenant farmer" and "traveling salesman for a wholesale concern," "policeman," and "railroad conductor." The "welfare worker" noted above had a score of 73, compared to the following for some other occupations:

Professional and semi-professional workers as a whole	80.6
Physician	93
College professor	89
Lawyer	86
Public schoolteacher	78

The only other studies that have come to the writers' attention show similar results. One used as raters 700 high school seniors

in two student among (402: p fairly c high p that the favorab middle cation in so fa choice, for rec

The the pro been, i tige, a conditi agency child g tached studen or chil

Low Fauri c positio ing a school tion de range requir summ gree, i A.B. l

¹ But accredit "there s If this a

in two Cleveland suburbs; the other used 72 Wayne University students (288). One suggests that social workers rank higher among lower-class students, lower among middle-class students (402: p. 162). All three studies show striking consistency: it is fairly clear that the public does not rank social work as one of the high prestige professions. It is a plausible hypothesis, however, that the image held by the middle-class public will become more favorable as the clientele of social work shifts upward (more middle-income families have firsthand exposure), and as the education level of the average social worker rises. But at the moment, in so far as the status of a profession is a factor in occupational choice, we have in the middling prestige of social work one reason for recruitment difficulties.

The different amounts of prestige attached to specialties within the profession also affect recruitment. Psychiatric social work has been, and still largely is, the specialization with the most prestige, a fact which has a definite effect on work opportunities and conditions. A psychiatric caseworker is welcome in a family agency, but a family caseworker does not usually qualify for a child guidance clinic job. Often there is a salary premium attached to the psychiatric job classification. It is no accident that students choose the psychiatric sequence in preference to family or child casework, or to social group work.¹

Low pay is a second block to easy recruitment. Dean Fedele F. Fauri of the University of Michigan has discussed the unfavorable position of social workers as compared to other professions requiring a similar amount of training. (102: pp. 47 ff.) The public schoolteacher, for instance, earns the basic professional education degree in four years of college, and goes into jobs with a pay range like that in social work. The Master's degree in education requires but one year of study, and that can be done during summer vacation periods. The basic professional social work degree, in contrast, requires two years of graduate work beyond the A.B. level—a pattern laid down in the 1920's and 1930's and now

¹ But in 1956 a study commission of the Council on Social Work Education (the accrediting body for schools of social work) made the drastic recommendation that "there should be no accrediting of any specializations by any definition." (174: p. 45) If this aim is achieved, the psychiatric tag is likely to lose its value.

standard in the 60-odd Schools of Social Work in the U.S. and Canada. Only rarely can the two years be shortened by summer school classes, because in the vast majority of schools the "integrated curriculum" requires that classroom "methods" courses be taken simultaneously with the "field work" assignment, and field work is tied to the nine months of the normal academic year. Many a career-seeking college junior avoids the path to social work when he learns that social workers train longer to earn about what teachers get.

Proposals to shorten the two years of graduate training, or to permit admission to professional school at the end of the college junior year, have so far met with disfavor by professional associations and accrediting bodies.¹ It is felt that any relaxation in training requirements would undermine professional standards and thwart the achievement of solid professional status. The major device used to overcome the economic handicap to recruitment, aside from publicity, is substantial subsidization of students through work-study plans (salary while in training), agency and Community Chest "stipends," training grants offered by units of the Department of Health, Education, and Welfare. A handful of Schools have for a long time offered plans which spread the training period over more than two years, so that a student may hold down a nearly full-time job while earning his Master's degree. Such programs, now spreading rapidly to other Schools, do not cut the training period, but do sacrifice the "integrated curriculum" concept.

Recruitment, in the sense of winning the allegiance of already-employed groups, has also been affected by the way in which social work competence is defined, and the standards set for membership in professional associations. A pattern has crystallized which tends to disaffect persons in social work positions who do not meet the membership standard set by the newly merged professional association, the National Association of Social Workers. This standard calls for two years of graduate education in an

¹ The National Association of Social Workers has recently declared it "strongly opposes vocationally oriented undergraduate programs" of social work education.
(262)

accredited school of social work. In the past many persons have entered social work programs who had obtained their training in other fields, and indeed some of the outstanding leaders in the field of social work are in this group. Several of the larger schools of social work have had as deans social workers who did not hold a social work degree, and the first two nominees for president of the National Association of Social Workers, which proclaimed the two-year degree standard, both lacked social work degrees.

It may be predicted that the new membership standard in the professional association, if sustained, will have the effect of strengthening the place of casework in professional social work at the expense of other types of practice. The schools of social work under the new standard become the sole channel through which persons may enter the professional association. And the schools have for years invested their major resources in developing competence for the field of casework. The best available index of student specialization in schools of social work is the type of field work students take in their second year. The 1956 figures reveal the following:

TABLE 12. TYPE OF FIELD-WORK PLACEMENT OF SECOND-YEAR STUDENTS IN SCHOOLS OF SOCIAL WORK AS OF NOVEMBER 1, 1956

Type of field work	Percentage of students
Casework	86
Group work	10
Community organization	2.5
Administration	.8
Research	.3
Total	100

SOURCE: *Statistics on Social Work Education*, 1956. Council on Social Work Education, 1956.

The new doctoral programs being offered in schools of social work seek to give emphasis to broad social welfare programs as well as to casework, but it is safe to assert that the professional

image which the schools both reflect and reinforce puts casework, and as a poor second, group work, at the core of professional social work. Administration, community organization, development of social policy, social insurance, research—these are in danger of becoming even more peripheral to the professional image of social work than they were under the more loosely defined professional associations which existed prior to the establishment of the National Association of Social Workers.

Interprofessional Relations. The drive toward professionalization in social work—reflected in raised training standards, crystallization of the area of competence, and restriction of entry to the professional association—leads social work into hard competition with neighboring occupations.

Social work may be classified roughly in the "human relations" area of occupational specialization. As such, it is among the service occupations, based on wealth and division of labor made possible by advanced industrialization.

All occupations in the human relations field have only tenuous claims to exclusive competence. This results not only from their newness, uncertain standards, and the embryonic state of the social and psychological sciences on which they draw, but also from the fact that the types of problems dealt with are part of everyday living. The lay public cannot recognize the need for special competence in an area where everyone is "expert."

The problem is especially evident in "interpreting" social work to the public. Inability to implant in the public mind and the minds of other professions a clear image of social work is a matter of constant concern to the profession. However, this is a problem shared with sister occupations in the human relations field, resulting predictably from the nature of the task and the as yet modest degree of professionalization.

Social workers concerned about the negative stereotypes of social work held by other groups should note a recent study of interprofessional relations. Zander and others (424) interviewed 156 psychiatrists, 165 clinical psychologists, and 159 psychiatric social workers—all working in teams in large metropolitan areas. They found that "psychiatrists stereotype their own professional

group in
social w
"they al
and 'stri
was four
"merc
social w
a pench
accepta
whose s
(424: p
one mi
achieve
concern
other pr

Social
in conta
psychoa
lems of
profess
counseli
"guidan
same bo

Social
greater
social is
nomena
practice
humanit
("the rig
and so o
to ethics

In pra
by the se
tions of
certain
has com

group less favorably than do social workers." And, although social workers describe themselves with many pleasant labels, "they also view themselves as more 'mercenary,' 'condescending,' and 'striving' than do the psychiatrists." Clinical psychologists, it was found, are more critical of their own profession ("dogmatic," "mercenary," "condescending," and "striving") than are either social workers or psychiatrists. Social workers in general display a penchant for public self-criticism and a strong concern about acceptance by other groups—though this is less true of those whose status and professional commitment are unusually high. (424: pp. 54-58, 191-196) From this study (especially pp. 72-75) one might hypothesize that the more prestige a profession achieves, and the stronger its inner fraternity, the less it will be concerned about negative public images and the opinions of other professionals.

Social work knowledge and skill are such as to create ambiguity in contacts with related professions. Social work's orientation to psychoanalytic theory was stressed above; from it, serious problems of professional jurisdiction have arisen, because several other professions or would-be professions (analytic psychiatry, the counseling branch of clinical psychology, the several brands of "guidance") have evolved which base their practice on much the same body of theory.

Social work claims distinction from the others on grounds of greater attention to the social environment. The stress on the *social* is counterposed to preoccupation with intrapsychic phenomena, though as we have suggested, this is played down in practice. Social work claims further distinction by incorporating humanitarian sentiments into its body of technical "principles" ("the right of an individual to fullest expression of his capacities," and so on)—in other words, by a general attempt to wed science to ethics.

In practice, however, the types of problems and clients treated by the several groups are often overlapping, theoretical formulations of diagnosis and treatment may be similar or identical, and certain treatment techniques are used in common. The matter has come to a head in recent years in discussions of such ques-

tions as: What is psychotherapy? Who has a right to practice psychotherapy? Is casework a form of it?

The growth of professional social work has taken it into a relationship increasingly typical of modern professional practice—the professional “team.” The focus of each discipline on its own technical interests has tended to slice up the client and parcel him out. As the worried medical specialists say, “Who sees the patient as a whole?” By gathering complementary specialists into a team, the stereoscopic view destroyed by specialization can be regained. The hospital team of physician, nurse, and medical social worker is one example; the mental hygiene clinic team of psychiatrist, clinical psychologist, and psychiatric social worker is another. The mutual understanding which such arrangements provide may be needed in other areas, too. Lawyers in child welfare work, for example, have complained of difficulty in working with social workers because of ignorance of the law among the latter. Social workers in turn may feel lawyers are blind to child needs.

The problem of jurisdictional conflict in and out of teams is highlighted by the Zander study of interprofessional relations mentioned above. Analysis shows that these three kinds of specialists agree pretty well about one another’s proper functions, but “of the social workers 30% see [interviewing] as a unique ability that they possess, while only 12% of the psychiatrists attribute this skill to them” (p. 59). Social workers seem to feel more secure regarding their jurisdiction over case-history writing and community contact work than when doing diagnosis and therapy, but they are strongly attracted to the latter functions and “many wish they were psychiatrists rather than social workers” (pp. 14, 57, 62). In general, however, though they want more responsibility, the social workers accept their subordinate status. One reason for this is the fact that in this case interprofessional relations are also cross-sex relations with the dominant profession also being dominantly male. (Cf. pp. 117–119.) The major cleavage in this trio seems to be between dominant male psychiatrists teamed with female social workers, on the one hand, and subordinate male psychologists, on the other. For instance,

skills in
atrists as
gists,” w
major sl
tasks (p.

If in v
tionship
concerni
maintain
interpro
sions the
among c
mined,
petence,
support,
medical
healing

Profes:
Social W
norms g
professio
shaping
worker:
agency:
sex, ma
presents
develop
work.

In thi
evident
situation
analysis
professio

¹This l
powerful
up on a th
sees as an
siblings, u

skills in psychometrics are seen both by social workers and psychiatrists as "almost the *only* contribution of the clinical psychologists," while fewer than half of the psychologists claim this as a major skill—aspiring instead to therapy, diagnosis, and other tasks (p. 139).¹

If in what may be the clearest and most stable working relationship in the mental health field we find unsolved vital issues concerning who should do what, how best to collaborate and maintain professional status, then it is easy to see how in other interprofessional contacts among the human relations professions the cleavages might be deep. Ultimate division of function among occupations in areas such as psychotherapy will be determined, of course, not only by the criterion of technical competence, but also by ability to mobilize public and political support, as illustrated by the already considerable success of the medical profession in achieving legal preemption of the "mental healing arts."

Profession, Agency, Social Movement, and Sex: Role Conflict Among Social Workers. The nature of the area of competence, professional norms governing relations with clients and colleagues, and interprofessional rivalry and collaboration are not the only factors shaping the social worker's behavior on the job. For the social worker is more than a professional: he is, among other things, an agency staff member, a humanitarian, and a representative of his sex, male or female. The interplay between these identities presents the social worker with some dilemmas fateful for the development of both the practice and philosophy of social work.

In this section we will first consider two types of "role conflict" evident in all of social life, and then apply this concept to the situation of the social worker. The aim is to bring together our analysis of agency structure and operation, and social work professionalism.

¹ This looks very much like one of the classical games of social life—a very big and powerful unit (psychiatrist) and a very small unit (psychiatric social worker) ganging up on a third, medium-sized unit (clinical psychologist) which the established power sees as an aggressor. One can find this phenomenon in jurisdictional conflicts among siblings, unions, nations, and other social units. (Cf. 51.)

If Johnny, aged ten, comes upon his father while the latter is telling an off-color joke to adult friends, the father will falter in his tale, display mixed emotions, perhaps fall silent. If a male social worker receives an order from a female supervisor of similar age, he may experience vague discomfort. In the first instance, the behavior appropriate for a father is inconsistent with the behavior appropriate to an adult friend in a peer group; in the second, behavior expected of a subordinate is inconsistent with the behavior typically expected of a man.

Or take examples of a different kind: a family physician who has become Mr. Jones' friendly confidant feels uneasy collecting fees from that same Mr. Jones when the latter is short of cash. A casework-trained probation officer finds himself torn between behavior expected of a permissive counselor aiming at rehabilitation and the authoritative behavior expected of an officer of the court to keep the "con" in line.

"Role conflict" is the label sociologists use to describe this pervasive phenomenon. It refers to cases in which a person playing a role is obligated to behave (that is, act, think, feel) in incompatible ways simultaneously, all of which ways are defined as proper to the role or roles he is playing. Two types of role conflict are illustrated above: conflict involving (1) two roles in two groups which expect, prefer, or allow contradictory behavior—father versus adult friend, social worker versus male; and (2) one role containing conflicting expectations of behavior—the doctor who must be at once friendly confidant and businesslike fee collector, the probation officer who must be at once permissive and authoritative.

The opportunities for role conflict are many in a complex and changing society. Most behavior is structured in roles—we take the parts of parent, worker, supervisor, theater-goer, guest, stranger, and so on, acting out their rights and obligations. Often behavior called for in one role does not "fit" another. Since we play many roles in continual succession and sometimes simultaneously, and since roles are continually being redefined (note Chapter IV on the search for new identity among women), role conflict pervades our experience.

The per-
cally make
or roles to
adapts to
down ano
uses, it is e
strain tow
he partici
understan
can bette
worker as
recurrent
exerts for

The m
these sor
agency;
humaniza
versus ag

Social
ards and
in which
associatio
which w
grouploz
sultants
the amo
interview
interview
(for exa
relative
and so
work st
Thus, S
consult
in agen
have o
public

The person caught in the cross-fire of competing claims typically makes some kind of adjustment: he tries to reshape the role or roles to make the demands compatible; he quits the role; he adapts to the role by playing up one set of obligations, playing down another, and so on. Whatever strategy of adjustment he uses, it is easy to see that these resolutions of role conflict exert a strain toward change in both the person and the groups in which he participates. Here lies the significance of role conflict: if we understand the structured strains in the role of social worker we can better understand the transformations that occur in the worker as he moves through his career and experiences these recurrent dilemmas, as well as the pressures the worker in turn exerts for changes in the welfare organizations in which he works.

The main sources of role conflict among social workers are these sometimes conflicting identities: (1) profession versus agency; (2) social movements and reform groups sustaining humanitarian sentiments versus agency and profession; (3) sex versus agency or profession.

Social work, like every skilled occupation, *develops work standards and other norms which may deviate from those enforced by agencies* in which workers are employed. In school and in the professional association the worker is indoctrinated with these standards, which will include notions about the proper sizes of caseload and groupload, the right to professional supervision, access to consultants (for example, a psychiatrist in a family service agency), the amount of time to be spent on an interview, the number of interviews per day or week, the necessity of private offices for interviewing, confidentiality of case material, the rights of clients (for example, permission must be obtained before speaking to relatives), exclusion from the staff of the professionally untrained, and so on. In varying degrees agencies incorporate professional work standards and norms into their own operating standards. Thus, Simon and others (331: p. 123) note that the practice of consultation is highly developed and approved by administration in agencies staffed by social workers. Often, however, agencies have operational requirements, set by law, tradition, policy, or public pressures, which depart from professional standards. This

is particularly true of public agencies operating within a legal framework, a situation which sets the stage for role conflict.¹

The administration of public assistance, for instance, presents many points of profession-agency disagreement. The crisis in public assistance after World War II—with legislators, newspapers, and public welfare commissions crying “fraud” and “mollycoddling,” while social workers responded, “undermining of professional standards”—hinged on such conflicts. Professional social workers who had hung on in line and administrative positions from the depression thirties considered it good professional casework: (1) to disregard for budgeting purposes some kinds of financial resources (paper-route earnings of a boy in the family, the occasional contributions of an estranged father); and (2) to refuse to impose moral standards as a condition of financial eligibility (overlook expenditure of relief grant for cigarettes or liquor, the presence of a “boy friend”). The public assistance agency manual, however, is explicit: all family income must be deducted from the grant, relief funds may not be spent on beverage alcohol, the birth of a second illegitimate child to an unmarried mother on ADC calls for a review of her moral “suitability” to receive a relief check. The worker is caught between conflicting directives of agency and profession.

In the field of corrections the professional social worker is subjected to even sharper contradictions. Social workers, as Ohlin observes, “have approached correctional problems with a well integrated philosophy and clearly defined casework principles and procedures” which are at variance with traditional

¹ The discrepancy between professional and agency norms stems from a basic conflict in principles of organization which appears in all bureaucratic systems—in factories (with engineers, accountants, personnel managers), in universities (with faculty, nonacademic administrators, and the like), in hospitals (with doctors, technicians, nurses). In all of these organizations, different professional groups are arranged in a hierarchy. Thus, the *colleague principle* (a group whose members have similar technical training and occupational position, common professional norms developed by training and initiation, and who are formally equal) is in conflict with the *hierarchical principle* of the bureaucracy (a group whose members have dissimilar training and position, are formally unequal, and who in on-the-job training and indoctrination develop common *organizational norms*.) Macmahon and others in a chapter entitled “Rival Claims of Hierarchy and Specialty” in their study of the WPA, give a detailed account of how professional specialists in education, art, and construction engineering fought with the line command of the hierarchy for control of the work relief programs for unemployed professionals. (221)

correctional
probation
tions with
vated for
right to tre
needs, age
the exercis
probation
motivated
with whic
ferred assi
is not the s
or a fellow
very often
being able
“rules of c
for the ag
The parole
pals, get p
worker is
clash with
client. (27
agency an

A second
values and
workers at
carry with
tion with
about how
grams, he
losophy. C
largely we
rence. Th
their tradi
circumsta
to treat tl
ingly per

correctional practices. (276: p. 17) The social worker as parole or probation officer expects to have neutral, nonjudgmental relations with a client who has selected the agency and comes motivated for treatment, access to skilled casework supervision, the right to treat the client in accordance with the latter's individual needs, agency protection from the pressures of public opinion in the exercise of professional skills. (277) But, in fact, the typical probationer or parolee has not "selected the agency," is not motivated for treatment, does not recognize that he has problems with which the practitioner can help, and usually refuses proffered assistance. The man who has been promoted to supervisor is not the skilled professional caseworker, but a political appointee or a fellow skilled in public relations or high in seniority, who is very often indifferent or hostile to social work precepts. Far from being able to individualize the client, the worker is bound by "rules of client supervision" which arose historically as a defense for the agency against public criticism of coddling the offender. The parolee must observe a curfew, abstain from drink, avoid old pals, get permission to change jobs or living quarters—and the worker is expected to enforce these rules no matter how they clash with his professional views on proper treatment plans for the client. (277) At almost every point the worker is torn between agency and professional norms.

A second source of role conflict is the *clash between humanitarian values and agency and professional norms*. Many, if not most, social workers are "graduates" of liberal, social-reform movements, and carry with them into school, profession, and agency, identification with such movements, expressed in humanitarian sentiments about how people should be treated. In some agencies and programs, however, humanitarianism is not the controlling philosophy. General relief offices up and down the country are still largely wedded to pauper law principles of harshness and deterrence. The practice of correctional institutions likewise reflects their traditional purposes of punishment and deterrence. In such circumstances the worker will often break agency rules in order to treat the client humanely—the probation officer will knowingly permit infractions of curfew, the relief worker will advise

recipients to keep beer bottles (and boy friends) out of sight. But any worker who tries to be a good humanitarian and a good agency representative at the same time is in for torment of conscience.

Humanitarian sentiments clash also with professional norms. This shows up most clearly in the student beginning his professional school training. He comes to school, as cursory examination of applications for admission will show, imbued with a desire "to help people"; and from the school he wants training in the techniques of help. To his distress, however, he soon finds out that clinical therapeutics is expressed in ways quite alien from those suggested by the naive impulse to help. The humanitarian in him would bind the client's wound directly; the professional clinician, he is taught, explores the wound with seeming indifference to the client's pain. The humanitarian would meet the need as expressed; the clinician teaches that expressed needs are rarely the real ones. The humanitarian takes people at face value; the clinician is sure that faces are but masks for deeper drives that must be probed. The humanitarian, feeling that all men are brothers, offers friendship to those he succors; the clinician knows he must maintain social distance from those he would help. Some students are simply unable to reconcile the contradictions, and drop out of school. And the ambivalence of the professional social worker toward participating in social action on the local scene suggests that those who do go on into practice seldom resolve the profession vs. humanitarian conflict completely.

A third area of conflict derives from discrepancies between sex role and agency and professional roles. It is mainly the rank-and-file male social worker and the female supervisor who experience this clash—which helps to explain why men do not long remain in direct service positions, and women are not often assigned to top administrative posts.

Social work jobs for women can be seen as extensions of sex roles derived from norms governing the behavior of wife and mother. As woman she is traditionally expected to provide care to children, the aged, the sick; to be nurturant, gentle, kind, receptive; in short, feminine. As caseworker, though professionalism

and agen
tions in
schooltea
between
superviso
There is
"Women
same soci
be blocke
women a
goes like
they may
it is still t
status an
preneuria
munity co
tial for ag

For the
role prese
that they
social wo
the parti
demeanor
ordination
rounded
role and
worker—
Bountiful
the mode
daily pres
on the W
mind—Ja
are more
Brace, H
profession
standard
In hospit

and agency procedures hold this in check somewhat, she functions in a similar way—as does the nurse or the elementary schoolteacher. So far, there is some, but not much discrepancy between occupational and sex roles. It is when she becomes a supervisor with male subordinates that her troubles may begin. There is a norm still prevalent in American culture which says, “Women should not be in authority over men of roughly the same social class and age.” Further, the next step up is likely to be blocked for the female supervisor, because of the notion that women are not good risks for top administration. The rationale goes like this: if they marry, they may quit; if they do not quit, they may have difficulty getting along with their husbands, since it is still thought that women should not exceed their husbands in status and authority. In addition, the active, aggressive entrepreneurial behavior needed to develop professional and community contacts and to gain access to men of power—both essential for agency survival—is often deprecated for women.

For the young male social worker, these same definitions of sex role present an even more poignant problem, at the same time that they spur his upward climb. With the present sex ratio in social work, his supervisors will most often be female; and despite the partial shift toward equality of sexes, most men still feel demeaned and threatened, their self-image wounded, by subordination to women at work. The male social worker is surrounded by many other reminders of the conflict between his sex role and occupational role. Popular stereotypes of the social worker—whether as motherly healer, cold snooper, or Lady Bountiful—are almost exclusively female. In popular literature, the model of the social worker is a flat-heeled female; even in the daily press, personal items about social workers will likely appear on the Woman’s Page. The major historical figures that leap to mind—Jane Addams, Mary Richmond—are women; the men are more likely to be remembered as reformers—Charles Loring Brace, Harry Hopkins. There is a noticeable trend in current professional social work literature to use “she” rather than the standard English “he” to refer to a worker of indeterminate sex. In hospital settings—medical and psychiatric—a host of female

ancillaries (nurses, nurses' aides, social workers, medical technicians, receptionists) swarm in comfortable, acknowledged subservience around the dominant doctor. The male social worker in such settings is classed with the female helpers rather than with the male doctors, and he may thereby feel his masculinity threatened.

These illustrations are sufficient to indicate the implications of role conflict among social workers. The problems of recruitment to the profession, and staffing of agencies with trained workers, are particularly affected. Conflicts among professional, agency, and humanitarian identities drive social workers to avoid or abandon some important social welfare fields, to loosen connections with the profession, to give less than full allegiance to the agency. Students are baffled or repulsed by the inner contradictions of the roles they are asked to learn. Much-needed recruitment of males to the profession is blocked by the difficulties they face in maintaining a self-respecting sex identity, though at the same time this difficulty may act as a pressure to achieve higher administrative position once they get into social work—which could be one explanation of the skyrocketing careers observers note among young men in this field.

Analysis of the sources and kinds of role conflict, the points in the career pattern where the dilemmas are felt most urgently, and the typical strategies of adjustment by which they are resolved could increase our understanding of the behavior of social workers on the job. More important, such analysis could tell us something about the circumstances under which role conflict adds a bit of needed flexibility, change, and novelty to the profession and when it hinders its proper functions and threatens its future. Thus, the Ohlin group, although they also emphasize the need for further research, on the basis of their study of role conflict among social workers in the correctional field, are able to recommend specific revisions in preparation for the field: (1) recognition of the real divergence of interest between agency and social worker that often exists in the corrections field, and training in how to deal with it; (2) the discovery and teaching of treatment skills which are effective in situations where alternatives are cir-

cumscribed, accept the with the motivated tions to work, not Ohlin's o

Study subsequent worker's; however, scribed a sustained wherever agency st about the

The Future

In Sep Zealand some of y individual broad we fare adm science. l of Social and socia of our gr *But they a* like to kn

From Er century lectual o sonal for came to pulse, ne

cumscribed (as opposed to the exhortation that "the worker must accept the limitations of the agency"); (3) training in how to deal with the client who has limited capacity for change, or is "not motivated for treatment." (277: pp. 224-225) Recent contributions to the social work literature on training for correctional work, notably those of Elliot Studt, underscore the importance of Ohlin's observations. (347; 348; 349).

Study of role conflict in settings other than corrections and subsequent planning to reduce the elements of strain in the social worker's role would be worth the effort. It is by no means certain, however, that we would want to eliminate all the conflicts described above even if we could. If the humanitarian sentiments sustained by sex role and reform groups were all eliminated wherever they interfered with rigid adherence to professional and agency standards, and no one ever experienced a second thought about them, the welfare world might be a bleak one indeed.

The Future of Social Work

In September of 1955 a teacher of social work from New Zealand visiting the United States made this comment: "I notice some of you people in America are objecting to your emphasis on individualized services and are trying to reorient the field toward broad welfare programing, social welfare policy, and social welfare administration—away from psychology and toward social science. In New Zealand our social work school is called a School of Social Science. Our curriculum stresses social administration, and social and political science as opposed to psychology. Most of our graduates go to work in government welfare programs. *But they don't have any professional identification as social workers. We'd like to know how you manage to develop that spirit.*"

From Environment and Reform to the Case and the Profession. In this century American social work has made a major shift in its intellectual orientations: From viewing the case as a product of impersonal forces in the social and economic environment, social work came to the image of the case as a product of unconscious impulse, needing restoration to an unchanged environment by self-

mastery.¹ This shift in theory is intimately related to a major shift in practice: from preoccupation with reform to preoccupation with technical professionalism.

Social work leaders in the period of environmental reform (1900-1914) were describing the "Spirit of Social Work" in these words:

. . . The dominant idea . . . is . . . to seek out and to strike effectively at those organized forces of evil, at those particular causes of dependence and intolerable living conditions which are beyond the control of the individuals whom they injure and whom they too often destroy.

Other tasks for other ages. This be the glory of ours, that the social causes of dependence shall be destroyed. Other work for other agencies. This be the chosen field of philanthropy, that relief shall come at last to those who in the very nature of the case—the child, the sick, the weak—cannot help themselves. (87: p. 194)

Preceding and paralleling this brief upsurge of reform interest was a tendency that quickly became dominant. While Edward T. Devine was rejoicing in the glorious reform task of his "age," Mary Richmond was viewing the reform movement as a diversion from the basic task of mastering the difficult details of investigating individual cases. She later recalled, "During all that period, I know, it was uphill work to interest either the public or the social reformers in any reform that dealt with people one by one instead of in great masses." (299: p. 587)

"One by one" is the theme of the last forty years of social work. Interest in reform declined.² Social workers took the position that professional leadership should be assumed only in areas where social workers are technically expert. (203) The tendency has been to construe even these areas narrowly in terms of casework and groupwork process. By bringing public agencies to take over the burden of financial assistance, the Great Depression, though

¹ It is not much of an exaggeration to say that social science in our universities was making a comparable shift: from the problems posed by Marx to the problems posed by Freud, though now the attempt to wed the two accounts for some of the most stimulating work in the social sciences.

² As individuals, social workers may be "liberals" in spirit and voting habits—there is evidence that most of them are. (125) But in the arena of society and agency the forces creating professionalism override individual orientations toward reform.

it pro
effect
volunt
gave t
interes

The
withou
consid
in pri
separa
be re
traini
Young
Associ
rhetor
treatn
ventiv
a mu
Social
of a c
respon
tions:
Group
worke
cial v
stand
Alum
Agne
the o
Amer
she ol
tion,
econc
exten
icans
ence
for y

it prompted a resurgence of interest in social reform, also had the effect of freeing large numbers of the professional-minded in voluntary agencies from the responsibility of dispensing relief and gave them the opportunity to develop still further their technical interest in the psychology of the individual.

The flight from reform accelerated after the 1930's, but not without uneasy words of warning from social work leaders and considerable restiveness among the rank-and-file. "Social work, in principle and in tenet," wrote Donald Howard in 1954, "is not separable from social reform . . . reform activities . . . must be reintroduced into professional thinking, organization and training." (155: p. 159) Similar comment came from Benjamin Youngdahl, when he retired in 1953 as president of the American Association of Social Workers. He concluded his address with the rhetorical query "Is our function as social workers limited to the treatment of pathologies; or do we also have a positive or preventive function to perform?" (423: p. 111) Hollis and Taylor in a much-discussed study prepared for the National Council on Social Work Education in 1951 observe that for the last quarter of a century "The profession has accepted too little of a unified responsibility for appraising and improving social welfare institutions." (152: p. 142) A report to the American Association of Group Workers in 1949 reminds them of "the need for group workers to be more actively involved in maintaining general social welfare services. . . ." and of their responsibility to take a stand on major social issues of the time. (336: p. 451) The 1956 Alumni Day address at the New York School of Social Work by Agnes E. Meyer is a forthright example of militant advice from the outside. Exhorting social workers as "the conscience of our American society" to the task of "community reorganization," she observed that the older professions, law, medicine, and education, "have become encrusted in bureaucracy, respectability and economic rewards." Social work in contrast "is still free—to some extent—from this lock-step towards success which most Americans worship." (238: p. 9) The volumes of the National Conference of Social Work have been peppered with such observations for years. To go professional is to corrupt the reform tradition; to

neglect the social causes of maladjustment and broader programs of prevention is to abdicate professional responsibility—these are recurrent themes in contemporary debate in the social work community.

Usually, discussion of these themes revolves around two questions: (1) Is professionalism entirely incompatible with a social work commitment to reform, and, if so, in what specific ways? Or (2) Accepting professionalism as necessary to the proper organization and growth of social work, what is the proper relation of the social worker to the welfare policy-maker? To flog the social worker for his alleged desertion or corruption will not answer these questions. For the answers we must look to the forces, inside and outside the profession, which account for the flight from reform.

One set of pressures has been in the realm of ideas. Social science in the United States during this period was becoming separated from social philosophy and social reform; from the new social science social work borrowed the idea that the technical expert should check his values at the door—leave questions of policy to others. Meanwhile, theories of dynamic psychology turned the social worker's attention toward the inner person—toward a search for change in the case rather than in his social opportunities, in the personality rather than in the social structure. Psychological perspectives were in turn linked to a general tendency in the mental health movement to define "adjustment," "normality" as conformity to the dominant values of private initiative, personal responsibility, and individual achievement. (See "The Culture of Capitalism," Chapter II; cf. 80.) Social work became firmly tied to psychological science and the two reflected neatly the central tendencies of American culture.

A second, possibly more important, pressure away from reform was the slowly growing recognition that this activity was becoming shaky as a basis for professional specialization if, indeed, it was ever strong. The massive shifts in specialization and stratification discussed in Chapter IV—the upgrading of skills, the slow equalization of income, the diffusion of power—these were bringing changes on the social action and social reform

front. So property one group to see its broad work social work the farm groups. It can all our political parties to enthusias seemed to have been Increasing argued that

Finally to many main care really scientific knowledge claims as a social troubles therefore and what casework psychiatrists who are community's precinct level of workers curricula

¹ Although who are not delinquents

front. Social reform activity became widespread, the common property of so many organizations that it became difficult for any one group to stake out a claim to prior leadership rights, or even to see itself in such a light. Organized labor can now fight for its broad welfare programs more vigorously and effectively than social work ever could. The minority defense organizations and the farm bloc give important influence to other once-voiceless groups. Private social action associations abound on every side. It can almost be said that a social reform outlook has pervaded our political structure—witness the willingness of both major parties to carry on with welfare legislation, albeit with different enthusiasm and emphasis. Thus, social work as reform has not seemed to have much professional future. The people of poverty have become fewer. (See "Distribution of Income," Chapter IV.) Increasingly, they can speak for themselves—and it could be argued that they do not need social workers to speak for them.¹

Finally, although this is seldom stated, it has seemed doubtful to many that community organization and welfare planning (the main carriers of the reform tradition) have thus far developed a really scientific base for professional status. Where is the body of knowledge and skill that the social welfare planner exclusively claims as his own? The reform-minded can answer that professional social workers are close to the grass roots—they know the troubles people have, the state of community resources, and can therefore advise politicians and administrators on what is needed and what is feasible. But, just as there are many others besides caseworkers who can carry on a therapeutic interview (from the psychiatrist to the up-to-date minister), so there are many others who are in just as good a position to keep in touch with the community's grass roots and who may work at it harder (from the precinct captain or policeman to the parish priest). On a higher level of operation, once removed from the grass roots, social workers as now trained are less equipped as reformers by school curricula than lawyers, labor leaders, politicians, public adminis-

¹ Although it should be added that the society continuously casts up new groups who are not organized to speak for themselves—the mentally ill, young and old delinquents, the physically handicapped, and the like.

trators, and others who know the political-social map and how to find their way around it.

Once the process of professionalization is begun, there are forces from within the occupation which, if they are not incompatible with a reform spirit, at least exert subtle pressure against its full-blown development. The notion that professionalism is corrupting because it brings economic rewards and social recognition, making its adherents fat, comfortable, and lazy, is much too simple. Missionary spirit and public service dedication, as evidenced in hard work for the social welfare, appear too often among well-paid executives, politicians, ministers, and labor leaders for us to believe that achievement of a secure and profitable career through prescribed training or long tenure necessarily transforms a man's basic values. More impressive is the argument that a professional absorbed in the technical side of his work, aiming mainly at full use of his skills and training, preoccupied with that competent, efficient performance of which his professional colleagues would approve—this person does not have the time, energy, or inclination necessary for social reform, for dedicated attention to the broader public purpose. Nor will those who conform to the professional injunction, "Be impartial, be objective," let their humanitarian sentiments affect their work very much. If the "do-gooder" is not eliminated in the first place (by being screened out in the process of self-selection into and recruitment by Schools of Social Work), he is reoriented by his professional training.

Even here, however, there is a compromise the professional can work out. In many a corner of the bureaucratic machinery of modern society, one finds the "program professional"—the specialist in depth (for example, experts in social insurance, recreation, rehabilitation, public assistance, housing) whose professional competence and commitment are beyond question, but whose commitment to particular programs and policies (for example, health insurance) is just as strong. By virtue of his technical prowess, he makes himself indispensable as a policy adviser. In his job moves—between government and private agencies, civic organizations, foundations—he follows the pro-

grar
bou
crea
cial
enh
com
beco
mur
beco
tativ
W
can
(anc
pub
sent
mer
is th
grou
excl
need
K
sion
inev
sion
tion
othe
of c
the
corr
wor
can
psy
thei
) C
mov
gair
well

grams to which both his skills and his social philosophy are bound. (Cf. 410: pp. 129-143.) In his work he strives to make creative the tasks of planning, administering, and evaluating. Social work occupations provide many chances for such persons to enhance income and prestige at the same time they fulfill their commitment to social welfare. As the caseworker or groupworker becomes a supervisor or administrator, his ties to the larger community of civic organizations, pressure groups, and politicians become wider and stronger. Social action in the role of representative of social work becomes more feasible.

Whatever his initial subject-matter specialty, the social worker can acquire at least as good knowledge of the power structure (and how to work with it and through it) as the lawyer and the public administrator. If a council of social agencies lacks representation from a group whose participation is crucial in implementing a welfare program, the program professional we speak of is the fellow who will recognize the fact and find ways to get the group involved. This sort of know-how may not represent an exclusive competence, but it may be a vital one for the jobs that need to be done.

Keeping an eye on the development of the program professional role, curriculum planners in social work can accept the inevitability of increasing specialization within a growing profession and begin to spell out career paths that go beyond traditional casework and group work. Specifically, this means among other things the encouragement of a theoretical base for the field of community organization comparable to dynamic psychology, the base that has been used for casework. It implies a sustained commitment of manpower and resources both in schools of social work and in the social science disciplines—to develop people who can spot promising leads in sociology, anthropology, and social psychology, test their relevance for social work, and translate them into terms that fit the tasks and outlook of the social worker.

Of course, not everyone can become a social work leader and move on a stage which is communitywide or nationwide—bargaining, pleading, advising, pressuring in the cause of social welfare. But thousands can become members of a professional

association. Many social workers have felt that organized professional associations themselves can become efficient carriers of the reform tradition. These associations can encourage a unified voice for the profession—a voice never silent on the size and direction of welfare programs, always clear on the continuing existence and possible prevention of social problems to which the lay public is indifferent. And not just in Washington, but in the community, close to home.

Policy vs. Technique. Both those inclined toward social reform or social administration and those absorbed in professional technique have had to make their adjustment to the enthusiastic shift toward professionalism. Whether they play the game as policy-oriented professionals or as apolitical technicians, social workers in midcentury America face some sharp dilemmas.

The dominant tendency toward psychological individualization coupled as it is with the flight from reform raises the question of the proper relation of the professional social worker to the policy-makers and administrators. Arthur Altmeyer suggests one outcome of the trend so far: "The persons most active in shaping and administering these large-scale welfare programs will be trained in other professions, or will acquire such training as they possess in a purely pragmatic manner." (6: p. 87) To abandon a lively reform interest has seemed to some not only to abdicate professional responsibility but also to abandon major fields of employment.

Opposed to this is the view that without technical social work training (casework, group work), one can neither be a good social agency administrator, nor participate intelligently in shaping policy. This means above all an understanding of personality. Writes Gordon Hamilton:

. . . One cannot successfully solve problems of inter-relationships without a sound economic and political structure, but it is also true that one cannot solve—and this is less easily granted—economic problems without profound understanding of human behavior. . . . There are those who urge social workers to become community organizers and administrators, but do not yet realize that an adequate concept of personality and behavior is as essential to sound

legis
in tr

In e
lose sig
the cas
lose sig
first pl
the siz
the ap
fession
who h
ple wh
social
menta
worker
on the
events
be a to
planne

In c
solid b
But a
traffic
work
exclus
takes
incapa
the we
paraly
the un
and th
tions.
nel/ps
ing of
fession
work,

legislation, to programs, to institutions and to administration, as it is in treatment. (134: pp. 317-321)

In essence, the caseworkers complain that the policy-minded lose sight of the psychological understandings necessary to help the case, while the policy-minded complain that the caseworkers lose sight of the community structure that creates the case in the first place and fail to use their case-history information to shape the size and character of welfare service. The argument between the apolitical technician and the policy-minded "program professional" is an old one and is carried on wherever staff experts who have knowledge work in large organizations under other people who have power. (410) It seems to us that whatever way social work decides to play the game, it is faced with the fundamental problem of its knowledge-skill base. Whether the social worker wants to abandon his social conscience and concentrate on the case, or rise above the case to shape the course of welfare events, he must look sharp to his scientific support. If he wants to be a technician he must get technical. If he wants to become a planner, he has to demonstrate a superior competence here.

In our opinion, this requires a long-range effort to build more solid bridges to the social sciences—with plenty of traffic across. But a flow of traffic need not involve the risk and confusion of a traffic jam. There is danger in a quick professionalization of social work (and the accompanying preoccupation with the goal of an exclusive, science-based competence). The danger is *not* that it takes the steam out of reform; *not* that it promotes a trained incapacity to see how the social structure affects the problems of the welfare practitioner and client; and surely *not* that its rewards paralyze the will to press for change. The danger lies instead in the underdeveloped state of the social and psychological sciences and the tendency to oversell their immediate practical implications. Public relations experts, family relations experts, personnel psychologists, advertising men—all risk a premature packaging of limited intellectual perspectives in the hasty drive for professional status, a job territory, and expanded business. Social work, too, is exposed to the temptation to crystallize its organiza-

tion around unnecessarily restricted and still-loose bodies of thought.

Social work can do much, we think, to avoid the enthusiastic pushing of a tenuous package. It can cultivate closer ties with the social sciences, while seeking to understand their uses and limits; set before the student not only the model of the technician who is a skilled caseworker or groupworker, but also the model of the policy-sensitive program professional who is a skilled community organizer and planner; keep under continuing scrutiny the implications of a psychological orientation for technical practice and social policy; expand and define its area of competence so that social administration and policy are embraced as fields of social work training and practice, and so that those "untrained" welfare workers who are now denied status may more readily find their way into the profession; and maintain a general tolerance of the aims and claims of other groups, lay and professional, working for social welfare.