Welfare Reform 1973: The Social Services Dimension

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Since 1967, the Department of Health, Education, and Welfare (HEW), with the active assistance of the Office of Management and Budget and the Executive Office of the White House, has searched for a suitable, modern version of public welfare to replace the model adopted with the enactment of the Social Security Act of 1935. The *Wall Street Journal* (*1*) has reported the main outlines of the present Administration's strategy, as seen by then HEW Secretary Elliot Richardson. It included, among other features: (i) a substantial return of program and management decisions to state and local government; (ii) development of broad and loosely defined funding categories for federal grants (a form of modified block grant systems); (iii) regrouping of federal activities into broad, general purpose functional areas such as health, social services, and income support, within which block grants to lower levels of government would be made; (iv) federal administration concentrating more and more upon research, development, and experimentation.

In 1972, four federal actions were taken to provide the framework within which a wide-ranging reorganization could take place: revenue-sharing legislation, amendment of the Social Security Act, "streamlining" of the executive departments, and reorganization and modernization of government in many states. Although a major restructuring of federal, and perhaps state, activities that promote health and welfare seems at hand, it is possible that the end result will be the kind of administrative reorganization that changes the boxes on a chart without altering the functions which government performs for the welfare of its citizens. It is therefore timely to review the concepts and principles involved in that aspect of change which affects the social services.

The term "social services" is often used to cover all health and welfare expenditures, including income support through social security, public assistance, education, medical care, and housing. This broader usage involves nearly 15 percent of the gross national product and nearly 50 percent of all federal, state, and local government expenditures (*2*). The passions aroused by this expenditure of over $100 billion tend to obscure the unique opportunity now at hand to construct a more rational system of tax-supported human or social services that must complement the much larger system of cash payments and income transfers for the disadvantaged.

This narrower usage of the term "social services" deals with the question: What should be done to handle these problems of social and personal disorganization that are believed to create the economic dependencies and thus to call into being much of this public income maintenance program in the first place?

A minimum of $2½ billion from the federal government supplements much larger state and local expenditures for professional and para-professional services that address the problems of dependency, deviance, crime, disability, addiction, mental illness, retardation, and the like.

It is widely accepted that such expenditure has not satisfactorily dealt with the human problems included and the pending reorganization is intended to start a reform on this front. A recent study for the Joint Economic Committee of the Congress quotes John Veneman, Under-Secretary of HEW, as saying, "Many if not most of the problems in welfare administration are the direct result of a failing system with overwhelming structural weaknesses that cannot be solved under existing law" (*3*, p. 42). An Atlanta caseworker in public assistance is cited as saying, "I see no hope but to start from the bottom and rebuild the system" (*3*, p. 44).

This article examines some of the deficiencies in current efforts to reform the social service, or nonincome, dimension of public welfare and proposes an alternative approach in order to rebuild from the bottom.

The most recent efforts to rebuild this system of social services, as distinguished from reform of the income transfer system, can be examined in the Allied Services Bill proposed in 1972 by the Department of Health, Education, and Welfare and in the Massachusetts plan to reorganize its sprawling human services programs through modernization of the state government. This plan is illustrative of efforts under way in nearly half of the states.

The 1972 Allied Services Bill

It is instructive to examine this plan, even though it did not pass Congress. It is modest in that it does not seek to restructure present arrangements directly, but indirectly through procedures to loosen up the rigid and administrative regulations that deter states and local governments in their efforts to construct their own service programs. This is not legislation to establish a pattern. These procedures are minimal. They require that state governments establish service areas; identify general-purpose local government as the primary responsible agency in each service area; establish a state agency for supervision; and assure that all the specified human resource agencies share in decision-making. Planning grants are authorized, and, if state plans are approved, the state agency is authorized to transfer up to 25 percent of federal categorical allocations from any one federally aided program into a coordinated program that involves all of the federally funded programs. The legislation is premised on the belief that the main flaw in the personal social services structure is duplication and lack of coordination among agencies. Its objective is to reduce fragmentation by realigning the network of existing service activities.

This legislation concentrates upon the following federal activities within HEW: vocational rehabilitation, child welfare, help for the aged, child delinquency, public assistance, public health, and mental health. Relationships to other federal programs, such as housing, cor-

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rection, and education, are recognized, but these are not the central thrust of the legislation.

The "services" are addressed primarily to persons receiving cash assistance in order to reduce the level of economic dependency among low-income families, although it is possible to serve those families at risk of becoming dependent if help is not provided. This legislative language has been amplified by Administrative thinking, which continues to stress the autonomy of individuals, to be achieved through self-support. In this thinking, systems analyses can be applied locally to the management of services for human problems such as crime, mental illness, dependency, delinquency, and deviance. If all human services are treated locally, as part of a single system, it is postulated that a data base will permit any one service-delivering agency to pick up a potential consumer and to then funnel this individual through to an appropriate package of services without loss of clients en route, without unnecessary dropouts, and without duplication or shopping for help. The agency first receiving a request for service gets central file data through a computer terminal on each applicant. If the client was known to any agency before, all relevant data are picked up at once, along with a comprehensive treatment plan of all services needed to move him to the next stage of nondependency. The objective of federal reform is, then, to make it easier for local or state governments to bring about this linear ordering of their activities (*4*).

Massachusetts Reorganization

In 1970, Massachusetts brought the following departments under one executive office with budget authority: public health, mental health, public welfare, corrections, and rehabilitation, plus youth service, parole board, and the commission for the blind, representing in all 60 percent of the state budget. The executive office is currently attempting to rationalize the service relationships among these disparate types of state programs. Among other things, it proposes a common set of regions for administrative planning purposes and a larger number of areas with common service boundaries for all services of all combined departments. At every level, including that of the secretary of human services, advisory boards are proposed to counsel on priorities. The executive staff at every level would monitor and evaluate all department programs within its jurisdiction and would administer budgets and personnel and service contracts for their regions. The primary objective of this reorganization has been to move program management decisions into program operating levels, while freeing the central secretariat to set standards, to enforce standards, and to organize technical assistance.

Within this administrative framework, it is proposed that a number of now separately administered services be brought together: A department of social services is intended to merge various family and children's services now separately provided by the department of youth services, the department of child guardianship, and the adult services program of the welfare department. Similar consolidations are intended among health and mental health programs. Details about how these consolidations would be designed have not yet been completed. However, it seems reasonable to conclude that the changes are expected to occur as the departmental staff providing the services and the area and regional staff of the secretary of human services interact with each other at every level to build up future budget requests, freed from the categorical constraints which now obstruct the work of each agency. The concepts of decategorization and of fluidity between departments are clearly expressed, but the purposes to be served, the specific results to be attained (other than the capacity for self-support), and the functions to be performed by any one agency in relation to another agency or in relation to a social or human problem have not yet been worked out. The nearest approach to clarity of purpose and function is found in the Executive Office's determination to move much of its department's activities out of institutions and into community care and services for the delinquent, the criminal, and the mentally and physically ill.

Although these examples contain much that is innovative and promising, they contain basic deficiencies upon which I concentrate in a search for improvement. The major deficiencies are inconsistency of purpose, ambiguity in the treatment of the concept of "social services," fragmented treatment of populations at risk, and overreliance upon lower levels of government to bolster the foregoing weaknesses, without attention to their means for accomplishing so formidable a task. If these defects are not overcome, long and painful reorganization will only leave the welfare system in the same morass that now engulfs it. The sole difference may be that the defects will be less visible, being scattered among hundreds or thousands of local government jurisdictions.

Inconsistency of Purpose

The basic objectives of these initiatives are sound. Present categories of service are often designed to turn applicants away rather than to help them. There is a low probability that anyone actively seeking help will actually get any help, and even less probability that the help received will be geared to that applicant's life plan. Unfortunately, the present approaches seem deficient in their concentration upon coordinating existing services in order to achieve the ends proposed—self-sufficiency and self-support. If jobs are the desired end, it is clear that none of the services now being offered (and thus available to be integrated) can produce jobs for workers with few skills; there are no extensive day-care programs for children of working mothers at a cost comparable to the mothers' own care at home; counseling and therapy do not help the mental patient nor the ex-convict overcome community prejudice against hiring; physical rehabilitation does not reduce the reluctance of industry to accommodate to the requirements of the severely handicapped; neither job referral nor counseling has significantly affected motivation when suitable jobs are not available.

None of this argues that the services noted are unnecessary; they are beneficial to individuals and could be more rationally organized. It is doubtful, however, that the reorganization will work well as long as the avowed purpose is to accomplish things that these services cannot possibly accomplish. Better coordination among incompatible activities is no substitute for appropriately matching human needs, professional skill, and administrative intent. The inconsistency of purpose lies in regarding economic independence and functional competence as necessarily the same thing. In fact, it is possible to be functionally competent and economically dependent. The coordination of services to enhance functional competence may, but does not necessarily, result in economic self-sufficiency.

Ambiguity of the Service Concept

Closely associated with the inconsistency of purpose is the slippery nature of the term "services." The term is still used to cover a laundry list of specialized activities that have accumulated over the decades and that lack any coherent organizing principle around which they can be redesigned. No single element has so frustrated the effort to create a reasonable or acceptable pattern for public programs, or has frustrated efforts to establish a *system* of human services, as this lack of clarity about the components that ultimately go to make up that system.

Over the past 5 years, many attempts have been made to clear up the confusion. They have all ended up by simply listing the input (professional services) as defined in current, fragmented programs. In 1972, the Social and Rehabilitation Service Administration listed the following services that states might propose in their plans in order to qualify for reimbursement (*5*). Social services for families, based upon existing funded programs, included: employment and educational assistance, family planning, health (Medicaid), homemaker assistance for shut-ins, home management counseling, housing improvements, child care (including protective services for abused children), foster care and adoption, day care, and transportation to hospital or clinic. For adult assistance categories (aged, blind, disabled), there were added: employment assistance, foster care for adults, health care, home-delivered meals, homemaker assistance, protective services to avoid the exploitation of the mentally incompetent, special services for the blind, transportation for hospital visit, and essential travel for other services. Additional optional services include day care, educational counseling, family planning, home management counseling, housing, legal counsel, and social adjustment assistance.

Efforts were also made outside of HEW to improve on this situation. Kahn, in 1971, listed the following (*6*):

Practical general social services: day care, home helpers, meals on wheels, escort services, prosthetic devices or aids.

Therapeutic or guidance services: family casework, child treatment services, protective services for the aged, protective services for abused and neglected children, parent groups, school social work.

"Mixed" types of general social services: information, advice and referral, legal services for the poor, placement counseling for the aged, foster care, adoption programs, services to unmarried mothers, credit counseling, loan programs, centers for senior citizens.

General social services at the boundary of other service systems: school classes for disturbed children, employment counseling, family planning, educational counseling, day treatment centers, therapeutic groups, social action groups of parents, drug referral, counseling services.

In 1970, Wedemeyer and his colleagues (*7*) suggested that social services can be recategorized as follows: "Information and referral, neighborhood liaison, crisis assistance, specialized hard services (supportive services such as homemakers, institutional placement, etc., which are readily measurable and recognizable), counseling, mobilization of resources."

It is not at all evident that there is any common principle underlying some or all of these activities which would permit them to be reorganized into a more coordinated structure or into a system of services. It is not clear how the present activities of a public assistance agency, a child welfare program, a juvenile delinquency program, a family planning program, or an old age protection services program are sufficiently alike in character to be combined.

If the difficulty lies in deficiencies, then it would seem preferable to determine what obstructs smooth referral in cases where it is deemed appropriate. Most of the limited work in this area suggests that referrals are intended to "off-load" less welcome cases on some other agency, or that acceptance of referrals is frustrated by lack of resources with which to carry on old agency responsibilities and to take on new responsibilities in the form of added cases at the same time.

If there is, on the other hand, a logic that would bring together in one "system" counseling, employment, protective services for abused children, adoption services, family planning, and so forth, then the nature of that logic needs to be explicated in relation to public goals in such a way that administration of such goals will have some guidance. Lacking this, any administration necessarily falls back upon an internal referral between program specialists, a condition that now exists.

The approaches taken to date, derived from management analysis, rest on the assumption that a common data system and removal of categorical funding constraints will so loosen up the system that service agencies will naturally find a better level of collaboration and simplification in procedure. While such concepts are extremely valuable, they depend upon the existence of some self-correcting procedures to guide the emergence of new patterns. Such procedures have not yet been identified for the social services as they have been, at least roughly, for economic activities. The human services arena is also subject to certain principles of supply and demand, but they differ materially from those of business and have not yet been codified. Instead, there is a basic tendency toward entropy in social organization, a tendency just as powerful, if not more powerful, than any tendency toward consolidation. When financial, administrative, or policy guidelines are missing, many separate forces come into play: the special interests of different professions; the desire of agencies either to be comfortable with more easily successful cases or to build empires of control; the wish to avoid situations and tasks that are too difficult to manage with assurance; the easy use of referral to "someone else," who, it is assumed, will take over the unpleasant or unwanted task; and the desire to off-load costly tasks to some other government jurisdiction for whose budget the referring agency has no responsibility. These fragmenting tendencies can only be offset, on past evidence, by applying to them some cohering or integrating principles that result from clear policies and firm procedures.

Two other difficulties are enmeshed in this central problem of "service." The term includes certain activities that have a very explicit and measurable character: providing care for a disabled person at home; providing specific job training for adolescents; removing children from families, for care in institutions; or placing delinquent persons in some protected environment. But such reasonably measured activities are inextricably bound up with a wide variety of other actions that are not so easily measurable. The so-called "hardware" is accompanied by an inevitable "software" of counseling or personal adjustment assistance. Containing a delinquent youth in an institution requires not only physical restraint, but training, education, counseling, or therapy. Removing a child from the normal family environment into a foster home or to an institution requires, at the same time, some attention to the child's development, which, in our contemporary society, is attended to primarily through

Table 1. Social services in welfare programs [social services exclude total institutional protection (for example, prisons), medical treatment, medical rehabilitation, income support, and prevention].

Corrections (16)	Vocational rehabilitation (18)	Child welfare (20)	Aging (20)	Youth services (20)	Mental health (18)	Public health (22)	Public assistance (22)
Assessment	Assessment	Assessment	Assessment	Unmarried mothers	Assessment	Assessment	Job placement
Testing	Testing	Testing	Group homes	Assessment	Testing	Group residence	Counseling
Education	Training	Foster care	Foster homes	Testing	Halfway houses	Disability correction	Disability correction
Work placement	Job placement	Education	Retraining	Halfway houses	Counseling	Home health aids	Home helps
Counseling	Counseling	Vocational help	Sheltered work	Training	Housing	Home nursing	Day care
Halfway houses	Prosthesis	Counseling	Job placement	Job placement	Foster homes	Information	Meals
Housing	Information	Residential care	Counseling	Counseling	Group residences	Maternal health	Information
Treatment	Transportation	Defect correction	Housing	Housing	Treatment	Child health	Transportation
Discipline	Loans	Treatment	Prosthesis	Treatment	Behavioral control	Community liaison	Housing
Probation	Case-finding	Homemakers	Home helps	Discipline	Group therapy	Family planning	Community liaison
Information	Education	Day care	Home nursing	Recreation	Protective services	Nutrition	Tenant relations
Legal help		Nutrition	Home health aids	Information	Sheltered work	Case-finding	Family planning
Escort services		Information	Protective services	Group homes	Legal aid	Agency relations	
Recreation		Protective services	Nutrition	Group learning	Recreation	Day hospitals	
Group learning		Group residences	Information	Vocational help	Family planning		
Loans		Community liaison	Legal aid	Legal aid	Case-finding		
Agency liaison		Adoptions	Transportation	Case-finding	Day hospitals		
Detention		Unmarried mothers	Recreation	Detention			
Screening		Case-finding	Drop-in centers	Supportive services			
Parole			Community liaison	Temporary care			
			Loans	Screening			
			Nursing homes	Foster homes			
			Case-finding	Protective services			
			Day centers	Education			
				After care			

educational counseling and guidance services. It is this intermingling of hard and soft aspects of the subject which contributes to the difficulty in locating a reasonable alternative to the present accumulation of independent services employing different kinds of professional specialists.

The professional groups have also evolved to deal with various specialized social problems on behalf of society, and in substitution for the family. As a result, it is extraordinarily difficult to know whether the halfway house developed by a home for the aged or by a mental service has its own special characteristic because of the population served, or because of the language and requirements of the profession involved in its development. In other words, professions define the boundaries of their activities, and this makes it extraordinarily difficult to unravel the extent to which the boundaries are inherent in the problem (for example, the nature of delinquent behavior) or are a requirement of professional survival. Without prejudging the case or the answer, I suggest that any approach to service restructuring must confront this dilemma.

Dependence upon State Responsibility

Until 1970, the general trend of social services elaboration through categorical legislation took the form of federal proposals to meet part of the cost of federally defined programs, provided state governments took the initiative to introduce them and provide matching funds. This incentive arrangement has, in fact, underpinned the proliferation of specialized services and has expanded the allocation of federal, state, and local dollars for a variety of welfare services.

Since 1970, the federal government has apparently been reluctant to initiate innovations in substantive areas. Instead, it relies to a great extent on the initiative of state governments, whose responsibility it is to reconceptualize the whole pattern of social service systems. The President's statement of 18 May 1972 on the delivery of social services, which led to the Allied Services Bill (*8*), did not deal with the subject other than by reference to the general heading of HEW agencies, which administer over 200 different human assistance programs. It was up to state governments to "consolidate the planning and implementation of

many separate social service programs into streamlined, comprehensive plans —each custom-designed for a particular area" (*8*).

State reorganization plans usually continue this reluctance to grasp the issue and, in turn, leave it to substate levels of government to make the crucial decisions about how choices are to be made—to new regions and areas, or to older cities and towns.

This reliance upon the lower levels of government has simply resulted in a contradiction that is almost impossible to resolve—namely, the 50 state governments, or the hundreds of substate jurisdictions, are responsible for providing an integral, organizing core for the social services. It is difficult to see how a hodgepodge of services can be streamlined into a comprehensive plan and, at the same time, be custom-designed for particular areas when neither the central dynamic of the problem area nor that of the services has yet been elucidated. This difficulty is compounded by the fact that each lower jurisdiction has progressively fewer resources with which to deal with complex or scientific analyses.

The 1972 legislation leads us into a period reminiscent of the pre-1935 era, in which a different model of health and social services developed according to the interplay of forces peculiar to each of the 48 states. This may free the states to experiment and to innovate, but, given the enormous financial burden under which they have been operating and the enormous attractiveness of revenue-sharing, it is difficult to guess how many states will push forward the frontiers of their public obligation for social service development, although this cannot be entirely ruled out. Nevertheless, if there are strong public monitors of state legislatures, something not noticeably present in many states, it is possible that the three 1972 actions (revenue-sharing, Social Security Act amendments, and state government reorganization) can provide the stimulus for state experimentation to redesign welfare systems that could be copied nationally at a future date.

Failure to Define Populations at Risk

A final obstacle to significant welfare reform of public social services lies in the failure to produce any more satisfactory definition of the population at risk than that developed through existing service mechanisms, which are specialized and fragmented. As a result, most planning in this field falls into one of two extreme positions. At one extreme, it is assumed that nothing is known about the nature of populations at risk and each case must be decided upon its merits. All persons with a low income or all persons living in a given area are potential applicants for help. The individual approach makes it virtually impossible to predict volume of demand or to define a population for preventive intervention. It also places the enormous strain upon a service system of responding quickly without knowledge about required reserve resources.

In the other extreme, populations at risk are chosen on the basis of a few, relatively crude criteria. The criterion used most often in the current effort at reform is economic status. Those on relief have greater "need" and require early attention. Unfortunately, the services available for reorganization may be limited primarily to the economically dependent, but the functional needs of the economically dependent population are not well matched by the services to be coordinated. Services to get people "off of relief" are packaged for people who cannot possibly work or for whom jobs are not available. Similarly, people who need help to regain some measure of functional independence, apart from work for wages, cannot reach that help.

Despite these weaknesses, legislative and administrative efforts in 1972 have the virtue of having started a process of change and of concentrating upon limited, manageable, and definable objectives, which can set the stage for future evolution of a public system of social services. Many of the weaknesses discussed could be overcome by an alternative approach to three elements: a restatement of limited goals for public social services; construction of composite target populations; and a reconceptualization core for social services.

Goal Restatement

The current efforts at welfare reform have as goals the restoration of economic self-sufficiency *and* the maintenance of functional self-sufficiency in cases where employment is not feasible. Given that economic self-sufficiency is less dependent upon social services than upon the functioning of economic forces far beyond the reach of the social services program, it seems unrealistic to assign to the social services a goal so dominated by economic forces. However there *can* be constructed a viable model that has as its objective for the social services the maintenance or the restoration of functional independence for all persons. Functional independence means the capacity to take care of one's own affairs to the extent that physical conditions permit and to the extent that economic conditions permit. Satisfactory social goals are achieved when individuals are brought to functional independence, even if jobs are not available or because social norms require that the individual remain out of the labor force, as is the case for mothers with very small children. Such a social goal is also satisfied if individuals with severe physical or psychological handicaps are enabled to remain in their community, with or without work, through physical or psychological rehabilitation plus essential supportive services to complement that element of functional capacity which cannot be restored by medical science. Such a goal is contained in all current federal planning and requires only respect for functional capacity, separate from economic independence, as the end product of the social services. Functional independence *may* lead to economic independence if there are jobs; if there are none, the functional independence results in a socially healthy individual and reduces unnecessary and costly institutionalization.

Reconceptualizing Target Populations

The term "functionally independent" covers both those who may be in the labor force at a particular time, or who, except for economic reasons, would normally be in the labor force, plus those who, at a given point, are logically outside the labor force and yet require the opportunity for a decent existence.

The service target population is not made up of the entire population, nor of the relief population, although both form the pool from which the target ultimately emerges. However, lacking means for predicting which elements of the population will enter the target population, one can construct an arbitrary model that considers as a unit all of the persons whom our present society could consider to be in need of social services: (i) persons in conflict with the law; (ii) those with educational or occupational disability; (iii) those

Table 2. Social services organized by function.

Assessment and counseling (23)	Environmental arrangements (26)	Training, education, and equipment (27)	Protective and legal (25)	Liaison (36)	Transportation (14)
Assesment	Controlled environment	Education	Adult protective services	Information and referral	Escort
Testing	Halfway houses	Work placement	Child protective services	Case-finding	
Group therapy	Community residences	Work training	Legal aid and advice about housing, work, consumption, and so on	Community relations	
Family planning	Behavioral control or monitoring	Managing physical handicap		Resource mobilization (social action)	
Marital counseling	Detention reception	Sheltered workshops		Planning	
Family counseling	Clubs, drop-in centers, and so on	Group learning		Interagency arrangements	
Therapy or counseling for unmarried mothers and other special groups	Nursing-rest homes	Prosthesis provision and training			
Parole	Protective homes	Maternal health			
	Other residential arrangements	Child health			
	Foster homes	Family planning			
	Home helps and homemakers	Norm-conforming education			
	Group homes	Motivation training			
	Housing procurement and relocation	Nutrition and home management			
	Tenant-landlord relations				
	Adoptions				
	Home nursing				
	Temporary homes				
	Day care				

with physical or mental disability; (iv) children living with families under conditions of severe social disability; and (v) the aged.

Such a composite, rather than a specialized target population, provides the basis for defining services in a more integrated fashion than has hitherto been possible. If all of these groups, taken together, are treated as the target of a reformed welfare service program, how could one visualize a reformed services structure?

Reconceptualizing the Services by Function

The first step in answering the foregoing question is to examine services as they are now structured, to see if a more generalized framework can be derived.

Table 1 lists some of the programs and social services now provided under specialized headings for such populations, although different terminologies are often used. This listing represents the foundation for specialization. For example, the services listed under corrections must now be provided only for those who are in trouble with the law and by especially trained staff, even though some of these services sound suspiciously like those provided by mental health agencies, child welfare services, and so forth.

Can such specialized services be regrouped according to a uniform typology of function that cuts across all specializations? Is there anything in the nature of these retyped services which makes it inevitable that they should continue to be administered through specialized programs? On the other hand, is there any way in which at least some of these uniformly typed functions or services can be performed for more than one population at risk?

The services listed in Table 1 number approximately 50 and might be further elaborated to include many more—HEW alone lists some 200 service programs with which it is involved.

Table 2 reduces this large number to eight common functions, under which are listed the present specialized activities from Table 1, in order to indicate what the functional grouping might encompass. Concerning the composite population at risk, it is arguable that any viable system for dealing with that population's requirements in order to enhance its functional independence (and for no other purpose) must contain six elements: assessment and counseling; provision of a residence; training or education and work opportunity; legal protection; transportation; and community liaison. This formulation excludes certain services: for example, programs to prevent a recurrence of disabling conditions at the source are omitted, primarily because too little is known about preventive measures. Medical treatment, income maintenance, and fundamental education have been omitted because these have substantial and well-established service systems of their own. A broad range of institutional protective programs is excluded on the premise that, when some individuals must be removed from the community—either for the community's or their own protection—then the population thus removed differs sufficiently from the composite target to make synthesis difficult. Thus, violent criminals, the mentally disoriented, the disabled who require 24-hour attention, and severely retarded children may at some point need to be removed to institutions against their wishes. It is now difficult to conceive of coordinated programs of an institutional character for these populations; however, if the basic model finally proves viable, such institutional components might be reexamined.

If one puts into a matrix the services defined by main function and the various subpopulations at risk which go to make up the composite target population, it is possible to see the extent to which this typology is relevant to all populations. For example, an adolescent in serious conflict with the law might well require some or all of the following in some sequence: testing and assessment of physical, mental, and emotional stability; counseling therapy addressed to motivation; formal training in work skills and in conforming to normative social standards; legal advice; access or entrée to an employer through resource mobilization; and a period of living in a correctional institution or, possibly, in a halfway house or in his own home subject to probation. An individual from a completely different subpopulation at risk, an aged individual with health problems, might equal-

ly draw upon services from within this service typology: assessment of physical condition; education in the use of a prosthesis; procurement of low-cost housing; legal advice concerning property protection; counseling to overcome depression (that is, motivational counseling); access to a leisure-time program geared to the physically limited; and access to new friends, through community activities, to replace the loss of family and friends through death.

This formulation appears to have one great advantage over the present listing of specialized services—it presents the specialized services outside of the constraining and constricting limitations of the present structure. It makes it possible to trace such currently disparate and unconnected activities as training in work skills, training in the use of prosthetic equipment, training in maternal health care, or training in family planning as part of a common function rather than as a series of unconnected specialties. Similarly, the provision of day care, adoption services, foster homes for children, group homes for the addicts, halfway houses for the delinquent, and housing for the elderly can be seen as parts of a common effort to provide an improved environment for persons with various kinds of social difficulty.

Some Organizational Alternatives

If this thesis can be sustained, there is a second important question: Can such functions be practically organized for more than one (sub) population at a time? Is it possible to structure the now separate provisions for training and education into a service that might some day serve equally those in conflict with the law, those who are mentally ill, the aged, and adolescent youth with few skills? Can a consolidated service be designed to provide a residence for disadvantaged or disturbed persons, for the delinquent, for the elderly, and for neglected children? Such an approach assumes that there are skills and elements in training-education and in providing a residence that are common to persons whose needs arise from quite different causes. The approach shifts attention from differentiation as to cause, to similarity as to need.

Does this regrouping provide more confidence for developmental purposes? If this reclassification of the social services is considered acceptable, can it then serve the purposes of welfare reform and the further development of a network of public social services required by the changing American society? I propose three models that could produce a more substantial momentum toward ultimate reform than is promised in current proposals.

Functional Reorganization

In the first variation, the major institutional and administrative categories dealt with in Table 1 are retained to perform certain core functions—namely, those performed directly and personally by professionally qualified staff. Thus, a mechanism for income maintenance is retained, a correctional system for control purposes and for institutional care of the delinquent is retained, and an institutionally based mental health system is retained. However, certain service, or support, functions reformulated in Table 2 are redistributed among these administrative agencies, with the requirement that each of them develop such functions in a fashion that will serve the needs of all of the other service systems—meaning service to the composite population. Thus, child welfare programs or a youth services division might well be responsible for maintaining part A of the controlled environment—halfway houses and community residences—whereas part B of the controlled environment—housing procurement, homemaker services, foster care and the like—might be assigned to public welfare or to public health services. The training, education, and equipment component might be allocated to vocational rehabilitation or the Department of Labor; and so on. A complete reallocation need not be spelled out at this time, but various alternatives could be tested in order to find that institutional system most suited for assuming functional responsibility for a much wider spectrum of clients or users than is now the case. Such a shifting of functional responsibilities would, of course, be introduced in stages.

Under this variation, very serious problems can be anticipated. Is it possible, for example, that a youth services program or a child welfare program can actually undertake to maintain halfway houses or monitor behavior (probation, for example) for a population needing that service but derived from quite different origins—for example, the delinquent adolescent, the dependent child, and the seriously handicapped old person? Whether or not such a mixing of the population at risk, in terms of the services required, can be carried out needs to be tested empirically. If it is found that such a mixing cannot take place, it could very well be concluded that the idea of streamlining and coordinating and reorganizing the public social services system in the American context is not feasible.

On the other hand, certain advantages of such an approach can be identified. One of the serious deficiencies of our present arrangements lies in the isolation of functionally dependent populations—thus delinquent groups reinforce each other's delinquency, the handicapped elderly reinforce each other's handicaps, and so on. It is conceivable that designing public social services to intentionally mix populations presenting different problems and treat them through a common means will, in fact, enhance the prospects of successful service delivery and socialization. It has already been established in small-scale tests that delinquent youngsters and injured soldiers have an enriching effect upon each other; that educationally retarded youths can be mixed with educationally advanced youths for mutual aid purposes; that deviants and addicts of various kinds, served by a common program, can provide the kind of mutual aid which gives rise to personal respect and ultimately more effective adaptation to normal life. This variant is consistent with the systems approach proposed by Spencer (*4*), in which core functions of existing programs (mainly professional services) are respected, while certain integrators (organizations) are responsible for pulling other service providers together by means of linkage mechanisms such as budgeting procedures or coordinated diagnostic procedures.

Geographic Reorganization

In the second variant, a new public social service entity will be established, comprising all of the main functions in Table 2 and responsible for providing them in a new form to the population at risk living outside of institutions in normal communities of manageable geographic size. Under this variant, public social service would more closely approximate the local, personal social service departments established in the British reorganization. In Britain, a wide variety of services is mandated for

the departments, which have a quite mixed population; the focus is upon the maintenance of functional independence in community living for specified disadvantaged and handicapped groups. Such a common service would be turned to by various institutional systems—the correctional, the mental health, the hospital, and the child welfare systems—when their respective institutionalized populations are ready for return to or for maintenance within community settings.

This variant shares some of the difficulties of the first variant. It also truncates the natural tendency of the present social service systems to each enlarge their range of responsibility by extending services into a variety of settings and into their clientele's own homes. Once again, however, it is worth emphasizing that, if some such recombination cannot be tolerated, then all hope of a basic reformation of public social services is beyond reach. What will remain will be a continuous elaboration of services administered for specialized populations by specialized service programs.

The Primary Producer Approach

The third, more radical model would retain the shell of existing agencies and the loyalty of their supporters, but would materially alter the entire service delivery system. The professional staff and technical service capability of existing agencies for each function in Table 1 could be gathered slowly into primary producer units, each of which would perform one or more of the basic functions outlined in Table 2. However, they would do so in large part by way of contracts with a wide range of group purchasers, consisting of consumer groups or of the boards of established agencies that have yielded their service staffs to employment by the primary producer. For example, sectarian and nonsectarian family service agencies, departments of public welfare or of corrections or of mental health would continue to receive financial resources, but would contract with a primary producer of counseling services for the particular form of counseling desired. Competitive vigor could be maintained by assuming that as many primary producers exist in an area as the organized purchasers and the market demand are willing to support. Similar primary producers could be created for other basic functions and could be supported by such a contracting mechanism.

Such a model is being tested, in reverse, in Hartford, Connecticut, where a Community Life Association, with a subsidiary network of neighborhood life associations, will try to act as a primary purchaser (rather than as producer), relying on the power of purchase dollars to draw out desired services from existing agencies.

The State Superagency as a First Step

The effort to restructure both the federal executive establishment and major state governments represents an attempt to achieve just some such recombination as I have proposed. However, plans authorized to date are based upon the umbrella rather than upon the reorganization concept of human resources departments. Each of the existing service components and agency administrations is retained, along with its full panoply of funding authorization and legal authorizations, but under a nominal chief or secretary. A human services department that combines most of the programs in Table 1 has been established as a recognizable American compromise, given our constitutional system. Not too much has been changed yet, in the hopes that the nominal chief officer will in time be able to bring about a change in the relationships among the components huddled together beneath the umbrella.

The models proposed above outline how such an umbrella operation might transform the present stratified and segmented elements of the social service systems by testing a quite different concept of function, of populations at risk, and of agency responsibility. It is no handicap that such a restructuring would necessarily take place slowly. What is necessary is that some conception of the final product be held in mind during the intermediate stages of evolution.

Summary

The model outlined above is an advance over other proposals in the following respects.

1) The objectives of the public social services are related to the realities of at-risk target populations, but in a moderate and attainable fashion, borrowing from the approach already advanced by HEW.

2) It has proposed a composite target population, which permits the dimensions of the public social service program to be outlined and then reorganized by central function, rather than by coordination among conceptually unrelated units.

3) The laundry listing of service programs has been regrouped into a limited number of service functions, each of which has a relatively well-defined function and permits measurement.

4) The aims, service typologies, and populations at risk have all been developed in some coherent and consistent relationship with each other so that progress in the development of a service and the achievement of the aims in relation to manageable populations can be achieved over time.

5) These steps are consistent with preliminary actions already taken by HEW and by some state superagencies.

This interrelationship among aims, service conception, and populations at risk seems to be an essential characteristic of any welfare reform if the public social services are to have a capacity for synergism—that is, a capacity to use experience, to develop greater overall power for the achievement of desired ends than is now attainable by individual, unconnected segments. This pattern of interrelationships permits a testing of various service components in relation to populations and in relation to objectives, with an ultimate substitution of more successful approaches over time, and with the consequent emergence of a science of human services.

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