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Doing Good But Making It Work: A Reflective Commentary On The Past Fifty Years

Edward Newman, PhD

Charles I. Schottland, who was Commissioner of Social Security in the Eisenhower Administration in the 1950's, wrote, "Federal agencies can't develop broad social plans...they cannot involve citizens at the local level in necessary citizen participation...federal planning is bound to be unstable because of politics... and such planning will lead to undesirable federal control." (Schottland, 1963)

From a mid-century perspective, some scholars of centrally planned change questioned its efficacy at the national level. (Morris [ed.] 1964) A stunning paper by political scientist James Q. Wilson dampened the ideological zeal of social workers who saw America's social welfare future through the lens of national planning approaches to community building. Wilson joined Edward C. Banfield and Martin Meyerson (Politics and the Public Interest, 1955) and Robert A. Dahl and Charles E. Lindbloom (Politics, Economics and Welfare, 1953) in noting that social change in the U.S. tends to be incremental and decentralized. "The crucial test of the new program is not how many are in favor of it, but how few are opposed." (in Morris, [ed.] p.20)

Wilson noted three features of American society, which make centrally planned change unlikely: (1) decentralization of formal authority, (2) the high level of civic and organizational involvement and (3) the multiple centers of influence in the private sphere. (in Morris, pp.18-19) Although not generally acknowledged then, to a large extent, these features hold in this country to this day.

Federally initiated programs for disadvantaged populations proliferated, especially during the five years of the Lyndon Johnson presidency when federal spending on the disadvantaged doubled. Social workers were absorbed with the transitions necessary to cope with disruptions in non-public sector practices. The new "encroachments" from the public sector changed funding patterns and agency governance requirements. Federal provisions required the inclusion of previously excluded participants in the governance of their own targeted programs. Also, a good number in the profession joined others as advocates for the poor and helped the poor to become advocates on their own behalf.

A few reform minded social workers pointed to the opportunity theories of Lloyd Ohlin which provided the conceptual underpinning for the urban demonstration projects of the President's Committee on Juvenile Delinquency and Youth Crime and the Ford Foundation in the early '60s. Ohlin, himself, observed a few years later that

> "The original target of the projects was the reorganization of the structure of the community so as to provide greater access for youth to opportunity and preparation to utilize opportunities...this goal tends to shift...from the inadequacies of the institutions themselves to an increase in the quality and quantity of remedial services." (in Morris [ed.] 1964, p.136)

Others later cited the more radical theories of Frances Fox Pivan and Richard Cloward. (1971) Their view was that the emerging welfare state deradicalized advocates and quieted their more radical demands. (See Gil, 1974).

Wilbur H. Cohen, then a professor of Social Work at the University of Michigan, reported to community work professionals, "Expenditures for welfare and health (private and public) totaled about $43 billion in 1957, or approximately ten per cent of the gross national product." (NSFNC, p.86) Note: according to the 2005 President's Budget, federal outlays in 2005 from the U.S. Department of Health and Human Services alone will come to

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approximately $584 billion, also about ten percent of GDP, but this estimate excludes other public, private and philanthropic sources.

In the 1950s, social work leaders like Schottland and Cohen and others looked to national social planning and accompanying federal funding to address issues of urban poverty (perceived, in part, as a consequence of population mobility and rapid suburbanization). Cohen presented his paper at a national conference on the role of settlement houses and community centers. He linked the plight of disadvantaged neighborhoods to his vision for nationally devised formulations for addressing local problems. Ten years later, in 1968, Secretary Wilbur Cohen of the U.S. Department of Health, Education and Welfare commissioned a Task Force on the Organization of Social Services. Cohen appointed Charles Schottland to chair the effort. This writer, along with two other program analysts working in the Bureau of the Budget, Office of the President, (today the Office of Management and Budget) were assigned to assess the task force findings. These questions were included in our assessment:

> "On what basis should the states be requested to subdivide into geographic service areas and develop rankings among such areas according to some index of relative need for social services? What should be the prerogatives of the local geographic area or political jurisdictions vis-à-vis the state, for planning and operating program components, for recommending and approving budgets, for setting and enforcing standards and for involving citizen and consumer groups in policy matters?" (Bureau of the Budget memorandum, 12/9/68).

At the end of the Lyndon Johnson presidency, Secretary Wilbur Cohen produced the monograph, "Toward a Social Report." This government document's purpose was to demonstrate that meaningful national social planning could emerge from social indicators. In a sense, the Cohen document was an introduction to a central plan for an emergent welfare state.

Overlooked by the federal poverty planners in the 1960s, sometimes intentionally, and sometimes inadvertently, were the major roles played by states in delivering health, education, employment, welfare and social services.

> "What some people have called a new trend, namely, the federal to local axis (usually medium to large cities), for the provision of health and welfare, has bypassed traditional structures ... Our unhappiness with ponderous and sometimes bureaucratically encrusted state programs for serving human needs should move us to strategies for reforming these systems. It would be a far more formidable task to bypass the state." (Newman and Demone, 1969)

Social workers, unlike other locally focused poverty planners, understood that the infrastructure for delivering public social services came through state agencies which were also expanding their human services, especially health, mental health, aging and disability efforts during this period.

Historic attempts by social work leaders to prod the profession to support efforts to centralize planning and coordinate social programs were fueled by the earlier 1962 public assistance amendments which allowed the federal government to pay for 75 percent of federal to state matched social service costs, and later, the 1975 amendments permitting more state discretion in service provision.

Critics of these provisions viewed them as open banks for social workers with high motivation but limited accountability and questionable tools to reduce welfare roles. Social work reformers viewed the problems and the new federal resources as an opportunity for more centralized and coordinated approaches to deepening social problems.

Services for the poor were characterized as being in disarray. Winifred Lally, a New York City social work administrator wrote that the problems "related more to a lack of conviction about the efficacy of the social services, with a corresponding

lack of commitment of resources necessary to provide them." Also, she wrote, "'Poor management' was viewed as the core of the problem, and there was a failure to deal with those fundamental problems that have their origin in society." (Lally, p.17)

Leaders in the profession had reached their last "high point" in the 20th century for influencing the federal government to consider a. comprehensive and professionally driven national social planning direction.

This writer, Scott Brier and others warned the social work profession (Social Work, January and July 1974) that a test of social work's future leadership contributions in the human services would be the profession's seriousness in promoting accountability in the provision of social services. Public and other community service and benefit programs began to measure organizational processes and outputs in anticipation of closer budgetary scrutiny.

The era of accountability was launched in reaction to a decade of government-supported anti-poverty programs during this period of civil rights escalation and urban discontent.

Another federal initiative attempted to extend the demonstration for distressed urban areas of President Johnson's 17 city Neighborhood Services Program (NSP). A central feature of the NSP. was the "one-stop" multi-service center proposed as a vehicle for innovative and coordinated programs for meeting human needs. Realistically, the centers represented a response "to a number of pressures, from meeting proposal writing deadlines to satisfying local demands for action, as well as a desire to use the multi-service center as a catalytic vehicle for changing local service and funding priorities." (Newman, 1968, p.241). Features of these Great Society programs "morphed" into the Model Cities Program. All were "top down" approaches assuming that federal support for local governance and program choices would improve life chances of participants and communities. These attempts at centrally planned change were short lived.

In the 1970s social workers feared that the new emphasis on accountability would be used as a lever or excuse to cut out expenditures for social service and benefit programs. Many Great Society program budgets from the 1960s were soon cut, but others were expanded and new programs supplanted them, especially at state and local levels. In the 1970s, 1980s and 1990s accountability arguments were used by politicians and budgeters to justify cutting back federal health, human services and education initiatives (rather than admitting that these initiatives were no longer priorities).

Over the last 50 years professional practice evolved by transforming best practices from the medical model labels of "patient" and "client" to more market-sensitive notions of "consumer" and then "customer." An intriguing new development has the flavor of a systems typology label of "stakeholder." In some jurisdictions the service recipient is dubbed a "program participant or member."

From the mid 1970 to the present time, new individualized plan and service team approaches developed from practice and then became regulated through categorical federal legislation. Health, education and human services teams created dual roles of producing shared diagnoses and coordinated treatment or service plans with the recipient (and/or surrogate) participating in individualized planning processes.

These processes focus on recipients' preferences and force attention to finding trade-offs in light of regulatory and resource constraints. Shared professional or team judgments do not inherently increase consumer choice; nor do they increase management or resource accountability. Ultimately, states one observer, "we need to tie measures of quality to measures of both costs and savings." (Wernet, p.18) A similar perspective from the pages of the Harvard Business Review notes the lack of objective data to measure program success of not-for-profit organizations:

> "In the face of such obstacles, social marketers must remain mission driven but market led. It is the only way that they can succeed. Their efforts must be guided first and foremost by a sensitive understanding of the target community. If the

needs of the target community are addressed, the message will be more compelling, the means more efficient, and the mission ultimately more successful." (Rangan, et al.1996)

The coordination of mutual feedback among all system participants continues as an emphasis for continuing education for human service practitioners and managers who recognize the "real time" nature of change. Increasingly, astute managers and practitioners encourage feedback from all organizational and system participants. (Gardner p.164.) The implications of some of these shifts are significant in that older command and control hierarchies are giving way in quality conscious organizations.

Annual performance evaluations for employees today are insufficient evaluative markers. Yet, not too long ago, performance evaluations were the major feedback indicators for accountable supervision and practice. During the 1970s and 1980s various team processes developed which put the onus of the task on the evolving networked or team-nurtured plan and implementation processes. The outputs and outcomes of these processes became an additional basis for personnel and professional evaluations. The new technology, networking, individualized planning and implementation teams overcame, some argued, the older models of presumed good practices built principally on smaller caseloads. Practitioner education, then and today, includes the recognition that systems built on these processes are themselves continually learning and changing.

Since the 1980s forums for reform-minded social workers shifted to political action, sometimes through national, state and local chapters of NASW. Members advocated a variety of subjects, which corresponded to their predominant employment venues: i.e. children, health and mental health, aging, homelessness, teen-age pregnancy, substance abusers, AIDS.

Since the 1990s a new political challenge to the social work edifice has surfaced. The new challenge looks back with nostalgia to the pre-professional era's friendly visitor during the Guilded Age and beginning of the Progressive Era. Marvin N. Olasky, in his new book, "The Tragedy of American Compassion" (1992) is now being touted in U.S. Administration circles. Olasky and other moral reformers juxtapose individualized moralistic help (the friendly visitor paradigm) with the presumed current orientation of permissive amoral assistance (without regard to an individual's own expressions of choice).

According to Olasky's old (and now rediscovered) formulation, help should be given only to people who are 'deserving.' It would be easy to dismiss as Neanderthal preaching this attack on the professionally "sacred" ethically grounded concept of self-determination. The National Association of Social Workers Code of Ethics instructs practitioners "to assist clients in their efforts to identify and clarify their goals" but to limit clients' rights to self-determination only when "clients actions or potential actions pose a serious, foreseeable, and imminent risk to themselves or others."

Today we know that social security concerns, expanding national debt, public budget restrictions and public distrust and distaste for government mean we must take seriously proposals that threaten the core of the profession's ethical positions.

Social Work's self-determination doctrine is being tested and requires thoughtful and nuanced declaratory and non-defensive articulation. Key indicators of non-judgmental interventions include attention to concepts such as respect for human preferences, due process, and the rule of law. But respect should also be granted for the spiritual component in the helping process, the power of personal good works by the giver as well as the efficacy of transformative experiences by the recipient.

In an op-ed column in 2001, one advocate for promoting faith-based solutions wrote, "Mobilizing the energies of religious groups directly for social welfare purposes is an idea whose time has come." (Friedman, 2001) This writer responded in a published letter that "Johnson's Great Society planners (I was one) failed to enlist the key governors, state and local legislative leaders and big city mayors at the same table in the states exhibiting major urban

distress." The response continued, "Today's local religious leaders and faith-based advocates will need a cooperative and minimally intrusive federal-state-local context to provide the intended good works. A serious White House initiative fails if it ignores any tier of our federal system." (Newman, The Philadelphia Inquirer, 2001)

Much controversy surrounds the faith-based initiative enacted by President George W. Bush's executive order. The headlines highlight the church-state issue. More significant is the initiative's lack of a sustaining federal legislative base to sanction state and local government statutory "buy-ins" Unless or until Congress or the courts sanction a more "settled" federal policy perspective about faith-based services, knowledgeable and skilled social workers (in the criminal justice system, working with homeless individuals and families and with substance abusers) should see themselves on the "front lines" in assessing, in behavioral terms, the efficacy of faith-based approaches. These practitioners can contribute their special knowledge to those who may have strong opinions but weak knowledge about this controversial subject.

Accountability in our current managed care environment has been likened to "a philosophical struggle about measuring an imprecise science and about the goals of intervention with people." (Wernet, p.18) Political pressures abound with accusations that managed care service provision constricts to favor higher profits. Today managed care providers sometimes require that enrollees sign agreements that they would not sue for malpractice. The National Association of Social Workers joined in a class-action suit in 1999 (Holstein v. Green Spring) to add their weight against this unbalanced practice. A settlement ensued which required some accommodation to this enrollee prohibition against filing a malpractice lawsuit.

Leading into the 21st century, practitioners and managers are, and continue to be, exposed to markets, organizational missions and community priorities for delivering consumer preferences.

Practitioners need to broaden their perspectives to prepare themselves as advocates and provide information for planning, and policy development, implementation and program evaluation. Greater attention should be brought to bear on targeting potential consumers, customers and program participants. Trends toward increased contracting and computerization make advocacy participation even more necessary.

Marketing and deciphering consumer preferences require a "tool bag" of negotiating, marketing and political skills. Today's and tomorrow's managers will benefit from instruction and guided experiences which help them to "sell" and then to "orchestrate" all stakeholders to accept and themselves promote these evolving consumer-sensitive preferences as part of organizational and community goals and objectives.

A final note for those who may not cede the inadequacies of "top down" federal government priority-setting for local social services: Those aspirations of the 1960s are gone. Today we debate social security and medicare/medicaid national "safety-net" entitlement programs. The curtain rises on a new reality. When we look across the nation at local communities, we see they have imbedded, and continue to imbed, networks of supports and services, funded by various assortments of public, private voluntary and self-pay sources. We know that federal devolution and unfunded mandates "squeeze" resources for human services. Yet local advocacy for publicly assisted services remains strong. Social workers are among the leaders of grass roots efforts that include service coalitions and municipal, county, state and federal legislators and administrators as allies and targets.

In an inner suburb of thirty-eight thousand residents in the Philadelphia area (with reasonable access to other county as well as Philadelphia resources), the phone book lists over fifty human services that are local, from "A"-abuse/assault to "V"-visually impaired and volunteer opportunity. Networks of human services in large and small public, non-profit, private, secular and faith-based organizations have proliferated during the last few

decades. Communities would benefit by the further strengthening of these services through activist and leadership roles informed by the knowledge and experience gained by social work managers, practitioners, and policy advocates.

Working with other committed community advocates, social work can take inspiration by affirming the profession's long-standing social reform traditions. Others should be enlisted, including elected officials, to claim communal ownership of more localized human services activity. This is the real New Frontier – not Camelot.

Dreams of social workers and other social reformers who wished for comprehensive and national social planning, now join the utopias of yesteryear.

Social workers can be builders with their colleagues and with other organizational and community stakeholders, to combat what Robert B. Reich refers to as three main barriers to social change: denial, escapism and resignation (Reich, 2002, p.19). Antidotes to these barriers are creating missions that affirm human worth and individualized outcome accountability. 'Bottom-up' and informed planned change is the formula for "hard nosed" caring and sharing.

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